Belfast Health and Social Care Trust

EMPLOYMENT OF PEOPLE WITH DISABILITIES - FRAMEWORK	
Summary	The policy has been developed to assist the Trust in complying with its statutory obligations under the Disability Discrimination Act and Section 75 of the Northern Ireland Act and ensure that appropriate support is provided for disabled staff and job applicants.
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Version Record

Date	Version	Author	Comments
April 2007	0.1	[redacted]	Final BHSCT submitted for approval
30/03/2011	1.1		Final regional policy updated to Trust format and submitted for approval

Policy Record

		Date	Version
Author (s)	Approval	30/03/11	1.1
Director Responsible	Approval		

Approval Process – Trust Policies

Policy Committee	Approval	15.08.11	1.1
Executive Team	Authorise	17.08.11	1.1
Chief Executive	Sign Off	17.08.11	1.1

Approval Process – Clinical Standards and Guidelines1.1

Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		

Dissemination

Areas :	

Equality and Human Rights screening carried out:
In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.
Screening has been carried out by the Southern HSC Trust on behalf of all HSC Trusts as this is a regional Policy

x☐ Screening completed No action required.	☐ Full impact assessment to be carried out.

Summary
The Trust is committed to promoting equality of opportunity between both employees with and without disabilities. The policy has been developed to assist the Trust in complying with its statutory obligations under the Disability Discrimination Act and Section 75 of the Northern Ireland Act and ensure that appropriate support is provided for staff and job applicants with disabilities.
The policy outlines the Trust's responsibilities in ensuring that the rights of staff and job applicants with disabilities are protected and that appropriate support is provided for them when required. It also seeks to develop and extend work placement and volunteering opportunities for people with disabilities.

Title:
Regional Framework on the Employment of People with Disabilities.

Purpose:
To ensure that the Trust continues to due regard to the need to promote positive attitudes towards people with disabilities and to their participation in the workforce.

Objectives:
To ensure that the rights of staff and job applicants with disabilities are protected and that appropriate support is provided for them.

Policy Statement(s):
1 The Trust is committed to promoting equality of opportunity between both employees with and without disabilities in all aspects of employment.

2 By embracing and actively pursuing principles of good practice all people with disabilities will have a better opportunity to realise their fullest potential.





Director of Human Resources **Chief Executive**

Date: 17 August 2011 **Date: 17 August 2011**

Belfast Health and Social Care Trust

EMPLOYMENT OF PEOPLE WITH DISABILITIES- FRAMEWORK

April 2011

This document can be made available on request in alternative formats, e.g. plain English, Braille, disk, audiocassette and in other languages to meet the needs of those who are not fluent in English.

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1 Introduction

1.1 The Belfast Health and Social Care Trust (the Trust) has in place an Equal Opportunity Policy Statement which emphasises its continuing commitment to the provision of equality of opportunity. The scope of the current policy covers age, marital or civil partnership status, sex, sexual orientation, gender reassignment, religious belief, political opinion, race (including colour, nationality, ethnic or national origins, or being an Irish Traveller), disability, pregnancy or maternity leave and with/without dependants. The Trust recognises that attention needs to be given to the position of people with disabilities in the service and it is for this reason that this Policy has been developed.

1.2 This Policy takes account of the Disability Discrimination Act 1995 (the DDA), as amended.

1.3 In developing this policy, the Trust has taken account of its duty under Section 49A of the DDA (as amended), which requires the Trust, when carrying out its functions, to have due regard to the need to promote positive attitudes towards people with disabilities and the need to encourage their participation in public life. Further information about how the Trust will comply generally with the Section 49A duty is given in our S.49A Disability Action Plan.

1.4 In developing this policy the Trust has also taken account of its duty under Section 75 of the Northern Ireland Act 1998 which requires the Trust, when carrying out its functions, to have due regard to the need to promote equality of opportunity between a range of groups, including people with and without disabilities. Further information about how the Trust will comply generally with the Section 75 duty is given in its Section 75 Equality Scheme.

1.5 This policy should be read in conjunction with the Trust's 'Reasonable Adjustments Guidelines for Managers' and 'Disability Etiquette' booklet. The recently published ECNI document "Employing People with Autism: A brief Guide for employers" should also be taken into account and the recommendations implemented as appropriate.

2 Purpose and Aims

2.1 To assist the Trust in complying with its statutory obligations under the DDA and Section 75 of the NI Act.

2.2 To encourage people with disabilities to apply for jobs within the Trust.

2.3 To ensure that people with disabilities who apply for jobs in the Trust know that they will receive fair treatment and will not be subjected to unlawful disability discrimination and be considered solely on their ability to do the job.

2.4 To promote a supportive working environment for people with disabilities and for those staff who provide assistance to employees with disabilities.

2.5 To ensure that existing employees who become disabled are retained and supported in their current role, wherever possible, or in alternative suitable employment if available and provide retraining where necessary.

2.6 To develop and extend work placement programmes and volunteering opportunities to make sure that people with disabilities can gain real work experience within the Trust to improve their likelihood of securing future employment.

2.7 To ensure that buildings or premises will be made as accessible as possible to enable employees with disabilities to gain access. Further, information produced by the Trust will also be made available, on request, in accessible formats.

2.8 To be recognised by the community as an employer which provides good employment opportunities for people with disabilities.

It is the Trust's intention that the above aims will further the key objectives of its S49A Disability Action Plan i.e. to ensure that it continues to give due regard to the need to promote positive attitudes towards people with disabilities and to their participation in the workforce.

3 Policy Statement

3.1 The Trust is committed to promoting equality of opportunity between both employees with and without disabilities in all aspects of employment.

3.2 By embracing and actively pursuing principles of good practice all people with disabilities will have a better opportunity to realise their fullest potential.

4 Scope of Policy

4.1 This policy applies to people with disabilities applying to the Trust whether for temporary or permanent positions/work placements, work based training placements, work experience or volunteering opportunities. It also applies to staff with disabilities already employed by the Trust and former employees with disabilities when providing references.

4.2 For the purposes of this policy, a person is deemed to be 'disabled' if their impairment satisfies the definition of 'disability' as laid down in the DDA (as amended). See section 6 below for further information about this.

5 Responsibilities

5.1 Senior Management Team:-

- Is responsible for, and committed to, actively promoting the employment and retention of people with disabilities.
- In conjunction with Co-Directors/Heads of Service/Line Managers will ensure that all staff at all levels have received disability training appropriate to their role and responsibilities.

5.2 Staff

- All staff should be aware of the impact of their behaviour and attitudes to ensure a working environment in which the dignity of others is respected.
- Employees who have a disability are encouraged to discuss the implications of same with their line manager in the event that any reasonable adjustments may be required to ensure their full integration and participation in the workplace.

6 Definition of Disability

6.1 The DDA (as amended) defines disability as "a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities."

The general rule is that a person is only deemed to be 'disabled' if they have an impairment which satisfies this definition.

NB: However there are some exceptions to this general rule so that people who have certain specified impairments will be deemed to be "disabled" regardless of whether they satisfy the above definition or not. The specified impairments are cancer, HIV infection, multiple sclerosis and severe disfigurements. Also a mental illness does not need to be a 'clinically well recognised' illness before it can count as an impairment for the purposes of the DDA (as amended).

6.2 **Physical impairment:** includes, for instance, a weakening of part of the body caused through illness by accident or from birth. Examples would be blindness, deafness, paralysis of a leg or heart disease.

6.3 **Mental impairment:** Mental health disabilities can occur at any time throughout a person's life. Statistically, one in five people will suffer from mental illness during their lifetime. There are many different types of mental illness. These include depression, schizophrenia, bi-polar disorder, psychosis, anxiety and stress and they can vary in severity and in the way recovery takes place.

Learning disability is present from birth and is a lifelong condition that can prevent or hinder learning.

6.4 **Substantial:** this means the effect of the physical or mental impairment on ability to carry out normal day to day activities is more than minor or trivial. It does not have to be a severe effect.

6.5 **Long-term adverse effect:** the effect has to have, or be likely to last, overall for at least 12 months or which is likely to last for the rest of the life of the person affected.

6.6 **Normal day to day activity:** this is something which is carried out by most people on a fairly regular and frequent basis, such as washing, eating, catching a bus or turning on a television. It does not mean something so individual as playing a musical instrument to a professional standard or doing everything involved in a particular job.

6.7 The person must be affected in at least one of the respects listed in the DDA:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand, or
- perception of the risk of physical danger.

6.8 There are certain conditions which do not count as impairments for the purposes of the DDA. These are:

- addiction to or dependency on alcohol, nicotine or any other substance (unless resulting from the substance being medically prescribed)
- seasonal allergic rhinitis (eg hay fever), unless it aggravates the effect of another condition
- tendency to set fires, or steal, or physically or sexually abuse other persons
- exhibitionism and voyeurism
- disfigurements consisting of tattoos, non-medical body piercing or attachments to such piercing.

A person with an excluded condition may nevertheless be protected as a person with a disability if he or she has an accompanying impairment which meets the requirements of the definition. For example, a person who is addicted to a substance such as alcohol may also have depression, or a physical impairment such as liver damage, arising from the alcohol addiction. While this person would not meet the definition simply on the basis of having an addiction,

he or she may still meet the definition as a result of the effects of the depression or the liver damage.

7 Discrimination

7.1 Under the DDA, disability discrimination may occur in several different ways. These are as follows:

7.1.1 Direct Discrimination

Employers directly discriminate against a person with a disability if, on the grounds of the person's disability, they treat them less favourably than they treat or would treat a person not having that particular disability whose relevant circumstances including his/her abilities are the same as, or not materially different from, those of the person with the disability.

For example: An employer seeking a sales representative turns down a applicant with a severe facial disfigurement solely on the grounds that other employees would be uncomfortable working alongside the disabled person. This would amount to direct discrimination and would be unlawful.

7.1.2 Disability Related Discrimination

Employers discriminate if a person with a disability is treated less favourably, for reasons related to their disability, than they treat or would treat another person to whom those reasons do not apply, and the employer cannot justify that treatment.

7.1.3 Failure to make Reasonable Adjustments

When a person with a disability is substantially disadvantaged by the employer's provisions, criteria or practices or by the working environment, the employer discriminates if they fail to make any reasonable adjustments which would eliminate or alleviate that disadvantage.

Note: There is no justification for failing to make a reasonable adjustment.

This duty applies to all aspects and stages of employment including:

- recruitment and selection, including advertising

- induction
- promotion and transfer
- training/career development
- performance related pay and occupational pension schemes
- retention
- the dismissal process
- former employees

Please refer to the Reasonable Adjustment Guide for Managers for further information and examples.

7.1.4 Victimisation

This occurs when an employer treats someone less favourably than others because they have asserted their rights under the DDA, or have assisted a person with a disability in asserting their rights.

NB: Unlike the other forms of discrimination which are made unlawful by the DDA, victimisation may be claimed by people who do not have a disability as well as by those who have.

7.1.5 Harassment

This occurs where, for a reason related to a person's disability, another person engages in unwanted conduct which has the purpose or effect of violating the disabled person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

It covers many types of behaviour including physical, verbal, non-verbal, interfering with another's property, etc.

For example: A man with a learning disability is often called 'stupid' and 'slow' by a colleague at work. This is harassment, whether or not the man with the learning disability was present when these comments were made, because they were said with the intention of humiliating him.

The Trust has in place a Working Well Together Policy and Harassment Policy which have been agreed with Trade Unions and which outline the types of behaviours that are unacceptable in the work place e.g. harassment on grounds of disability, etc.

8 Employment Provisions

8.1 The DDA applies to all employers regardless of size.

8.2 It is unlawful for an employer to discriminate in:

- recruitment and selection including arrangements for deciding who should be offered employment, in the terms on which employment is offered, or by refusing or deliberately omitting to offer a person employment
- the terms and conditions of employment
- the opportunities afforded for promotion, transfer, training or any other benefits, or the refusal of those opportunities
- dismissing an employee or causing him/her any other detriment.

8.3 Contract workers with disabilities (i.e. agency and self employed) are also protected under the DDA and by this policy. So are people with disabilities on work experience and work placements.

8.4 <u>Reasonable Adjustments in Employment</u>
Reasonable adjustments have to be considered at every stage of employment. Where a provision, criterion or practice applied by or on behalf of an employer, or any physical feature of premises occupied by an employer, places a person with a disability at a substantial disadvantage compared with people who are not disabled, the employer is required to make a 'reasonable adjustment'. Please refer to the Reasonable Adjustment Guide for Managers which can be downloaded from the intranet for comprehensive information and clarification on reasonable adjustments or refer to the contact details given at paragraph 17.

8.4.1 Staff who cannot get exit of a building unaided should have a Personal Emergency Evacuation Plan (PEEP) completed by their manager with the necessary information to be able to manage their escape to a place of safety, and, to give departments the necessary information to ensure that the correct level of assistance is always available. This aim complies with the requirements of the Disability Discrimination Act (DDA). Information on PEEPs is included in Appendix B.

Further information can be obtained from Fire Safety Officers or refer to the contact details in paragraph 17

8.5 Notifying the Trust of a Disability

Staff are actively encouraged to notify the Trust of a disability in order that reasonable adjustments may be made, where necessary, to assist an employee with a disability both in managing their disability and carrying out their job.

Whilst it is not compulsory for a member of staff to notify the Trust of a disability, if the Trust is not aware of a disability it cannot make any reasonable adjustments for the employee. For further information refer to the contact details in paragraph 17

8.6 Confidentiality

Sometimes a reasonable adjustment will not work without the co-operation of other employees and it may be necessary to tell one or more colleagues about a disability an employee has which is not obvious. However, the consent of the individual should always be sought before imparting information about their disability on a need to know basis.

When information about a disability is given in confidence to someone in the Trust e.g. Human Resources, Line Manager, or Occupational Health the Trust is deemed to know and therefore has an obligation to make reasonable adjustments where they are needed. The Trust must ensure this information is shared and dealt with by the relevant personnel in a confidential manner.

Further, if someone suspects that a person's behaviour, poor attendance and performance could be disability related, then they need to inform the relevant personnel (e.g. Human Resources Department or Occupational Health Department) and follow the appropriate procedure bearing in mind the duty to make reasonable adjustments for people with disabilities in areas such as absence management, the application of capability policies, performance management.

9 Recruitment

9.1 The Trust is committed to employing the best person for the job through the application of fair and objective recruitment & selection procedures and appointing solely on the basis of merit.

9.2 Generally the anti-discrimination laws make it unlawful to discriminate against an employee or job applicant on one of the equality grounds. However, there are some exceptions to the basic rule against discrimination. The Disability Discrimination Act 1995 does not prevent employers from treating persons with a disability more favourably than persons who are not disabled. Examples of this may include posts being advertised as open only to applicants with disabilities or the operation of a guaranteed interview scheme.

It is important to note that in the context of positive action, discrimination against other people with disabilities is not permitted.

9.3 As part of the Trust's commitment to ensure its recruitment and selection process is fair and objective, a person with a disability who does not meet the essential criteria stated in the Personnel Specification can request a reasonable adjustment which will be duly considered by the Trust. Where such an adjustment can be reasonably accommodated to allow the individual to move to the interview stage, it will. In instances where an adjustment cannot be made, the Trust will provide their decision in writing, clearly setting out the reasons why the request cannot be met in the circumstances.

9.4 The Trust will take every opportunity to engage in proactive approaches to the recruitment of people with disabilities and help break down employment barriers. This may include a range of options such as job trials, work experience, work based training placements, volunteering, ring-fencing jobs, availing of specialist Government programmes e.g. Workable NI, Work Preparation Programme etc. and using publicity to highlight that the Trust is an equal opportunity employer.

10.0 Retention/Dismissal

10.1 Under the DDA an employer must not discriminate against an employee who becomes disabled or whose disability becomes worse. If the arrangements or premises place the employee at a substantial disadvantage in their existing job the employer has a duty to make reasonable adjustments to overcome the difficulties. This could involve:

- rearranging working methods
- allocating to another employee any minor tasks which the person with a disability can no longer do
- providing practical aids or equipment
- allowing employee to work at different times or places, eg to fit in with regular medical treatment.

10.2 The issue of job retention might also arise when an employee has a stable impairment but the nature of his or her job changes in a way which places him or her at a substantial disadvantage. Reasonable adjustments will have to be made if this occurs.

10.3 The person with a disability should be consulted at all times about what his or her needs are and, where the employee has a progressive condition, what effect the disability might have on future employment, so that reasonable adjustments may be planned. Therefore it is important to keep under review the needs of staff who have a progressive condition and the need for the ongoing involvement and support of the Occupational Health Department.

10.4 Support and advice will be provided by the Trust's Human Resources Department in conjunction with Occupational Health Department and, if appropriate, the Disablement Advisory Service which can:

- undertake employment assessments that are tailored to the individual;
- help to identify abilities and strengths;
- help to find out how disability or health conditions affect employment; and
- plan the steps needed to be taken to obtain or retain suitable employment.

These services can be accessed through a Personal Adviser at a local Jobs and Benefits Office/Job Centre or through the Employment Assessment and Occupational Psychology Services based in Belfast Tel: 02890 252175.

10.5 The cost of retaining an employee with a disability will frequently be less than the cost of recruiting and training a new member of staff and will prevent their knowledge and skills from being lost.

10.6 There are a number of Government Programmes which can assist people with disabilities to be retained in employment (see Appendix A) and the Trust will use these organisations as a source of support and advice to ensure people with disabilities have access to and can stay in employment. Further, in seeking to retain a person with a disability, there will be an expectation of both the Trust and the individual to be flexible in order to secure continued employment.

10.7 Deciding to terminate the employment of a person with a disability for a reason related to his or her disability (e.g. for capability or absence reasons) is a decision that should never be made before the employer has genuinely concluded that there are no alternatives to dismissal that can reasonably be implemented.

11 Former Employees

11.1 Under the DDA, where the employment of a person with a disability has come to an end it is unlawful for his or her former employer:

- to discriminate against him or her by subjecting him or her to a detriment, or
- to subject him or her to harassment, provided that the discrimination or harassment arises out of the employment which has come to an end and is closely related to it, eg provision of references.

12 Work Experience, Work Based Training Placements and Voluntary Work

12.1 In keeping with the Trust's Disability Action Plan, the Trust will work with external organisations to develop and extend structured work placement programmes to make sure that people with disabilities can gain real work opportunities and experience within the Trust to improve their opportunities of securing future employment.

12.2 A work placement is a planned period of work based learning or experience. The Trust recognises that for people with disabilities, work placements can be a key to access the world of work from which they might otherwise be excluded. Therefore work experience, work placement and vocational training are excellent interventions to provide opportunities for people with disabilities to gain experience and skills in work which may lead to employment. In addition, people with disabilities on work experience/work placement or vocational training are protected against discrimination and harassment under current legislation.

12.3 The Trust is committed to involving volunteers and a policy has been developed to promote and provide guidance on the appropriate involvement of volunteers throughout the Trust and to ensure that the interests of recipients, volunteers and staff are adequately protected. The Trust has adopted the following definition of volunteering:

"Volunteering is the commitment of time and energy for the benefit of society and the community, the environment, or individuals outside ones immediate family. It is undertaken freely and by choice without concern for financial gain"

(Making a Difference: the Government's Action Plan 1995)

12.4 The Trust supports the view that there is a very valuable and purposeful role for volunteers, which is separate and distinct from that of paid workers. It values the involvement of volunteers in its work because they reflect the interests, needs and resources of the community it aims to serve and bring a unique perspective to all its work. The Trust believes that

volunteers, through a variety of interesting and satisfying tasks, enhance the quality of care or service provided to patients/clients/residents.

12.5 There are many benefits to involving volunteers with disabilities. People with disabilities can bring new ideas and fresh approaches, they can help to keep services relevant and present a more welcoming face to the public.

12.6 People with disabilities can experience exclusion from volunteering opportunities because of environmental, attitudinal and organisational barriers rather than as a result of the effects of their disability. However all volunteers bring with them their own skills and talents, while increasing their own personal growth and development. Through appropriate support individuals who wish to volunteer should be supported to do so.

Support offered includes the provision of:

- A tailored volunteer role description with appropriate risk assessment
- Tailored support and supervision and identification of a key worker
- Volunteer expenses
- Volunteer induction and trial period
- Relevant training
- Partnerships with relevant volunteer supporting organisations

The Trust will continue to work with external volunteer supporting organisations to develop and support structured volunteer placements. These organisations include local volunteer centres, MENCAP, Action Mental Health, New Horizons and Cedar Foundation.

For further information on Volunteering refer to paragraph 17.

13 Indemnity

13.1 Children from schools and colleges on work placements with the Trusts are covered by Education Board indemnity.

13.2 Those on volunteering or work placements from the voluntary sector will be indemnified by the Trusts.

14 Awareness Raising/Education

14.1 The Trust will provide a programme of awareness raising and training on disability employment issues to provide managers and staff with information, training, support and advice so that they can achieve the objective of this policy.

14.2 This policy will be communicated to all staff and will be accessible via the Trust's Intranet and will be made available, on request, in alternative formats such as large print, Braille, audio cassette, plain language, easy read etc.

14.3 The Trust has developed a Disability Etiquette booklet which helps to identify and avoid inappropriate language and behaviour and offers practical advice about communicating with people with disabilities. This can be downloaded from the intranet or obtained from Equality and Improving Lives section of Human Resources – refer to paragraph 17.

14.4 The Trust is committed to seeking the views of staff with disabilities on issues that are important to them in the workplace and therefore a forum will be established in order to achieve this.

15 Review

15.1 Reviews of this policy will be undertaken at regular intervals and not later than three years following implementation.

16 Equality and Human Rights Considerations

16.1 This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

16.2 The policy has significant equality implications for people with disabilities. However these are all positive implications because the policy has been specifically developed for the purpose of promoting equality of opportunity for people with disabilities. The policy will not therefore be subject to an equality impact assessment.

16.3 Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

17 Further Information

Employment Equality and Improving Working Lives.

If you wish to seek advice or receive further information on disability, policies, training, employee for a, or disability monitoring please contact Employment Equality Manager on (028) 90636082.

If you wish to seek advice or receive further information on reasonable adjustments, disability placements or employability initiatives please contact the Senior Human Resources Officer on (028) 90636081.

Occupational Health Department

(028) 90631300

DEL Personal Advisers

http://www.delni.gov.uk/index/finding-employment-finding-staff/fefs-help-to-find-employment/localoffices.htm

Volunteer Services Department

(028) 90903028.

Estates Services Department

(028) 90902633

Appendix A

Summary of DEL Employment Schemes for People with Disabilities

In addition to the full range of training and employment programmes delivered by DEL to assist people find and retain employment if you, an existing employee or potential employee need specific help because their disability or health condition significantly affects the kind of work they can do, or it affects their chances of finding or keeping work, you may wish to contact a Personal Adviser at your local Jobs & Benefits office / JobCentre.

Personal Advisers will:-

- discuss with you the difficulties you or your employee are encountering which make it difficult to work; and
- help you consider a range of choices which may provide the practical, health and financial supports you might need to make decisions about work .

- DEL is committed to helping employers recruit and retain employees with disabilities. It provides a range of practical and financial help so you can find the right person for your vacancy or organisation, including people with disabilities.

Disablement Advisory Services

The Department for Employment and Learning's DAS is an integral part of Preparation for Work Division. It is the main branch within the Department supporting people with health conditions and disabilities. DAS provides a range of programme to assist Departmental customers obtain and retain suitable employment while its staff have extensive experience of helping people with complex and serious conditions in employment and training. These programmes are listed below.

Job Introduction Scheme

The job Introduction Scheme is a job trial lasting 13 weeks. It offers both the employer and the person with the disability the opportunity to try work and to see if the requirements of the job and the skills of the disabled person match. Employers receive a grant of £75 per week for the duration of the job trial while the employee with the disability is employed under the same terms and conditions as any other employee. Payment will be made in a lump sum at the end of the 13 week job trial period. The grant is available for people with all types of disability to start a job which is either full time or part time. The job should be permanent and expected to last at least 32 weeks.

Access To Work NI

Access To Work NI is available to overcome the practical problems caused by disability. It offers advice and help in a flexible way that can be tailored to suit the needs of an individual in a particular job, or getting to and from work. The programme can assist in a number of ways, for example:-

- Communication support at interview
- Special aids and equipment
- Adaptations to premises and equipment
- Travel to Work
- Support Worker
- Disability awareness training

Workable (NI)

This programme provides a flexible range of long term support to assist people with disabilities with substantial barriers to employment, find and keep work. The support needs of each individual are assessed and individually tailored support packages are developed to meet client needs. These support mechanisms can include:

- Job Coach to assist the disabled worker and their colleagues adapt to the needs of the particular job
- Developmental costs to the employer
- Extra training
- Disability Awareness Training

Work Preparation Programme

This programme is an important part of the 'Pathways to Work' initiative which aims to help people on an incapacity benefit return to work. The programme lasts up to 12 weeks and during this time, clients will benefit from in-house training from a provider organisation, as well as entering a real working environment through work placement with an employer. Both in-house training and actual work experience will help identify and assess work abilities, as well as boosting self-confidence and updating existing or development new skills. Throughout work placements, clients will receive one-to-one support and will also be provided with professional advice on seeking new or returning to previous employment.

Condition Management Programme

This programme is a work-focused support and advice programme which lasts up to 12 weeks. It is delivered by health care professionals who will help clients understand and manage their conditions and assist in getting them back to work. They will provide support and advice to help clients management arthritic complaints, back and neck problems, chronic fatigue, depression, pain and stress, as well as heart, circulatory and respiratory disorders.

Occupational Psychology Services

Occupational Psychology Services service offer consultancy, advice and guidance in areas relating to work, disability and health. Their services are available to support clients with disabilities, employers and Personal Advisers and include;-

- Policy strategy
- Organisational development
- Training
- Employment assessment
- Advice, guidance and support on disability issues
- Programme design and management
- Recruitment
- Evaluation
- Research and development
- Consultancy

Workable (NI) Case Studies

- Please read the case studies for Workable (NI) Clients http://www.delni.gov.uk/index/publications/pubs-das/das-workableni-case-studies.htm

For further Details contact

Disablement Advisory Service
5th Floor Gloucester House
57-63 Chichester Street
Belfast BT1 4RA
Tel 028 9025 2268
Fax: 028 9025 2330
Textphone : 0800 0284716
E-mail: das@delni.gov.uk
Web: www.delni.gov.uk

Useful Contacts:

Disability Action
Portside Business Park
189 Airport Road West
Belfast, BT3 9ED
Tel: 028 9029 7880 Fax: 028 9029 7881
Text phone: 028 9029 7881
Email: hq@disabilityaction.org
Website: www.disabilityaction.org

Employers for Disability NI
Banbridge Enterprise Centre
Scarva Road Industrial Estate
Banbridge, BT32 3QD
Phone: 028 4062 4526 Fax: 028 4066 9665
Email: info@efdni.org
Website: www.efdni.org

Equality Commission for Northern Ireland
Disability Section, Equality House
7-9 Shaftesbury Square
Belfast, BT2 7DP
Phone: 028 9050 0600 Fax: 028 9032 8970
Email: information@equalityni.org
Website: www.equalityni.org

Northern Ireland Union of Supported Employment
58 Strand Road
Derry
Co Londonderry

BT48 7AJ
Phone; 028 71 377709
Fax: 028 71360125
Textphone: 028 71372077
Email: info@niuse.org.uk Website: www.niuse.org.uk

Ulster Supported Employment Ltd (USEL)
182-188 Cambrai Street
Belfast, BT13 3JH
Phone: 028 9035 6600
Fax: 028 9035 6611
Minicom: 028 9075 7012
Text Phone: 02890750625
Website: www.usel.co.uk

MENCAP
Segal House,
4 Annadale Avenue,
Belfast, BT7 3JH
Phone: 028 9069 1351
Fax: 028 9064 0121
Web: www.mencap.org.uk

AMH Action Mental Health (Central Office)
Mourne House
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH
Tel: 028 9040 3726
E-Mail: info@amh.org.uk

Positive Futures
Head Office
2b Park Drive
Bangor
BT20 4JZ
Tel: 028 9147 5720
E-mail: info@positive-futures.net
Web: www.positive-futures.net/

ACET (Greater Belfast only)
Agencies in Consortium for Education & Training
Trust Headquarters
Knockbracken Healthcare Park
Saintfield Road
BELFAST
Northern Ireland
BT8 8BH
Phone: (028) 9056 5266
Fax: (028) 9056 5813
E-Mail: denise.bruce@sebt.n-i.nhs.uk

In each Health and Social Care Trust area there are a number of vocational training and supported employment organisations which can assist the Trusts to recruit and provide support to maintain and retain people with disabilities in employment. The Health Trust will also work in partnership with these organisations to develop interventions such as work experience, work placements, voluntary work and training which may progress into employment. Many of these organisations are funded under ESF and part funded by Health and Social Care Trusts –

Action Mental Health
5 Duncrue Place
Belfast
BT3 9BU
Tel: 028 90745015
E-mail: info@amh.org.uk
Web: www.actionmentalhealth.org.uk

Cedar Foundation (Regional organisation)
1 Upper Lisburn Road
Belfast
BT10 OGW
Tel: 028 9061 2424
Fax: 028 90614314
E-mail: info@cedar-foundation.org
Web: www.cedar-foundation.org

Dr B's Kitchen (Belfast)
9 Bridge Street
Belfast BT1 1LT
Tel: 028 90321213

Fax: 028 90313967
Web: www.barnardos.org.uk/drbsbelfast
E-mail: drbskitchen@barnardos.org.uk

NOW (Belfast)
428 Springfield Road
Belfast BT12 7DU
Tel: 028 90436400
E-mail: brian.maguire@nowproject.co.uk
Web: www.nowproject.co.uk

Orchardville Society (Belfast Trust)
Lagan Village Tower
144-152 Ravenhill Road
Belfast BT6 8ED
Tel: 028 90732326
Fax: 028 90732328
Web: www.orchardville.com

RNIB (Regional)
40 Linenhall Street
Belfast
BT2 8BA
Tel: 028 9032 9373
E-mail: rnibni@**rnib**.org.uk
Web: www.rnib.org.uk/northernireland

RNID (Regional)
Wilton House
5-6 College Square North
Belfast, BT1 6AR
Tel: 028 90239619
E-mail: information.nireland@rnid.org.uk
Text phone: 028 9023 9619
Text answer phone 028 9031 2033
Web: www.rnid.org.uk

Stepping Stones
39 Seymour Street
Lisburn BT27 4SY
Tel: 028 92667124
Fax: 028 9266 8900
E-mail: **stepping.stones**@nireland.com

The Trust will also provide information to the Physical Disability/Sensory Impairment website www.OpportuntiesForAll.org which provides information on a range of subject areas including Supported Employment opportunities for the general public.

Disclaimer – This list is not exhaustive. For further information contact Northern Ireland Union of Supported Employment for Supported Employment organisations in your area.

Appendix B

Guidance on Preparation of a Personal Emergency Evacuation Plan (PEEP)

Background

Aim

The aim of a Personal Emergency Evacuation Plan (PEEP) is to provide people (who cannot get themselves out of a building unaided) with the necessary information to be able to manage their escape to a place of safety, and, to give departments the necessary information to ensure that the correct level of assistance is always available. This aim complies with the requirements of the Disability Discrimination Act (DDA).

Responsibilities

It is the responsibility of line Managers and Fire Wardens to talk to staff to identify whether they require any assistance in the event of an emergency. If a member of staff requires assistance the Emergency Egress Questionnaire should be completed (see section1). This should be completed in conjunction with the member of staff concerned and with appropriate support from the Estate Services Department (Fire Safety Officer).

Writing the PEEP

From the information gathered in the questionnaire, a written Personal Emergency Evacuation Plan (PEEP) should be developed (see section 2). Advice and support for writing the PEEP is available from the Estate Services Department via the Fire Safety Officer. Given the unique characteristics of buildings and the need for a PEEP to take account of the buildings capabilities, staff in question who regularly use different buildings may need a separate PEEP for each building.

If assistance with escape is required, the extent of such assistance should be identified in the PEEP and the number of assistants and the methods to be used should be recorded. The line Manager needs to ensure that there is cover for absences, and that assistants are trained as necessary.

Evacuation in an Emergency

Assisting wheelchair users on stairs

Where wheelchair users are located above the ground floor there are a number of considerations. In all the following cases the Fire Safety Officer will be able to give more advice with identifying Refuges and Evacuation Lifts.

a) Temporary Refuges

A refuge is a designated temporary safe space where disabled people can wait for assistance. It is an area that is both separated from a fire by fire resisting construction and provides a safe route to final exit e.g. the head of a protected stairway - where there is sufficient space. The provision of a refuge will permit a staged evacuation to be implemented. A refuge area must be clearly signed and should be of sufficient size to accommodate people using it as a refuge and also any people passing through on their way out of the building.

Refuges should only be defined after consultation with the Fire Safety Officer as the requirements for fire separation and structure are very specific.

b) Lifts

Most lifts cannot be used in an emergency. Any lift used for the evacuation of staff with disability should be either a "fire-fighting lift" or an "evacuation lift." The Estate Services Department will be able to tell you if and in what circumstances a lift may be used in the event of a fire.

If you believe that there is a suitable lift then the Estate Services Department will advise on the correct procedure for using the lift as an evacuation lift and will also advise on the signage and training necessary.

c) Safe Routes

A PEEP should contain details of the escape route(s) the staff member will be expected to use. Clear unobstructed gangways and floor layouts should be considered at the planning stage.

It is especially important to ensure that locks, doors and other devices are all able to be operated by the evacuating persons.

It is also necessary to ensure that there are (as much as possible) alternative routes and that the routes are not excessively long. Further advice is available from the Fire Safety Officer on a Building by Building basis.

Deaf, Deafened and Hard of Hearing

Generally, most deaf people working alongside hearing colleagues will not require special equipment, providing they have been made aware of what to do in the event of a fire. They will be able to see and understand the behaviour of those around them.

However, people with who are deaf or hard of hearing working alone may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used. If additional equipment is required then please consult with the Estate Services Department.

Blind and Partially Sighted

Staff should be offered orientation training and, where applicable this must include alternative ways out of the building. If a blind or partially sighted person uses a guide dog it is important that the dog is also given ample opportunity to learn these routes.

Training

To be effective, any egress plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements:

- Fire drills for staff.
- Specific training for DNOF's/Fire Wardens
- Specific training in the use of Fire Extinguishers, etc.

Further advice is available in the first instance from the Fire Safety Officer.

Section 1: Emergency Egress Questionnaire for Disabled Person

This questionnaire is intended to be completed by a disabled person to assist the development of a Personal Emergency Evacuation Plan. Please provide as much information as possible to enable the Belfast Trust to develop a suitable plan.

Once developed, the Plan will be the intended means of escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact your Line Manager for assistance in finding suitable solutions.

Why you should fill in the form

As your employer, the Belfast Trust has a legal responsibility to protect you from fire risks and ensure your health and safety at work. The PEEP will be developed based on the information you provide.

What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency egress procedures in the building(s) you attend.

If you need assistance, the "Personal Emergency Evacuation Plan" will specify what type of assistance you need.

Name

Job Title

Department

Brief Description of Duties

LOCATION

1. **Where are you based for most of the time?**
   Please name: the building, the floor and the room number.

2. **Do you routinely use more than one location in this building?**

   YES ❑ NO ❑

   If you feel it is necessary please provide further details below. (Please list
   the buildings and floors you use in each building)

AWARENESS OF EMERGENCY EVACUATION PROCEDURES

3. **Are you aware of the emergency evacuation procedures which operate in the building(s) you attend?**

   YES ❑ NO ❑

4. **Do you require written emergency evacuation procedures?**

   YES ❑ NO ❑

4a Do you require written emergency procedures to be supported by BSL interpretation?

YES ❑ NO ❑

4b Do you require the emergency evacuation procedures to be in Braille?

YES ❑ NO ❑

4c Do you require the emergency evacuation procedure to be on tape?

YES ❑ NO ❑

4d Do you require the emergency evacuation procedures to be in large print?

YES ❑ NO ❑

5. Are the signs which mark emergency routes and exits clear enough?

YES ❑ NO ❑

EMERGENCY ALARM

6. Can you hear the fire alarm(s) in your place(s) or work?

YES ❑ NO ❑ DON'T KNOW

7. Could you raise the alarm if you discovered a fire?

YES ❑ NO ❑ DON'T KNOW

ASSISTANCE

8. Do you need assistance to get out of your place of work in an emergency?

YES ❑ NO ❑ DON'T KNOW

If **NO** please go to Question 12

9. Is anyone designated to assist you to get out in an emergency?

YES ❑ NO ❑ DON'T KNOW

If **NO** please go to Question 11. If **YES** give name(s) and location(s)

10. Is the arrangement with your assistant(s) a formal arrangement?

(A formal arrangement is an arrangement specified for them by the Head of Department or written into their job description or by some other procedure.)

YES ❑ NO ❑ DON'T KNOW

10a Are you always in easy contact with those designated to help you?

YES ❑ NO ❑ DON'T KNOW

11. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?

YES ❑ NO ❑ DON'T KNOW

GETTING OUT

12. Can you move quickly in the event of an emergency?

YES ❑ NO ❑ DON'T KNOW

13. Do you find stairs difficult to use?

YES ❑ NO ❑ DON'T KNOW

14. Are you a wheelchair user?

YES ❑ NO ❑

Thank you for completing this questionnaire. The information you have given us will help us to meet any needs for information or assistance you may have.

Please return the completed form to:

_____

Line Manager

Section 2: To be completed by the line Manager (may require development of more than one plan for more than one building)

Personal Emergency Evacuation Plan for

Name

Department

Building

Floor

Room Number

AWARENESS OF PROCEDURE

The person to be assisted is informed of a fire evacuation by:

existing alarm system ☐

pager device ☐

visual alarm system ☐

Other (please specify) ☐

DESIGNATED ASSISTANCE

(The following people have been designated to give me assistance to get out of the building in an emergency).

Name

Contact details

Name

Contact details

Name

Contact details

METHODS OF ASSISTANCE (e.g. Transfer procedures, methods of guidance, etc)

EQUIPMENT PROVIDED (including means of communication)

EVACUATION PROCEDURE (A step by step account beginning from the first alarm)

SAFE ROUTE(S)

Personal Emergency Egress Plan

1. PERSONAL DETAILS

Name:	

2. LOCATION

Building:	
Floor:	
Room Number:	
Times when the PEEP is applicable:	

3. AWARENESS OF PROCEDURES

I have received the emergency evacuation procedures:

In Braille		On Tape	
In BSL		In Print	
In Large Print		In SSE	

4. ALARM SYSTEM

I am informed of an emergency evacuation by:

Existing alarm system		Visual alarm system	
Vibrating pager		Other (please specify below)	

5. DESIGNATED ASSISTANCE

Where applicable, the following people have been designated to give assistance when I need to get out of the building in an emergency.

Name:	Location:

My designated assistants have been trained in the emergency procedures drafted to assure my safety:

Yes ☐ No ☐

6. EGRESS PROCEDURE (To be provided by the Assessor)

The details provided here should include a step by step account of how the Belfast Trust will ensure that the building user will reach a place of safety from first alarm actuation to final exit. A diagram should be provided, where necessary, highlighting the position of specific escape routes, refuges and any equipment provided to ensure the safety of the person under assessment.

7. ASSESSMENT SIGN-OFF

Signed (Assessor)	
Signed (Building User)	

February 2011

Belfast Health and Social Care Trust

Disability Etiquette

April 2011

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1. Alternative Formats

Please ask us if you would like a copy of this booklet in a different format, such as Braille, easy read, on disk or audiocassette, or in an alternative language.

Acknowlegements

The Health and Social Care Trusts would like to acknowledge all of those who contributed to the development of this booklet.

2. Aims of this booklet

People with disabilities, and those who work on their behalf, are concerned that negative images of disability and incorrect assumptions can hamper their progress towards equal opportunities at work and within society. This booklet aims to widen understanding of the views and preferences of people with disabilities and will help employees identify and avoid inappropriate language and behaviour. The booklet offers practical advice about communicating with people with all disabilities both in daily life and in the workplace.

3. Did you know that in Northern Ireland ....

- 21% of the adult population has a disability which is higher than most of the UK
- 17% of people have multiple disabilities
- 6% of children and young people have a disability
- 1 in 4 families is directly affected by disability
- there are 52,000 people with a learning disability
- 1 in 7 people has some form of hearing loss
- mental health disability affects 1 in 5 of the population in some form in a person's lifetime.
- less than 5% of people with physical disabilities are wheelchair users.

Further, a person with a disability is more likely to:

- be unemployed – 66% of people with disabilities are unable to access employment opportunities
- have no qualifications
- live on or below the poverty line as benefits make up two-thirds of their income, compared to just over a fifth for the general population.

Approximately half of people with disabilities:

- have difficulty using everyday services like going to the cinema, eating out or going shopping
- of those 4 in 10 have problems getting there
- of those who find shopping difficult, 1 in 3 has problems getting around the shops.

In addition:-

- 80% of people with disabilities who encounter difficulties are offered no help by service providers.
- Disability should not be confused with illness. The general health of many people with disabilities is as good as that of anyone else.
- A sighted person is about four times more likely to be employed than a blind person is.
- 70% of people acquire disability during their working life and there are more females than males with disabilities
- People who have a mental health disability or a learning disability are five times more likely to be unemployed than people without these disabilities.

Sources: NI Survey of people with Activity Limitations and Disabilities; NI Census; Mental Health Foundation; Employer's for Disability NI.

People with disabilities are people first. Sometimes we, in most cases unknowingly, create barriers for people with disabilities. It's important that each one of us works to remove those barriers and concentrate on the person, not the disability.

The Trust is committed to good practice in the recruitment and career development of people with disabilities. Many of the barriers that people with a disability face are created by negative attitudes and misconceptions. These barriers are reinforced by small details of language and behaviour. These may seem insignificant but they can reinforce inaccurate assumptions and cause unnecessary offence.

By recognising this, and by understanding the feelings of people with disabilities, the Trust aims to ensure that employees with disabilities can compete and flourish on an equal basis in the workplace.

4. Terminology

Many terms used about disability go back to the medical model of disability from the 1960's. This model showed no consideration for the person – it focused on what was 'wrong' with the individual. The social model replaced the medical model and for the first time the 'person' was recognised. Even more enlightened is the new affirmation model, which recognises and celebrates disability and the individual differences of people.

Despite more enlightened thinking, many unacceptable terms are still used today. Appropriate use of written and oral language will make it easier to communicate and interact with people with disabilities.

Every member of staff can make an important difference to the way services are delivered to people with disabilities. It's estimated that around a third of our service users i.e. patients, their families and visitors have disabilities, that is, they have physical, sensory, learning or mental health difficulties or chronic and long term health conditions. Don't be daunted by 'rights' and 'wrongs'. Instead, always bear in mind that people with a disability, like everyone else, wish to be treated with respect and courtesy and in a friendly matter.

5. Improving the overall experience of patients

Below are some things to bear in mind when dealing with people, patients/clients and service users, whether or not they have a disability:

- Wear your name badge and, when possible, especially when helping a patient with a visual disability, give your name. Always give your name when answering the phone. Communicate directly with the patient, even if they have someone with them, unless informed otherwise.
- Offer help to a person with a disability but wait until your offer is accepted before you act. Do not assume you know the best way of helping – listen to any instructions you are given.
- Treat adults in a manner appropriate to adults. For example, call a person by their first name only when extending that familiarity to others present – all staff should ask service users how they would like to be addressed and it should not be assumed that people (especially older people) feel

comfortable when being addressed by their first name by people who are not close friends or relatives.

- Use an everyday tone of voice. Do not shout at or patronise anyone.
- Make appropriate physical contact with people with disabilities like you would with anyone else – for example shake hands.
- Never lean on a person's wheelchair and, when talking to the person, try to ensure your eyes are at the same level as theirs, perhaps by sitting down.
- Ask the person how *they* wish to be communicated with and allow them to communicate in his or her own way, and in his or her own time. Don't finish sentences for anyone. Be patient, stay calm and respect the person's answer to your question.
- Try not to feel uncomfortable the first time you come across a person with a particular disability. It is perfectly acceptable to ask the person if they need any support or adjustment. Don't make assumptions that you know best.
- Take the time to explain what is going on and check that the person understands. For example, at outpatients, don't just say, "Put your card in the appointment box." People who are blind or have visual disabilities may not see the box. Explaining helps avoid unnecessary anxiety or stress.
- Don't make assumptions. For instance, avoid assuming that someone's disability is the cause of the symptoms he/she is experiencing. Often issues and problems have nothing to do with being disabled.
- Do not be embarrassed about using common expressions such as "see you later" if someone has a visual impairment, or "I'll be running along then" if they use a wheelchair.
- When planning an event, ask advice from people with disabilities and advertise accessibility. If access and facilities are not clearly described, people with disabilities may not come along if they have encountered difficulties in the past.
- It is estimated that 83% of people who have disabilities acquire the disability after birth. Many have hidden disabilities, that is, something that is not immediately obvious to the casual observer. Examples are post-accident trauma, arthritis, asthma, diabetes, diseases of the heart and circulatory

system, dyslexia, epilepsy, learning difficulties or mental illness. Also, it may not be immediately obvious if someone has a hearing or visual disability.

- Ask patients, in appointment and admission letters, to let the hospital/clinic know in advance if they have any special requirements. Remember too that letters and leaflets for patients should be in Arial, size 14 font as per the Health and Social Care corporate identity guidelines and should follow best practice regarding the provision of information and communication.

- Ensure you know how any communication aids work, for example, text phones, Typetalk, or induction loops. Remember that deaf patients/clients are entitled to be accompanied by a sign language interpreter or a person with a learning disability may have a friend or advocate to accompany them.

- When seeking consent for examination, care or treatment, remember that no-one has the right to consent on behalf of a competent adult. The Trust's policy on consent, available from line managers and on the intranet, provides further information.

- Ensure you attend disability training events, eg. Deaf awareness training, and, if you are a manager, allow your staff time to attend.

- If you have to give a diagnosis of a disability (diagnosis of condition that will or may result in the person acquiring a disability) to a patient or parent, be extremely sensitive to the fact that, often, how this news is given, can impact on how they deal with it for the rest of their lives. Make sure that all those who need to be told are told and that you have information available about support mechanisms for the patient and/or carer.

6. Language

It is important to have a general understanding of words and phrases that you should use when referring to someone with a disability. There are no hard and fast rules. Employers should be aware of the preferences of disabled people and respect these preferences, which may change over time.

The following is a helpful guide when talking to or writing about people with disabilities:

- The word 'handicapped' is offensive - instead say 'person with a disability'.

- Medical 'labels' are undesirable and often misleading, as no two people are alike. Medical labels say little about people as individuals, and tend to reinforce stereotypes of disabled people as 'patients', powerless and wholly dependent on the medical profession.
- It is dehumanising to refer to a person in terms of a condition. Therefore do not talk about 'a spastic' or 'an epileptic'. Instead say he or she 'has cerebal palsy' or refer to 'a person with epilepsy'.

The table overleaf has a list of terms that you should and shouldn't use.

Words to avoid

Do Say	Do not say
Person who has/person with/person who has experienced	Victim of/crippled by/suffering from/afflicted by etc. The anything: The Blind The Disabled
Wheelchair user or person who uses a wheelchair	Wheelchair bound or describe someone as 'confined' to a wheelchair
Person with a learning disability	Mental Handicap
Mental health disability or person who has/with a mental health disability	Mentally ill or 'Not all there'
Person with a disability	Invalid
He or she is deaf/hard of hearing/blind/visually impaired	'deaf and dumb'
Person who has/with arthritis Person who has/with epilepsy Person who has/with diabetes	Arthritic Epileptic Diabetic
Non-disabled; Person without a disability.	Normal, healthy, (when speaking about people without disabilities as compared to people with disabilities)

7. Meeting and communicating with people with disabilities

People who are deaf or have a hearing impairment

- Do not make assumptions about a person's ability to communicate or the ways in which they do it/ask how the person would prefer to communicate with hearing people.
- Deaf people who use sign language find this the easiest method of communication – but not all Deaf people use sign language.
- Don't shout – it is impolite, uncomfortable for a person wearing a hearing aid, makes lip reading more difficult and makes you look and feel irritable.
- Check that the person has understood you and that you have understood them by rephrasing your questions, repeating what has been said, and by summarising what has been agreed at the end of the conversation. In some situations written notes might be helpful.
- Pay attention to the person's facial expressions and gestures and if you don't understand what is said, ask for it to be repeated. If you pretend to understand when you don't, you will have problems later.

Lip-reading

Do not assume that everyone who is Deaf can lip-read. Always ask the person when you first meet them. If they do lip-read, remember that this skill is never wholly reliable. It requires intense concentration and is very tiring.

When meeting a person who is lip-reading:

- Look directly at them and speak clearly and slightly slower than normal speed.
- Speak with facial expressions, gestures and body movements which emphasise the words you use. (Only 3 out of 10 words are visible on the lips.)
- Face the light and keep hands, food and so on away from your face while speaking. Make sure there is enough light and that neither of you is silhouetted against a strong light.
- If necessary, attract the person's attention with a light touch on their shoulder or a wave of your hand or some other visible signal.

Using a sign language interpreter

Book an interpreter well in advance of the event or meeting (please refer to interpreter booking procedure on the intranet). In a one-to-one situation, talk to the person, not the interpreter. The interpreter normally sits or stands to the side of the hearing person to form a triangle.

In a group, arrange the seating in a circle or horseshoe so everyone can be seen. The interpreter can then point to the person speaking.

In all interpreting situations it's important to have adequate lighting. Make sure the background behind the interpreter is plain and not distracting. This means the deaf person can see the interpreter's facial expressions and lip patterns clearly.

People who use a wheelchair or have mobility problems

- Do not lean on a person's wheelchair. The chair is part of the body space of the person who uses it.
- When talking for more than a few moments to someone in a wheelchair, to avoid discomfort, for example a sore neck, try to put yourself at their eye level by sitting also.
- Wheelchair users usually prefer to move around under their own power or use powered wheelchairs. Do not push the chair unless you offer help and it is accepted.
- Never touch or move crutches or walking frames without the user's consent.

People who are blind or have serious sight loss

- Approach the person from the front and let them know you are there with a light touch on the hand or arm.
- Identify yourself clearly and introduce anyone else who is present. Try to indicate where they are placed in the room.
- When offering a handshake, say something like 'shall we shake hands?'.
- When help may be needed, for example on unfamiliar ground, say 'How may I assist?" The person will advise you. Generally speaking good practice involves standing by the person with your arm straight (known as

the grip arm) and fingers pointing to the ground. He or she will firmly hold your arm just above your elbow. You should walk slightly in front, making it easier for the person to understand the movement of your body. This will allow you to guide rather than propel or lead the person.

- When offering a seat, place the person's hand on the back or arm of the chair.

- To open a door, place the person's hand on the door handle and let him/her open it, then you go through the door first, allowing the person you are guiding to follow. Let them close the door themselves.

- Steps, stairs and slopes: When you approach steps or a slope say so and say whether they go up or down. The person with the sight problem should be on the side with the handrail. If you need to change sides, ask the person to stand still and let go of your guiding arm to allow you to change sides. Walk towards the handrail and show its position with your guiding arm. It's a good idea to practice these techniques with a colleague from time to time.

- When talking in a group identify yourself and remember to say the name of the person to whom you are speaking.

- Do not leave someone talking to an empty space. Say when you want to end a conversation or want to move away.

- Remember that a guide dog is a working dog, not a pet, and should never be distracted.

- Introduce other people for example, the ward sister and the ward clerk. It will make conversation easier if you also introduce a person with sight problems to the other patients. Say for example:

  "Mrs. Patel is on your right.
  Mrs. Anderson is just opposite and
  Mrs. Doherty is on your left.
  I'll introduce you to the Senior Nurse when they come on duty."

- The following points will also help make things easier:

  - If you move something around the person with a sight disability, always put it back in the same place.

- When you serve a meal, say that you have done so, say what it is and ask if any help is needed.
- If the person has to go to x-ray, theatre, or somewhere else in the hospital, make sure the porter and whoever will be looking after the person, knows the person has a sight disability.

Deafblind people

A person may be regarded as deafblind if they have a combination of hearing and sight loss resulting in problems with communication, information and mobility. Most deafblind people do have some sight and/or hearing, so the advice in the two previous sections will also apply, but using touch methods for communication and access to information are more likely.

- If offering to guide, move their hand gently to your elbow; some deafblind people also have poor balance, take your cue on how to guide from them.
- You may be able to communicate by writing clear capital letters on their palm, using the whole palm.
- If the person asks for written information, use a thick black pen and write large letters – check the size is right for the person with one word before continuing.

People with speech difficulties

- Give your whole attention to a person with a speech difficulty. Be encouraging and patient. Do not correct or speak for the person. Wait quietly while the person talks, and resist the temptation to finish sentences.
- Where possible ask questions that just need short answers or a nod or shake of the head.
- If you have difficulty understanding, don't pretend. Repeat what you do understand, and the person's reactions will guide you.

Autistic Spectrum Disorders

Autistic spectrum disorders (ASD) are a range of social and communication disorders including autism and Aspergers Syndrome, which is a mild form of autism. People with these disorders may have difficulty in communicating and

interacting with other people, and have limited social skills, including conversation, eye contact and interpreting body language. They are likely to use language literally, and may misinterpret what is being said due to difficulties recognising facial expressions, tone of voice and intonation.

- Use clear and unambiguous language. Avoid using figures of speech, sarcasm or metaphors. A person with Aspergers Syndrome may not recognise facial expressions, hidden meanings, jokes or irony.
- Some people with ASD may avoid eye contact, and many therefore appear aloof or uninterested. Try not to take offence.
- The person may not respect your personal space and social boundaries. Correct them politely if you are uncomfortable.
- The person may be very uncomfortable with physical contact.
- Do not rush the person.
- They may not instantly understand something that is obvious to you – explain things simply and clearly

People with Dyslexia or Dyspraxia

Dyslexia is more than just difficulty with reading and writing, it may include underlying problems of short-term memory, processing information and perceptual, spatial and motor skills. Associated literacy and numeracy problems may be obvious, or they may show as slowness rather than inaccuracy.

Dyspraxia impairs the organisation of movement and is associated with problems of language, perception and thought. It overlaps with dyslexia and the two conditions can co-exist in the same person, as can Asperger Syndrome (see above). Symptoms include poor short-term memory and concentration, literacy and organisational problems and problems with co-ordination, dexterity and social skills.

Forms can be difficult to fill in. Ask if support is required, as the person may feel embarrassed or awkward to ask you for assistance.

People with mental health problems

'Mental illness' covers all diagnosable mental health problems that become 'clinical', that is, they need a degree of professional intervention and treatment.

'Mental disorders' are health conditions characterised by alterations in thinking, mood or behaviour associated with distress or impaired functioning, or both, for example people in the early stages of dementia or who acquire a brain injury.

People with a past history of mental health problems can experience discrimination. Most people make a full recovery. However, someone experiencing the emotional distress and confusion caused by mental health problems may find everyday activities very hard.

Therefore you should:-

- be patient and non-judgemental and give the person time to make decisions
- ask what support, if any, is needed, and pay attention to the answer. Allow the person time to tell or show you what he/she wants.

- stay calm if the person seems over anxious or confused.
- take time to listen to someone who is mentally ill – and don't assume that he/she has no knowledge or opinions of value.
- keep your communication straightforward and clear. rephrase comments or questions for better clarity.
- not avoid a person with mental health difficulties. avoidance and rejection are among the most commonly upsetting things experienced by people who have mental health problems.

Mental ill health is 5 times more common than learning disabilities, is as common as heart disease and nearly 3 in every 10 employees will have a mental health problem each year.

People with learning disabilities

The Equal Lives document states that international definitions of what is known as a Learning Disability include three elements all of which must be present:-

- Significant impairment of intelligence that includes a reduced ability to understand new or complex information, and to learn new skills
- Deficits in social functioning or adaptive behaviour and a reduced ability to cope independently, and
- The disability started before adulthood and has a lasting effect on development.

Many people with learning disabilities live full and independent lives in the community making their own choices with varying levels of support. Here are some good practice tips:-

- When booking an appointment, it is important to be able to speak to a person – consider having a different telephone number for vulnerable groups if it is an automated system.
- Appointment letters must be in plain English and symbols should be used where appropriate.
- Emergency appointments should, where possible, be with the person's usual doctor as they will already know the person's health condition/history.

- In a GP clinic, take time to clarify and explain things and ensure there is a double appointment made for people with learning disabilities. Use pictures and images to show what is happening. Perhaps offer to tape a conversation so that the person can consider it later and keep a record.
- Watch the person and use gestures and facial expressions.
- If a person wants to take you to show you something, go with them.
- Explain information in a straightforward way what medication/tablets or treatment is for and if there are any side effects and what they should do if they experience side effects. Most people with a learning disability can understand information if plain English is used. However it may be necessary to put information in writing (including your name and phone number) or try using objects or drawings.
- Ask the individual if they have understood i.e. check their understanding, then explain again if necessary. Ask open questions.
- If there is a carer present, speak to the person first, not the carer. You can involve the carer if necessary to gain more information.
- Keep distractions (background noise and busy environments) to a minimum.
- In A&E Departments, check for medical documents.

People with facial disfigurement

- Some people are born with a disfigurement and others acquire it through an accident or illness. It does not mean the person is any different and certainly does not affect his or her intelligence. Most of the difficulties and discrimination people with facial disfigurement experience stem from other people's behaviour or reaction to them.
- If you are surprised by someone's appearance or feel uncomfortable by it, try not to show it.
- Make eye contact as you would with anyone else – try not to stare.
- Listen carefully and do not let the person's appearance distract you.
- Never ask 'what happened to you?' – restrain your curiosity.

Support workers and personal assistants

People with a disability may be accompanied by personal assistants or support workers. Personal assistants are paid workers who provide practical and personal support. Treat support workers with courtesy and respect but remember that they are present as an assistant, and your communication should be directed to the person with the disability.

Appointments/meetings/waiting areas

Always check the following when arranging meetings, interviews or appointments:

- Are there suitable parking arrangements? Ensure parking spaces dedicated to disabled people are not taken up by visitors or staff who do not need them.
- In all waiting areas at least one space or more depending on the type/size of area should be left free for a possible wheelchair user with a notice put on the wall identifying it as such.
- Is there a ramped or step-free entrance?
- Are there suitable toilet facilities?
- Is a lift required?
- Do the people on reception know they may need to provide assistance?
- Have you provided directions and/or a map to the hospital/clinic in an accessible format, eg large print, easy-read?

If there are potential access problems, contact the person in advance and discuss what can be done. Do everything you can to remove any barriers that might reduce the effectiveness of our service for people with disabilities. Managers and Supervisors should ensure that all aids (text phone, loop systems) are working, that all relevant staff know how to use them and that training is provided for all staff, including newly appointed staff.

Try to allow people enough time when checking or taking their details. A person with a learning disability may need more time. If you work in A&E reception, make sure you are aware of the 'fast track' arrangement for people with behavioural difficulties. And always, always, be discreet.

Try to be as helpful as possible to everyone. If a patient is very anxious, can you help in some way? Are the toilet areas clearly signposted? Be aware – and be discreet.

Remember, someone who has a hearing disability may not hear their name being called and people with visual disabilities may not be able to clearly see information they need, or find the seating area. If possible, seat visually and hearing impaired patients near and facing reception desks, to help reassure them that they won't be forgotten. If necessary, physically go to them to tell them when it is their time to be seen.

In waiting areas occasionally and discreetly check the comfort of requirements of service users with disabilities. If in doubt, it's always best to ask. If a person has a sight or hearing disability, keep them informed about what is happening.

Initial assessment or treatment areas

- At this stage you should already be aware if a patient has a disability. Bear in mind the following:
- Check how the patient wishes to be examined, for example, remaining in a wheelchair.
- Ensure that assistance, equipment and hoists are available and that you know how to use them.
- Avoid using complicated language or jargon when giving a diagnosis or explaining a treatment procedure and take time to explain it. Use plain English. Remember the patient's right to consent on his/her own behalf.
- Parents/carers of children/people with disabilities have useful knowledge and expertise about the child/person, as well as the patient him or herself. Listen to them and use that expertise to improve the care provided.
- If someone has to be left for any length of time, make sure they know why and occasionally check out if they are still ok. For example, check if they need a change of posture or personal care, or whether they are experiencing any anxiety – and do what you can to help.

Referral on to wards and other treatment/ diagnostic areas:

- Ensure that a person's requirements are passed on between departments. For example, information about a patient's personal preferences and any insight gained through earlier examination processes should be shared between departments in advance.
- It's important that the patient is kept fully informed of why and to where they are being sent, and how long they can expect to be there. Always let patients know about facilities such as nearby toilets.
- Ask if the patient would like someone to escort them to the next department.
- If they are going alone, ask if they want you to describe or write down locations and, if they do, use clear and straightforward language – avoid "up there" or "the next block".
- Avoid creating additional barriers for disabled service users. For example, a badly placed IV drip can prevent someone using sign language.
- Check that a patient's auxiliary aids are within reach.

At discharge

When a patient is sent home after treatment, discharge arrangements normally follow a standard procedure that may have to be amended to take account of the needs of a person who is disabled. For example, consider how a new mother who is a wheelchair user will change her baby, or if the patient needs you to book a taxi or needs help to the bus stop, etc. If a patient has a hearing disability, have a sign language interpreter available when they are being discharged so that there is clarity about medication, wound care, and follow-up care. Information on how to book Sign Language interpreters can be obtained from your Line Manager or Head of Department..

Job interviews for people with disabilities

- With reasonable adjustments in place, if required, proceed with the interview process in the positive and friendly manner in which you would for all candidates. Please also refer to the Trust's Policy on the Employment of People with Disabilities and the Reasonable Adjustment Guidelines for Managers which provides further detailed guidance.
- Focus on the person's abilities, achievements and qualities against the tasks and the genuine requirements of the job. Remember that skills and abilities may have been acquired outside the working environment.
- Remember that questions about an interviewee's disability should be restricted to those relevant to work and should be asked positively in the context of 'reasonable adjustment'. Before asking a question about a person's life outside work, ask yourself whether you would put this question to any other interviewee.
- Do not make assumptions about an individual's ability to perform certain tasks. People with disabilities often develop innovative solutions to everyday challenges, with or without technical aids or personal support.
- Form your own opinions from discussion with the person, as you would with any interviewee.
- If a handwritten application form is required, ask the Recruitment and Selection Department on (028) 90 636130. Some people may need someone else to fill it in, or may need to use a computer or tape.

8. Towards a better service

These suggestions are just some of the approaches that will help you to improve the overall experience of patients who are disabled, their families, and visitors. They will help you comply with the relevant legislation. But most of all, they are, quite simply, about removing barriers and treating people equally.

9. Useful Contacts

Improving Working Lives/Employment Equality
4th Floor McKinney House
Musgrave Park Hospital
Belfast
BT9 7JB

(028) 90636105

Health and Social Inequalities
Graham House
Knockbracken Healthcare Park
Belfast
(028) 90960070

Equality Commission for NI
Equality House
7-9 Shaftsbury Square
BELFAST
BT2 7DP

Phone: 028 9050 0600 Fax: 028 9032 8970
Email: information@equalityni.org
Website: www.equalityni.org

Disablement Advisory Service
Department for Employment & Learning
Gloucester House
Chichester Street
Belfast
BT1 4RA

Phone: 028 9025 2206 Fax: 028 9025 2213
Text phone: 028 9025 2363

Website: www.delni.gov.uk

Employers for Disability
Banbridge Enterprise Centre
Scarva Road Industrial Estate
Banbridge
BT32 3QD

Phone: 028 4062 4562 Fax: 028 4066 9665
Email: info@efdni.org
Website: www.efdni.org

Disability Action
Portside Business Park
189 Airport Road West
Belfast
BT3 9ED

Phone: 028 9029 7882 Fax: 028 9029 7881
Textphone: 028 9029 7882
Email: hq@disabilityaction.org
Website: www.disabilityaction.org



Belfast Health and Social Care Trust

REASONABLE ADJUSTMENT GUIDELINES FOR MANAGERS

April 2011

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This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English

1. INTRODUCTION

The Belfast Health and Social Care Trust has in place a Policy on the Employment of People with Disabilities that should be read in conjunction with these Reasonable Adjustment Guidelines for Managers.

The Trust is committed to Equal Opportunities for applicants and employees with disabilities. The Disability Discrimination Act 1995 (as amended) (DDA) states that an employer has a statutory duty to make reasonable adjustments to prevent their practices or arrangements discriminating against a person with a disability. This duty is ongoing and reasonable adjustments should be reviewed on a regular basis to ensure they are effective.

Facts

- 21% of the Northern Ireland adult population has a disability.
- 1 in 4 families in Northern Ireland is directly affected by disability.
- A person with a disability is more likely:
  - To be unemployed – 66% of people with disabilities are unable to access employment opportunities
  - To have no qualifications
  - To have to live on, or below, the poverty line as a person without a disability
- Benefits make up two-thirds of the total income of people with disabilities, compared to just over a fifth for the general population.
- Around half have difficulty using everyday services like going to the cinema, eating out or going shopping.
- Of those, 4 in 10 have problems getting there.
- Of those who find shopping difficult, 1 in 3 has problems getting around the shops.
- 80% of people with disabilities who encounter difficulties are offered no help by service providers.

- Disability should not be confused with illness. The general health of many people with disabilities is as good as that of anyone else.
- Mental Health disability affects 1 in 4 of the population in some form in a person's lifetime.
- In NI 1 in 7 people has a hearing impairment.
- Less than 5% of people with physical disabilities are wheelchair users
- A sighted person is about four times more likely to be employed than a blind person is.
- It is estimated that 2% of the population or over 33,000 people in NI has a learning disability. These figures are people known to Social Services.
- 70% of people acquire disability during their working life.
- People who have a mental health disability or a learning disability are five times more likely to be unemployed than people without these disabilities.

Sources: NI Survey of people with Activity Limitations and Disabilities; NI Census; Mental Health Foundation; Employer's for Disability NI.

2. DEFINITION OF DISABILITY

The DDA defines disability as "a physical or mental impairment which has a **substantial** and **long term adverse effect** on a person's ability to carry out normal **day-to-day activities**".

What about people who have recovered from a disability?

People who have had a disability within the definition are protected from discrimination even if they have since recovered.

What does "impairment" cover?

It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

Are all mental impairments covered?

The term "mental impairment" is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning disabilities. There is no longer a requirement that a mental health condition is 'clinically well recognised' before it can count as an impairment under disability discrimination law.

Substantial: a substantial adverse effect is something which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

Long-term adverse effect: a long term effect of an impairment is one:

- which has lasted at least 12 months; or
- where the total period for which it lasts is likely to be at least 12 months; or
- which is likely to last for the rest of the life of the person affected.

What if the effects come and go over a period of time?

If an impairment has had a substantial adverse effect on normal day to day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur: that is if it is more probable than not that the effect will recur.

Normal day to day activity: this is something which is carried out by most people on a fairly regular and frequent basis, such as washing, eating, catching a bus or turning on a television. It does not mean something so individual as playing a musical instrument to a professional standard or doing everything involved in a particular job.

The test of whether an impairment affects normal day to day activities is whether it affects one or more of the broad categories below:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand, or
- perception of the risk of physical danger

What about treatment?

Broadly speaking, the effects that matter are those that would be present if there was no medication or treatment taking place. The exception is people who wear spectacles or contact lenses when what matters are the effects that remain while the spectacles or contact lenses are being used.

Are there any types of condition covered by special provisions in the DDA?

Yes, because some people with particular conditions might otherwise not be counted as having a disability. These are provisions covering:

- recurring or fluctuating conditions such as arthritis, where the effects can sometimes be less than substantial, which are treated as continuing to have a substantial adverse effect so long as that effect is likely to recur.
- conditions which progressively deteriorate, such as motor neuron disease, which count as having a substantial adverse effect from the first time they have any effect at all on ability to carry out normal day to day activities even if it is not substantial, so long as there is eventually likely to be a substantial adverse effect.
- severe disfigurements which are treated as having substantial adverse effects on ability to carry out normal day to day activities, even if they have no actual effect at all.

- people with cancer, HIV, or multiple sclerosis are deemed to be disabled from the point of diagnosis, regardless of whether or not they have any symptoms.

Are any conditions not covered?

Yes, the following conditions specifically do not count as impairments:

- addiction to or dependency on alcohol, nicotine or any other substance (unless resulting from the substance being medically prescribed);
- seasonal allergic rhinitis (e.g. hay fever) unless it aggravates the effect of another condition;
- tendency to set fires, or steal, or physically or sexually abuse other persons;
- exhibitionism and voyeurism;
- disfigurements consisting of tattoos, non-medical body piercing or attachments to such piercing are not treated as having substantial adverse effects.

A person with an excluded condition may nevertheless be protected as a person with a disability if he or she has an accompanying impairment which meets the requirements of the definition. For example, a person who is addicted to a substance such as alcohol may also have depression, or a physical impairment such as liver damage, arising from the alcohol addiction. While this person would not meet the definition simply on the basis of having an addiction, he or she may still meet the definition as a result of the effects of the depression or the liver damage.

What is Discrimination?

The DDA describes five types of discrimination:

- Direct Discrimination
- Disability Related Discrimination
- Failure to make reasonable adjustments
- Victimisation
- Harassment.

3. WHAT ARE REASONABLE ADJUSTMENTS?

The DDA says that one way discrimination can occur is when an employer fails to comply with a duty of reasonable adjustment in relation to a person with a disability.

Reasonable adjustments are practical ways to remove certain disadvantages faced by a person with a disability and enable them to carry out the duties of their job. The DDA says that the duty to make reasonable adjustments applies where any physical feature of the employer's premises, or any practices, policies or criteria made by the employer, place a person with a disability at a substantial disadvantage compared to a person without a disability.

Each case will be individually assessed and reasonable adjustments made as appropriate. Failure to make reasonable adjustments is discrimination that can never be justified.

When to Make Reasonable Adjustments?

All employees who have a responsibility for staff management have a duty to make Reasonable Adjustments as soon as they know that someone defined as having a disability may need them. Not asking whether something is needed is no defence for not knowing, and it is your duty to take reasonable steps to find out whether adjustments are needed. Employers should not only seek reasonable adjustment information through formal processes e.g. Occupational Health, but also be alert to signs and symptoms that could have reasonably lead them to suspect that an individual may have a disability which they have not disclosed or which has not yet been diagnosed.

Any necessary adjustments should be implemented in a timely fashion, and it may also be necessary for an employer to make more than one adjustment. It is advisable to agree any proposed adjustments with the person with the disability in question before they are made.

Why Carry Out Reasonable Adjustments?

Carrying out reasonable adjustments is a legislative duty on employers under the DDA. Common misconceptions held about this requirement consider that measures are likely to be expensive and inconvenient, but this is not true. Often a very simple adjustment can make a huge difference to an individual and consequently enables them to remain in work, carrying out their job.

Aside from adhering to legislative requirements and duties placed under the legislation, there is a valid business case attached to accommodating and being proactive in the provision of reasonable adjustments. Often they are not costly to the organisation but can save a great deal by preventing a staff member needing to go off on long-term sickness. Also, taking this proactive approach will undoubtedly assist how staff carry out their duties and encourage positive morale in the workplace, as they will feel that their interests and well being are accommodated. Results can be the saving of money incurred through sickness pay and cover arrangements, as well as ensuring productivity and satisfaction.

4. REASONABLE ADJUSTMENTS IN RECRUITMENT AND SELECTION

In recruitment and selection it is unlawful to discriminate against a person with a disability in the arrangements for deciding who should get the job. All staff involved in recruitment and selection should undergo the Trust's Recruitment and Selection training course. Reasonable adjustments to the recruitment process may be required to enable an individual with a disability to compete on an equal basis and demonstrate their ability to do the job. Reasonable adjustments may be required at any stage of the recruitment and selection process.

Job Description and Personnel Specification

The job description should accurately reflect the duties and responsibilities of the job and the personnel specification must only contain criteria which is job related and can be fully justified.

However in the instance of a disabled applicant who indicates their need for a reasonable adjustment, the employer will be required to give such requests due consideration which may include provision for accepting a lesser level of qualification and/or experience unless such can be demonstrated as an element of the criteria which cannot be adjusted for justifiable reasons (for example if the qualification is required to practice). Panels should always seek advice from the Recruitment and Selection Department in such circumstances.

Disclosure of Disability on Application Form

Application forms contain a question on whether the candidate requires a reasonable adjustment for reasons related to a disability to allow them to attend for interview and undertake the duties of the post if successful. Where an applicant has indicated on the application form that they require a reasonable adjustment(s) the Human Resources Department (Recruitment Section) will contact the applicant and arrange for the appropriate adjustments to be put in place.

Examples of adjustments could include:

- A sign language interpreter at interview.
- Extended time to prepare a presentation.
- Interviews conducted in an accessible venue.
- Parking provided near the interview location.
- Criteria are reviewed for disabled candidates.
- A Support Worker can accompany the candidate to interview

Application forms will be made available on request in alternative formats.

Interviews/Tests and Assessments

It is necessary to prepare in advance for interviews. Applicants are given the opportunity to indicate in advance if they require reasonable adjustments and suggest adjustments to help overcome the disadvantage. The Chairperson should be aware of the situation and the panel members should also be briefed and consideration should then be given to individual cases and any advice received from the Recruitment & Selection Department.

It is important not to make assumptions about what a person with a disability can and cannot do. The majority of people with a

disability need little or no special support for an interview and their disability may be irrelevant to their ability to do this job.

Interviews should be specific, examining the skills; training, experience and ability of the interviewees and questions should never focus on the details of the disability and instead should focus on how it affects ability to do the job.

Any tests/assessments should be relevant to the post and examples of reasonable adjustments required include; changes to the format, allowing a support worker to be present or allowing additional time to be given to complete the test.

Conditional Offer

As with all Trust appointments, the offer of employment will be conditional upon meeting all of the necessary pre-employment checks. In the instance of an appointee with a disability who has indicated their need for reasonable adjustment, this will incorporate a meeting to ensure that the individual's requirements are fully understood and to allow an assessment to ensure that their requirements can be met. The appointee will be invited to attend a meeting with the relevant line manager and Occupational Health Department and, where appropriate/necessary, a representative from the Equality/Improving Working Lives Section of HR. This will be co-ordinated through the Recruitment and Selection Team. Where reasonable adjustments are identified, an action plan for implementation will be agreed prior to the agreed commencement date.

5. REASONABLE ADJUSTMENTS IN EMPLOYMENT

It is the duty of the employer to make adjustments for employees with disabilities to the physical features of their premises or to any provisions, criteria or practice made by the employer. The duty of reasonable adjustment also applies to people with disabilities on work experience, work placement and vocational training.

Examples of Reasonable Adjustments include:

Work Environment

(1) Altering the height of a computer workstation so that an employee with a neck injury can work without aggravating the injury.
(2) Providing a stair lift to enable a wheelchair user to remain part of the team and enable them to get to their office on an upper floor or relocate them to a ground floor office.
(3) A consultant appoints a new secretary who is visually impaired. It would be an appropriate reasonable adjustment to paint part of an interior in contrasting colours to help the visually impaired person find their way around.

It is important that the work environment is considered when planning new services/builds and access audits are an important way of ensuring current premises are accessible.

Re-allocation of Duties

Re-allocating some of the duties carried out by the person with a disability to another employee. For example:

(1) A Clerical Officer with arthritis whose job may occasionally involve filing or photocopying. A possible reasonable adjustment might be to reallocate these duties to another member of staff.
(2) An employee who is deaf may be unable to use the phone could take on different duties while their colleagues have responsibility for answering all phone calls.

Job Transfer

For example, an employee who is no longer able to drive could be reallocated to a desk job or any other role where they are not required to drive. In these circumstances an employee does not need to undergo the interview process. However, redeployment

should only take place when there are no more reasonable adjustments that can be made to an employee's existing role. Note that retraining may be required as a reasonable adjustment to facilitate redeployment.

Altering Hours of Work or Training

For example, an employee who has arthritis may find the effects of the condition are worse in the mornings, the Trust may allocate shifts that start later in the day. It could also include different working hours to avoid the need to travel in the rush hour if this is a problem related to impairment. A phased return to work with a gradual build-up of hours might also be appropriate in some circumstances.

Assigning a Disabled Employee to a Different Place of Work or Training

For example, this may include transferring to an existing vacancy. It could also include moving the employee to a ground floor office, or a different building depending on the nature of their disability. It could also mean moving an employee to a location closer to home or working from home. For example, an employee with Crohn's disease may find traveling for long periods difficult.

Time Off for Rehabilitation, Assessment or Treatment

For example, an employee who is undertaking a course of treatment for cancer may need to adjust their working hours to attend hospital appointments.

Providing Training or Mentoring

This may be linked to one of the other reasonable adjustments made for the employee.

For example, an employee who has been redeployed to an existing vacancy may require training to help them carry out that role. Another employee could act as a mentor to talk about aspects of the work, work patterns and work load and provide advice to the employee.

Additional support/supervision could be given to an employee with a learning disability via peer support or coaching.

Alternatively an employee who has been provided with a piece of equipment, for example voice recognition software, may also need to be trained in how to use it.

Refresher training may be necessary if the employee returns to work after a long period of absence.

A visually impaired person attending computer training may require the computer to have speech output software.

All staff should attend disability awareness training.

Acquiring or Modifying Equipment

For example:

(1) An employee who has dyslexia may benefit from voice-activated software, a spell checker or a Dictaphone to help record minutes or reports.
(2) An employee who is deaf may find a telephone with text display to be a useful aide

Modifying Instructions or Reference Manuals

For example:

(1) An employee with a learning disability may require their daily tasking to be repeated slowly in order for them to write them out, or they may require them to be provided in a written format by the line manager.
(2) An employee, suffering from a degenerative eye condition that leads to a sight-disability may benefit from the employer providing written materials in an enlarged format.

Modifying Procedures for Testing or Assessment

This could involve ensuring that particular tests do not adversely affect people with particular types of disability. For example, a person with restricted manual dexterity would be disadvantaged by a written test, so the employer gives that person an oral test instead.

Providing a Reader or Interpreter

A colleague reads mail to a person with a visual impairment at particular times during the working day. Alternatively, the employer might hire a reader or sign language interpreter.

Providing Supervision/Other Support

An example of this is an employee who returns to work following a period of absence due to a disability such as clinical depression may need additional guidance and supervision especially in the short term to help them recover their skills and confidence. The Trust may seek support from Community and Voluntary organisation to provide support to the individual.

The Disablement Advisory Service programmes and services can also provide support to individuals who become disabled whilst in employment – please refer to the Trust's Policy on the Employment of People with Disabilities.

This list is not intended to be a comprehensive list of examples. There will be situations where adjustments can be made which do not fall under any of the above headings. The important point is to consider the requirements of the individual (which are best identified by consulting the employee concerned) in line with the needs of the service.

The DDA lists a number of factors, which may have a bearing on whether it will be reasonable for the Trust to have to make a particular adjustment. These are:

- The effectiveness of the particular adjustment in preventing the disadvantage

- The practicability of the adjustment.
- The financial and other costs of the adjustments and the extent of any disruption caused.
- The extent of the employer's financial or other resources
- The availability to the employer of financial or other assistance to help make an adjustment
- The nature of the employer's activities, and the size of its undertaking:
- In relation to private households, the extent to which taking the step would disrupt the household or disturb any person residing there.

The Trust must prove that it has explored all avenues and must present justifiable reasoning why a measure could not be taken, for example, a valid business reason or health and safety (this supersedes all else as the duty of care). The key word is reasonable. Stereotypical assumptions about the health and safety implications of disability should be avoided. Less favourable treatment based on such assumptions may itself amount to direct discrimination.

44% of Reasonable Adjustments cost less than £50 to implement (Source: Integrating Disabled Employees, Department for Education & Employment Research – Report 56). The employer's duty to make reasonable adjustments is ongoing. All arrangements should be monitored and reviewed regularly as it may be necessary to consider further or alternative adjustments.

Phased Return Guidance from the Chartered Institute of Personnel and Development (CIPD)

- Easier to retain through proactive recovery or retention schemes than waiting for long term sick to occur.
- Longer someone off, less likely to return. Rehabilitation should be initiated as soon as possible. This also sends positive messages and people appreciate being cared about.
- Effective case management for employees who require retention and rehabilitation, CIPD recommends dedicated case manager.

- Active involvement of supervisor/manager from beginning of recovery process.
- Mentoring to provide support on daily basis.
- Welcome person on their first day back to work – investment in this can reap huge returns.
- Set realistic targets for the rehabilitation programme, to get workers commitment to them. Consultation with worker imperative in discussion of options.
- Invite in to meet for coffee or outside work with colleagues to make the first day less daunting.

Please also refer to Appendix 1 for further guidance from the Central London Law Centre.

6. STEPS TO TAKE FOR APPLICANTS WITH A DISABILITY

Step 1

If applicant has stated on their application form that they require reasonable adjustment, consult with the applicant and ensure that reasonable adjustments are in place.

Step 2

If applicant is successful at interview, refer to Occupational Health for pre-employment medical assessment (as standard for all Trust employees).

Step 3

Where reasonable adjustments are required, a meeting should be arranged between, Human Resources, Occupational Health, line manager, new employee. This meeting will determine the necessary reasonable adjustments and action plan for implementation of same prior to commencement.

Step 4

If necessary, the new employee and Human Resources will meet with the Disablement Advisory Service (DAS) to further discuss reasonable adjustments to the workplace. The DAS provides advice, guidance, training and a placing service for people with disabilities and health issues. Community and voluntary organisations and Supported Employment organisations can also provide support and guidance to people with disabilities in employment – please refer to the Trust's Policy on the Employment of People with Disabilities.

Step 5

Human Resources will advise new employee that they may contact them for help and support throughout the course of their employment with the Trust. It may be necessary for reasonable adjustments to be made to the new employee's induction to the Trust/Department. The Trust's Policy on the Employment of People with Disabilities recognises its ongoing duty with regard to reasonable adjustments.

7. STEPS TO TAKE IF AN EMPLOYEE DEVELOPS A DISABILITY

These are general principles. The position in any individual case will depend on the precise facts. Advice and guidance should always be sought from the Human Resources Department.

Step 1 – Gathering Information

An employer who becomes aware of an employee's disability or has reason to believe an employee may have a disability should **first discuss the situation with the employee**. Together the employer and the employee should agree a plan of action that could include conducting a risk assessment, obtaining medical reports and identifying reasonable adjustments.

Step 2 – Refer to Occupational Health

Refer employee to the Occupational Health Department if appropriate. Occupational Health will provide advice to management on the person's fitness for work, functional capabilities and on any adjustments which could be considered for example to premises or working duties/arrangements. If referral to Occupational Health is not appropriate go to step 3.

Some examples of when this may be appropriate include:

- suitable adjustments are difficult to identify or hard to provide
- a person has recently acquired the disability or has a fluctuating / progressive condition and is not sure what impact this may have or what would help them do the job
- you need to establish whether an underlying medical condition is the cause of workplace problems
- a medical opinion is required to ensure a safe and healthy working environment.

Provide Occupational Health with:

(a) objective and quantitative information about the employees job, for example:
    - working hours/shift patterns
    - job title, location and duties
    - travel involved as part of their duties in work
    - physical requirements of the job
    - working environment
    - intellectual and emotional demands.

(b) other relevant information which may include:

- records of sickness absence, time keeping
- details of adjustments that you may be considering or that are already in place
- any concerns you may have.

NB:

- managers do not need to know the medical diagnosis but should focus on the impact on the job and adjustments required
- further specialist medical advice may be appropriate
- Occupational Health must report back on any adverse constraints which could affect capacity to work.

Once the report is received back from Occupational Health the Manager and a representative from Human Resources should meet with the employee to determine course of action.

Step 3 – Reasonable Adjustments

Investigate and implement any reasonable adjustments in a timely manner. Where appropriate seek additional information and advice from statutory and voluntary bodies. It may be appropriate to contact Employers for Disability (EFD), the Disablement Employment Adviser, based at Jobs and Benefits Offices or JobCentres. The DAS provides advice, guidance and training for those who wish to obtain or retain employment. They also offer a range of practical and financial support to employers recruiting and retaining disabled employees.

Step 4 – Alternative Employment

Where no adjustment is possible to enable the employee to continue in their position redeployment should be considered in conjunction with the Human Resources Department and the individual. It is important to note that you should consider all available opportunities i.e. both redeployment opportunities where reasonable adjustments are not required and where reasonable adjustments are required.

At this point the individual's qualifications or relevant experience should be assessed and the Recruitment Section contacted to determine any suitable vacancies/redeployment opportunities.

NB: It is important to remember that a post cannot be created to accommodate a member of staff with a disability. Duty of care and providing employment will override, as the tribunal would pronounce the individual should be trained up for a role and slotted in. The Trust will seek in the first instance to redeploy an employee with a disability to a post at the same level.

Once a suitable vacancy has been determined, employees should meet with the appropriate manager and Human Resources to investigate the need for further reasonable adjustments in the workplace.

Step 5 – Where no adjustment or alternative employment is possible

If neither reasonable adjustments nor redeployment is possible, then retirement/termination on ill health grounds may be considered as the most appropriate course of action.

Step 6 – Monitoring

The Trust's Human Resources Department will monitor all known cases on an on-going basis, in conjunction with the employee, line manager, Occupational Health, the DAS and other relevant voluntary agencies, if appropriate.

8. AVAILABLE ASSISTANCE FOR DISABLED EMPLOYEES

Human Resources provide advice to both staff and management on statutory recommendations and best practice guidelines. They will ensure Trust compliance under the DDA and promote equality of access to employment opportunities throughout the Trust.

The Trust works in conjunction with the DAS within the Department of Education and Learning, which is a statutory body established to meet the needs of employees with disabilities to either secure employment or continue and develop within their current workplace. The DAS can provide financial assistance in the procurement of support and equipment and also, offer impartial advice to both employers and individual employees.

The Trust will also work in partnership with community and voluntary organisations i.e. Supported Employment organisations to provide assistance and support to people with disabilities and the Trust to access and maintain employment.

Definition of Equipment

The Trust defines equipment as any support or special equipment acquired specifically to assist a person with a disability to carry out their job. Special support is any item that a person with a disability needs to do a job that a person without a disability would not need to do that job. The list can include:

- Wheelchair
- Hearing aid
- Computer equipment
- Specialist chair
- Text Telephone
- Magnifying equipment
- Support worker

Contributions towards the cost of aids and equipment

Generally, when support and equipment are required for an employee to use in the workplace, the Access to Work Scheme will request that the Trust agree to contribute towards the costs. In certain cases the Access to Work Scheme will specify the required amount they wish the Trust to contribute i.e. first £500 of cost and 20% of remaining sum.

9. FURTHER INFORMATION

If you have a query on any aspect of this policy or require guidance, please contact:

Employment Equality Department/Improving Working Lives on (028) 90636105

Occupational Health Department on (028) 631300

Appendix 1

Central London Law Centre Good Practice to Consider in Policy and Management

- Before disciplining/dismissing consider if reasonable adjustments have been considered/exhausted (remember dismissal legislation and procedures too have impact on this area if avenue must be taken).
- Ensure staff understand meaning of disability.
- Counting days as sickness absence can have long-term repercussions – sick pay, bonuses, redundancy selection, capability, dismissal.
- Operations, regular medical checks and replacement of disability aids should not be taken as sickness absence or out of annual leave entitlements.
- Adjust appraisals and individual targets to take account of disability related leave.