West Sussex PCT

Disability Equality Scheme 2006 - 09

'It's not all about wheelchairs……making equality a reality for disabled people'

If you require information contained in this publication in an alternative format e.g. Easy to Read, large print, Braille, audio tape or if you would like the Scheme to be explained to you in your language contact: PPI and Communications, 1 The Causeway, Goring-By-Sea, Worthing, BN12 6BT.

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Executive Summary

The PCT believes that freedom from discrimination and equality of opportunity is a fundamental right of every citizen. Disabled people are more likely than non-disabled people to experience disadvantage and inequality in everyday life. Disabled people face a wide range of barriers to inclusion in society – attitudes and prejudices, policies which do not take into account, physical barriers such as inaccessible buildings and empowerment barriers which result in the views of disabled people not being sought or acted upon.

The Disability Discrimination Act 2005 introduced a new duty on public authorities to promote disability equality. At the heart of the specific duties under the Act is a requirement to produce and publish a Disability Equality Scheme (DES).

The Scheme sets out how West Sussex PCT will ensure that disability equality is considered in every part of our services to the public – in planning, decision-making, policy-making, service delivery, and employment. The Scheme and its Action Plan sets out what actions the PCT is taking or plan to take, what the objectives are and how we will monitor progress and effectiveness of our actions.

The Scheme needs to reflect the diverse range of needs of disabled and deaf people in the communities we operate in. To this effect, we have sought the views from the PCT staff and also from about 40 disability organisations in West Sussex. We will continue to seek the opinions of specific groups within the West Sussex and staff to ensure that the views of disabled people are used to inform services and policy on a continual basis. The Action Plans are based on and are a reflection of what disabled people see as barriers and would like to see the PCT make a start to change.

In the delivery of this Scheme the PCT looks forward to continuing and developing a dialogue between the PCT and the disabled people who live and work West Sussex.

FOREWORD

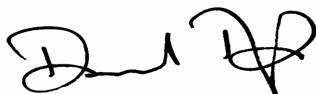
Welcome to West Sussex PCT's Draft Disability Equality Scheme. Most public authorities including the PCT have to produce a Disability Equality Scheme. This is a very good opportunity to show everyone how we will address the inequality, disadvantage and discrimination that disabled people face during their lives.

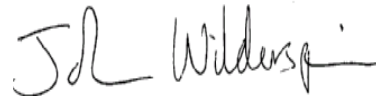
The Prime Minister's Strategy Unit (2005) set out an ambitious vision for improving the life chances of disabled people, expecting that by 2025 they "should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society". We want to show how we will enable disabled people to become full and active members of the communities in which they live.

The talent and potential of many disabled people is not always valued or recognised and we are committed to reversing this unhelpful trend. We will continue to acknowledge the skills and abilities of disabled people who apply for jobs and are employed by the PCT. We will ensure that when we deliver services we think about how we can meet the diverse needs of disabled people. It is time to end the culture of dependency and low expectations, and move towards a society in which we invest in disabled people, empowering and supporting them to participate and be included.

We cannot produce a Scheme without involving disabled people. We want disabled people to tell us what we need to do better or differently. It should be clear from the outset that the Scheme is not set in stone and should be seen as a dynamic document that should be amended as required.

The Scheme is based on comments by staff, operational managers and disabled people. The involvement of disabled people in formulating this document should be seen as an enduring partnership that will help the PCT improve its services and the benefits of these improvements accrued by disabled people and society at large.





David Taylor
PCT Chair

John Wilderspin
Chief Executive

Introduction

The Disability Discrimination Act 1995 amended by the Disability Discrimination Act 2005 (DDA 2005), places a statutory General duty on all public authorities to promote disability equality. The DDA 2005 provides an increasingly robust legislative framework which requires the PCT to actively promote disability equality. This means that public authorities must, in carrying out all functions, have due regard to the need to:

- eliminate unlawful discrimination;
- eliminate unlawful harassment;
- promote equality of opportunity between disabled persons and other persons;
- take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

The DDA 2005 was established because it was recognised that discrimination against disabled people is not only caused by individual acts of prejudice or ignorance, but is actually deeply rooted in the system or society as a whole. To tackle the discrimination, therefore, makes it necessary to go beyond the disabled person's right to challenge discrimination against them as an individual established by the DDA 1995, to a situation where organisations have the responsibility for ending discrimination against disabled people in general.

Background

It is widely accepted that disabled people generally have fewer opportunities and a lower quality of life than non-disabled people. To try to understand why these injustices exist and continue to thrive in our society, we have to understand how disabled people have been viewed by society.

What is the Individual or Medical Model of Disability?

The individual or medical model of disability sees the disabled person as the problem. In a nutshell the disabled person is to be adapted to fit into the world as it is. The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronising attitudes. Usually the focus is on the impairment, rather than the needs of the person. However a lot of disabled people say that as far as they are concerned they do not consider themselves 'disabled' and that it is the way that society organises itself that puts them at a disadvantage (disables), hence the social model of disability.

What is the Social Model of Disability?

In 1975 a group of disabled people in a recently formed group called the Union of Physically Impaired against Segregation (UPAIS), published a short book called the "Fundamental Principles of Disability."

Shortly after that, a disabled lecturer Mike Oliver was trying to introduce the concepts contained in the Fundamental Principle to a group of social work students.

This is when the term Social Model was first used. The Social Model since has become internationally recognised as the driving force behind the disability agenda and a cornerstone of the disabled people's movement. The Social Model in its simple form, changes the focus away from people's impairments and towards removing the barriers that disabled people face in every day life.

The barriers can be:

Physical or Environmental	**Systematic**	**Empowerment**	**Attitudinal**
e.g.: lack of accessible information, inadequate signs, lack of physical access, transport etc.	e.g.: the systems and processes that exclude disabled people, policies, procedures and practices – classic example an accessible toilet clattered with mops and buckets.	e.g.: lack of involvement - disabled people are not listened to, consulted or involved in decisions that affect them.	e.g.: disabled people being seen as expensive, useless or needing care, and passive, tragic, to be pitied or felt sorry for!

The cumulative effect of the barriers is to marginalise disabled people from the mainstream of society and the economy. Removal of these barriers is key to empowering disabled people, and giving them the opportunity to exercise their responsibilities as citizens – in the home, in the community and in the workplace.

In the main, it is not the impairment that is the problem, or the disabled person, rather it is society's failure to take into account the diverse needs of disabled people. The Social Model shifts policy away from a medical, charity, care agenda into a rights led, equalities agenda. The PCT has thus adopted the social model of disability and is committed to working towards removing or altering as many barriers as possible.

Definition of Disability

The DDA 1995 defines a person as having a disability if he or she…

"Has a physical or mental impairment which has a substantial, long-term adverse effect on his or her ability to carry out normal day to day activities." (See Appendix 1)

It should be noted that the law defines disability or impairment using the medical model but the solution to overcoming the barriers i.e. making reasonable adjustment adopts a social model approach. The understanding of these models is fundamental to removing barriers that deny disabled people opportunities in many areas of life.

Service providers must not:
- Refuse to serve a disabled person
- Offer a lower standard of service

- Offer the service on different or worse terms
- Fail to make reasonable adjustment.

It should be acknowledged at the outset that there is considerable debate as to what term should be used in this document to describe "disabled people". Some argue that the very term "disabled people" should not be used because some people with disabilities do not consider themselves as disabled… disability is just one characteristic of them and they are people first! On the other hand, other people have no problem using "disabled people" and advocate for its use.

The DDA 1995 and 2005 uses the term "disabled people" to describe all types of disabilities or impairments. For reasons of uniformity, consistency and practicality the PCT will use the term "disabled people" to refer describe people with disabilities. The PCT acknowledges that disabled people are people first and should be seen in that way if we are to make any meaningful changes.

The phrase "disabled people" can therefore include anybody who is disadvantaged by the way in which the environment interacts with their impairment or ill-health. Thus in practice, "disabled people" are defined in different ways to include or exclude different groups. There is no single agreed definition.

Also, there is a need to distinguish disability from impairment and ill-health. It would be useful for the purposes of this Scheme to view disability as:

- **a disadvantage** experienced by an individual
- … Resulting from **barriers** to healthcare, independent living or educational, employment or other opportunities…
- … That impact on people with **impairments** and/ or ill health.

A clear distinction needs to be made between disability, impairment and ill-health (*See Appendix 1*). Impairments are long-term characteristics of an individual that affect their functioning and/ or appearance. Ill-health is the short-term or long-term consequence of disease or sickness. Many people who have an impairment or ill-health would not consider themselves to be disabled.

However, for all intents and purposes the PCT will use the term disability as an umbrella term to include people who consider themselves as disabled and those that might not do so. This view is consistent with the definition of disability in law.

The National Context

Using the widest definition the population of disabled people is large, about 11 million adults and 770 000 children in the UK. This equates to 1 in 5 adults and around 1 in 20 children even though these would not see themselves as disabled, and many do not claim disability–related benefits or use services aimed specifically at disabled people.

The population of disabled people includes wheel chair users, blind people and deaf people – these are an important minority of the total, but the majority of disabled people have other (often less visible) impairments.

The Local Context

West Sussex PCT (WS PCT) is the result of a merger of 5 PCTs – Adur, Arun and Worthing PCT, Crawley PCT, Horsham and Chanctonbury PCT, Mid-Sussex PCT and Western Sussex PCT. In 2001 census there were 753 614 people living in West Sussex. The figure will be slightly more than that now. Adur and Worthing local authorities have a high elderly population compared to other local authorities in England and Wales.

It is not possible to get precise figures on how many disabled people live in West Sussex as many people with impairments do not consider themselves disabled. It is generally acknowledged that increasing life expectancy coupled with limited improvements in healthy life expectancy means an increase in age-related impairment and disability.

What is a Disability Equality Scheme?

The DDA 2005 imposes a number of specific statutory duties on the PCT as a scheduled public authority. These duties are intended to assist public authorities in meeting the General Duty, in particular by setting out what public authorities should do to plan, deliver and evaluate action to eliminate discrimination and promote equality. The core requirements are:

- the preparation and publication of a Disability Scheme (DES)
- Implementation of the DES (via an action plan in the Scheme)
- Annual Reporting.

It is important that West Sussex PCT meets these requirements and contribute towards achieving proactive disability equality culture and ensure that the PCT meet the needs of disabled people and that includes employees. This Scheme sets out our overall objectives for improving and addressing disability inequalities and the action plans for delivering improvements to access and services. It will therefore help us to achieve a number of things:

- To meet the requirements of the Disability Discrimination Act and set out our plans to improve disability access to employment and services.
- Ensure that we are taking the needs and view of disabled people into account when we design or deliver services, make access improvements or develop policies.
- Continuously monitor and improve the ways in which we deliver services to disabled people.
- Deliver the above using the Social Model of Disability, which has been adopted by the PCT.

There is a time limit of three years for the achievement of the steps described in the Scheme, and the PCT must publish a report describing action taken, and their consequences. This would be the first Scheme for the PCT in a continuous series of disability equality schemes, each building on the achievements, and learning lessons of the previous scheme.

In addition to the Disability Discrimination Act 2005, this Scheme supports compliance with the Special Educational Needs and Disability Act 2001, the Building Regulations 2000 (including amendments 2003) and the Fire Precautions (workplace) Regulations 1997 (as amended 1999). This Scheme also anticipates future disability legislation and recognizes that, as a public body, the PCT's duties in this area are likely to expand.

PCT objectives

This Scheme sets out the framework within which the PCT can promote equality, and prevent discrimination against, disabled people as users of our services, as our employees and members of the community. The following objectives are intended to support and complement this framework:

Objective 1 – PCT will promote equality for disabled people by:

- Removing barriers to accessibility, particularly in relation to employment and access to services, information and buildings
- Encouraging good practice
- Upholding the Social Model and our guiding principles in our role in procurement, commissioning and in our partnership duties

Objective 2 – PCT will tackle discrimination against disabled people by:

- Promoting positive images of disabled people
- Challenging patronizing or discriminating attitudes
- Making the environment as safe as possible for disabled people
- Challenging anti-social behaviour against, or harassment of, disabled people
- Ensuring that our services are responsive to and meet the needs of disabled people.

Objective 3 – PCT will support disabled people to achieve their full potential by:

- Providing necessary support, assistance and care to disabled people to enable them to lead independent lives
- Supporting the formation of groups, networks and services for disabled people as employees of the PCT and as residents
- Supporting disabled people according to their individual need

Objective 4 – PCT will work in partnership with disabled people by:

- Enabling disabled people's active participation
- Involving disabled people in the changes and improvements we make
- Consulting with disabled people on issues affecting them rather than with people acting on their behalf.

Who is responsible for the Disability Equality Scheme?

- The Chief Executive and Directors are responsible for ensuring that the Scheme is put into action across the PCT.
- Board Members, employees, managers of the PCT and colleagues in partner agencies all have a role to play in helping us to meet our duty to promote equality for disabled people.

The arrangements described below ensure that we co-ordinate the work involved in putting the Scheme in to practice.

- There is a **Director** who is responsible for equal opportunities.

- An **Equality and Diversity Committee** which supports the Board on equality issues. It is made up of disabled and able bodied people from staff, internal and external agencies and staff-side.

- Ultimately, it is the responsibility of **every member of staff** supported by the community to implement the Scheme.

Implementation of the Disability Equality Scheme

This Disability Equality Scheme is based on eight core areas which form the action planning framework where we can build standards and focus on the actions that need to be taken. The eight areas are:

1. **Ensure the Disability Equality Scheme is put into practice**
2. **Identifying relevant functions and policies**
3. **Assessing and consulting on the likely impact of proposed policies**
4. **Monitoring PCT policies for adverse impact**
5. **Communicating the results of assessment, consultation, and monitoring**
6. **Ensure the public have access to PCT buildings, information and services**
7. **Employment duties – monitoring employment and supporting employees**
8. **Training staff**

Monitoring

The PCT will monitor its services and employment on disability issues. The PCT will provide the results of monitoring information through service plans, the results of

equality impact assessments and where appropriate within the annual report of the Scheme.

Equality Impact Assessments (EIAs)

The PCT will ensure its activities do not disadvantage disabled people in any way and to identify where best to promote equality of opportunity. The purpose of impact assessment is to improve the way in which the PCT develops its policies/ procedures and functions by ensuring that there is no discrimination in the way the policies or functions are designed, developed or delivered and that, wherever possible, equality is promoted.

EIAs are a means to assess the potential or actual impact of our work on patients, carers, members of the public or members of staff who currently experience disadvantage in their dealings with NHS. It is a way of ensuring that the PCT thinks carefully about the likely impact of its work on the people in West Sussex and take action to make improvements.

Staff undertaking assessments will be trained and supported.

A summary of results of the Equality Impact Assessments, Action Plans, and consultation exercises will be reported as part of the annual review of the Disability Equality Scheme.

Equality rather than Awareness Training

To achieve the objectives of the general duty, it is important to understand the Social Model of Disability as representing the best foundation for preparing and implementing the Scheme. The PCT will run Disability Equality rather than Disability Awareness Training. This is not merely a difference of terminology, but of approach.

Awareness training traditionally does not challenge the Medical Model of Disability. It looks at disability through promoting understanding of impairments, and how non-disabled people should respond to them. Equality training, in contrast, leads to an understanding of the roots of discrimination, and to challenging attitudes and behaviour. The PCT where possible will involve disabled people in the delivery of the training.

Publishing Results of Assessment, Involvement & Monitoring

The way we publish the results of involvement will vary. Some will be published within reports provided by services to relevant committees. The main consultation and involvement carried out will be summarized in our yearly report on the Disability Equality Scheme, as well as in the South East Coast SHA's (SECSHA) Annual Report.

The yearly report for this Scheme will include an update on the Action Plan. We will involve disabled people further both internally and externally and provide information on our disability equality plans and activities. We will also show what has changed as a result of involving disabled people.

We will inform the public and employees about this information through:

- Annual Equality and Diversity Report
- Report will be available on website
- Report will be sent to disability organisations

Involvement of Disabled People

One aim of this Scheme is to find out what disabled people need and also which of these needs are important to them. The PCT will achieve this by involving disabled people and giving disabled people every opportunity to comment and contribute on how the services and employment practices are provided and developed. The PCT recognises that it is important disabled people are represented in all methods we use to consult.

We will work in partnership with disabled people by:

- Finding out what barriers disabled people face and take steps to remove them.
- Asking if disabled people are happy with the services we provide e.g. through satisfaction surveys, focus groups etc.
- Working together to set priorities and plan things.
- Looking at the impact of existing and proposed policies.
- Monitoring and checking how well things are done.
- Reviewing and revising the Scheme and providing feedback on how disabled people's views have influenced our decisions.

The PCT recognises that the involvement of disabled people and staff is critical to the success of this Scheme and, therefore, this will be an ongoing activity.

Consultation

The SHA will seek to develop consultation standards ensuring that consultation is accessible to all people who take part. This will include:

- Using accessible venues and appropriate equipment.
- Arranging any events at reasonable times and dates to make it easier for people to attend.
- Providing/arranging advocacy support for people who request it.
- Ensuring the needs of people are met through, for example, language interpreters, induction loops, large print or guide communicators.

What has been done to develop the Scheme so far?

The programme to develop the Scheme is supported and facilitated by all senior managers at Board level in all 5 PCTs. At Adur, Arun and Worthing PCT for example, the questionnaires were discussed and approved by the Equality and Diversity

Committee as well as Executive Directors. The Director of Human Resources (HR) at AAW and also the Transitional Lead in HR for the new PCT is leading on this work.

A quote on the Disability Rights Commission website reads *"Nothing about us, without us…"* A fundamental part of the new duty is that for the first time ever, public authorities have a statutory requirement to involve disabled people in achieving disability equality. The PCT in developing this Scheme sought involvement from staff in all five PCTs as well as input from disability organisations that represent a diversity of disabilities or impairments.

It is worth mentioning at the outset that the merger of the 5 PCTs to become West Sussex PCT presented a dilemma as to what effective method of involvement given the time frame and the various changes to do with the structural changes in the NHS.

Other methodologies considered…

Focus groups - were considered but given the geographical area covered, resource needs and time frame available it was decided that the methodology was not appropriate.

Existing disability networks/ forums – out of the 5 PCTs only one PCT had an existing network. A draft Scheme will be passed to existing networks for comments and recommendations.

Selected Methodology

Questionnaires – the involvement through the use of questionnaires was considered to be appropriate at this time given the timescales, resources and also the context of the present NHS structural changes.

Questionnaires sent to all PCT staff

The purpose of the questionnaire sent to staff was to seek to:

- Understand challenges faced by disabled people on applying for jobs to the organisations, at interviews, eventual selection for the job and their experiences once employed.
- Understand what disabled people feel about disclosing their disability and what can be done to support/ empower people to disclose.
- Understand the barriers faced by disabled people in employment.
- Whether staff were aware of the Access to Work Programme.

256 members of staff returned their completed questionnaires and 148 respondents considered themselves to be disabled.

Questionnaires sent to disability organisations/ carers/ disabled people

The questionnaire was sent to about 40 disability organisations in West Sussex. Out of this number, completed forms were received from 11 organisations. The responses were mixed. Some responses were from disabled people themselves or

from carers answering on behalf of disabled people. The range of disabled people and their organisations was wide and covered most of the disabilities and impairments.

The form was designed to be precise and concise and sought to understand the challenges or indeed barriers disabled people faced in accessing services that the PCTs provided.

The Disability Access Group in Mid Sussex requested a meeting with the Diversity Manager and all points raised at the meeting have been incorporated into the development of the Scheme.

Mapping

It is essential to have some idea of how we are currently performing on disability equality in order to inform our Disability Equality Scheme. This was done by mapping our current performance areas and identifying further actions for improvement. The information received included the following:

- Disability Access Audits
- Information should be available in different formats
- Interpreting Services etc

However what was not captured using this method was the culture of the organisation with regards to how people view disability and or disabled people. It is a known fact that people's attitudes can improve or worsen disabled people's life chances.

Appendix 1

The Disability Discrimination Act ~ Definition of Disability.

What the Act means by disability:

Disability is defined 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."

Explanations of:

Impairment

The definition covers physical and mental impairments. These include:

- physical impairments affecting the senses, such as sight and hearing
- mental impairments including learning disabilities and mental illness (if it is recognised by a respected body of medical opinion)

Substantial

For an effect to be substantial, it must be more than minor.

The following are examples that are likely to be considered substantial:

- inability to see moving traffic clearly enough to cross a road safely
- inability to turn taps or knobs
- Inability to remember and relay a simple message correctly.

Long-term

These are effects that

- have lasted at least 12 months

or

- are likely to last at least 12 months

or

- are likely to last for the rest of the life of the person affected

Long-term effects include those which are likely to recur. For example, an effect will be considered to be long-term if it is likely both to recur, and to do so at least once beyond the 12-month period following the first occurrence.

Day-to-day activities

Day-to-day activities are normal activities carried out by most people on a regular basis, and must involve one of the following broad categories

- mobility - moving from place to place
- manual dexterity - for example, use of the hands
- physical co-ordination
- continence
- the ability to lift, carry or move ordinary objects
- speech, hearing or eyesight
- memory, or ability to concentrate, learn or understand
- being able to recognise physical danger

The Government has issued guidance, under the Act, about whether impairment has a substantial or long-term effect. This guidance does not in itself impose legal obligations on an employer or service provider, but a tribunal or court must when considering a complaint about discrimination take into account any of the guidance which appears to be relevant.

Particular cases or conditions:

Severe disfigurements

The Act's definition treats severe disfigurements as disabilities, although they have no effect on a person's ability to carry out normal day-to-day activities.

If, however, the disfigurement consists of a tattoo which has not been removed, non-medical body piercing, or an object attached through such a piercing, regulations have the effect of ensuring that this would not be treated as a disability.

Impairments helped by treatment or artificial aids

Medication or equipment (such as an artificial limb) which helps impairment, is not taken into account when considering whether an impairment has a substantial effect.

For example, a person who wears a hearing aid to improve their hearing is considered to have the hearing loss that would exist without the use of the aid. An exception is when people wear glasses or contact lenses - it is the effect on the person's vision, while wearing their glasses or contact lenses, that is considered.

If, however, the treatment is likely to cure the impairment, this should be taken into account in assessing whether the impairment is long-term.

Progressive conditions

The Act covers progressive conditions where impairments are likely to become substantial. Examples of progressive conditions include

- cancer
- HIV infection
- multiple sclerosis
- muscular dystrophy

The Act covers people with these conditions from the moment that there is a noticeable effect on normal day-to-day activities, however slight.

For example, a person with multiple sclerosis would be covered from the time they first developed symptoms that affect their ability to carry out normal day-to-day activities. They would not be covered just because the illness had been diagnosed.

Genetic predispositions

The Act does not cover people with a gene that causes a disability unless they develop the disability. For example, people with the gene that causes Huntington's chorea are not covered if they do not have the condition. People are covered as soon as the first effects on normal day-to-day activities appear.

Past disabilities

The definition covers people who have had a disability in the past. If a person once had a disability which is covered by the Act, they are still protected if they have recovered. This applies even if they recovered before the Act came into force.

Registered disabled people

Any person registered as a disabled person under the Disabled Persons (Employment) Act 1944, or the Disabled Persons (Employment) Act (Northern Ireland) 1945, on both

- 12 January 1995 when the legislation was first introduced into Parliament
- and the date when the employment rights start is covered by the Act for three years

is to be treated as having a disability, for the purposes of the Act, for three years from the latter date. They do not have to prove they meet the new definition of disability for this three year period.

Impairments which are excluded

The following conditions are not to be treated as impairments for the purposes of the Act

- Addiction to or dependency on alcohol, nicotine or any other substance (unless the addiction resulted from the substance being medically prescribed).
- Seasonal allergic rhinitis (e.g. hay fever) except where it aggravates the effect of another condition.
- A tendency to set fires.
- A tendency to steal.
- A tendency to physical or sexual abuse of others.
- Exhibitionism
- Voyeurism

ACTION PLANNING FRAMEWORK

Promoting Disability

Responses from Consultation: **Attitudes**

Issues	Actions/ Possible Solutions	Outcome	Accountable Person/ s	Timescale
Ignorance about what constitutes a disability in the eyes of the public 'wheelchair = disability' could result in people with other (sometimes hidden) disabilities being ignored often right up to the point of a crisis. Lack of awareness around disability issues from the public/employers/service providers	Mandatory Disability Equality Training – good practice would be involving disabled people in the delivery of training where possible. Team meetings	Ignorance not malice is the most likely cause. Lack of information available, lack of openness, lack of training, fear, unfamiliar language all lead to avoidance rather than positive discrimination, but the net effect is often the same i.e.: exclusion and loss of opportunity. Training to reflect the requirements of DDA 2005. Increased awareness of disability discrimination and exclusion.	Director of Human Resources and Organisational Development (HROD)	Year 1
Organisations need to improve awareness about different types of disability There are visible and invisible disabilities and people have	Disability Equality Training Mandatory Training and information Team meetings	Highlight the fact that there are more people with invisible disability than visible disability.	Director of Human Resources and Organisational Development (HROD)	Year 1

good days and bad days – their needs will vary.				
Societal demands and expectations lead to selfish behaviour and poor attitudes. Disabled people subjected to negative attitudes and low expectations. In the workplace people have preconceived ideas about the impact of disability on the person's role.	Disability Equality Training Reasonable Adjustment 2 Ticks Symbol Customer Care Training Training managers on disability issues Partnership working – work with colleagues in other agencies to identify ways of tackling exclusion.	Slow down, take time and use manners. Start educating and engaging with the community (includes working with partner organisations to tackle problems that are faced by disabled people).	Director of Human Resources and Organisational Development (HROD)	Year 1
Lack of consideration/ Poor attitudes with regards to the needs of disabled people e.g. making insensitive remarks, lack of support from managers/ work colleagues Attitudes towards disabled as second class or an inconvenience.	Disability Equality Training Reasonable Adjustment Two Ticks Symbol Customer Care Training Team Meetings	All staff should be able to recognise the impact of poor attitude and lack of consideration on disabled people.	Director of Human Resources and Organisational Development (HROD)	Year 1
Assumptions about what a disabled person wants or need are still made.	Disability issues should be discussed proactively with staff. Use the Social Model approach	Recognition of the value of involvement/ consultation of disabled people i.e. contribution to society. People need to ask, not assume	Director of Human Resources and Organisational Development (HROD)	Year 1

Hearing loss – not recognised by many people – may prevent access to information	Training to raise awareness Deaf Awareness Training BSL/ Lip reading classes			
Services – lack of knowledge and understanding of different types of disabilities and needs of people with those disabilities.	Training Needs Analysis on disability issues to identify critical areas of need. Create and deliver specific programmes covering eyesight, hearing, cognitive and mobility disabilities. Conduct impact assessments to identify barriers etc.	Create a proactive culture where staff identify areas of need and improve their level of skills to deliver a high class service.	Director of Primary and Community Care (PCC) Director of Public Health (PH) Director of HROD	Year 1
Other people's unconscious attitudes, particularly to conditions like depression.	Educate e.g. 1 in 4 people will have a mental health issue in one time. Work with mental health organisations like MIND to identify local strategies to promote mental health issues.	Promote positive images of people with mental health issues, e.g. depression carries a stigma in society	Director of Public Health (PH)	Year 1

Access: Information & Communication

Issues	Action	Outcome	Accountable Person/s	Timescales
Disabled staff felt that there were no clear pathways for advice and support for disabled people. Service users – Lack of information – where do people get information from as to what help/assistance is available. Often information and service providers don't know themselves. Websites need to be accessible – hard to find easy to follow information	Disability Equality Training in particular highlight 2 Ticks Symbol, role of HR and Occupational Health and Access to Work Programmes We need a county wide body for sharing information – join up the users and the decision makers. Would be very useful if existing service information regarding access and services could be brought together in one place – online directory? (Joint working between social services, disability organisations and other providers) – written without jargon or acronyms. It would be useful to have one point of access to all disability organisations in West Sussex,	Staff feel empowered to talk about their issues and know where to get the information. To ensure that the website is not focussed too much on aesthetics at the expense of accessibility. Need to consult with disabled people about 'usability' of websites.	Director of Patient and Public Involvement and Communications (PPIC) Dir. of PCC	Year 1

	e.g. PALS and ICIS hold information on disability networks. Information on accessibility of local services to be integrated into existing information sources where possible. Provide information about local support groups. Ensure large print is integrated into the design of leaflets etc			
Disabled people are often unsure about how to complain about services.	Discuss with PALS/ Complaints department to ensure that the complaint system is easy to use.	Need to empower disabled people to give feedback about local services.	Dir. of PPIC	Year 1
Poor communication caused by: failure to provide information in appropriate medium e.g. Braille, audio, large font or plain English.	Review leaflets Ensure website accessibility Make paper and pen available at all locations Quick access to interpreter/ support services All future telephones purchased for organisations should offer	Disability needs vary according to the type of disability, i.e. from person to person. The PCT needs to be proactive in approach, ensure that 'core' leaflets are available in format required.	Dir. of PPIC	Year 1

	features of induction couplers, sliding scales volume control, tactile buttons and large numbers Reception staff should have a basic British Sign Language training Publicise the benefits of using SMS or email for people with hearing disability or impairments – www.signhealth.com.			

Access: Transport, Parking, Buildings

Issues	Action	Outcome	Accountable Person/s	Timescales
Transport information Lack of public transport	Keep information up to date – people will not use public transport until they feel comfortable with the level and accuracy of information about it. Work with local Councils to ensure that public transport meets the needs of the disadvantaged in society, e.g. rural buses with steps tend to be inaccessible to disabled people.	To ensure that disabled people can have a meaningful life, can attend appointments without having to worry about transport. For the above to happen, it will need a joint effort from the Councils in West Sussex, bus companies and local disability organisations.	Dir. of PPIC	Year 1
GP or Dentists premises with no lifts - affects disabled staff or members of the public. The Trust needs a scoping exercise on all its buildings and facilities that involves the practitioners and public for a full and frank appraisal.	Disability audits Work with Primary Care and GP or dentists premises.	To achieve access for all.	Dir. of PCC Dir. of Strategy	Year 1
Not all venues are accessible. Meetings are often arranged without checking that venue	Disability Equality Training – everyone should be treated with dignity and forethought.	To achieve access for all.	Dir. of Strategy	Year 1

People seem to have lost the art of accommodating anything different.	Establish a meetings etiquette/ standard/ checklist	To ensure that all staff anticipate and put into action measures that take into account the varied needs of disabled people.		
Poor parking facilities e.g. in Downlands Business Park, Bognor Regis War Memorial Hospital, Swandean site, access to Littlehampton Podiatry	Capital Estates & Facilities Clear signage	To achieve access for all.	Dir. of Strategy	Year 1
Lack of disabled toilet facilities or if there, tend to be used as storage cupboards!	DE Training/ Awareness sessions in teams etc	To reduce poor attitudes and forgetfulness on issues that affect disabled people	Dir. of Strategy Dir. of HROD	Year 1
Poor Signage – in hospitals, GP surgeries and community centres. Common misconception among providers is the assumption that ramp = accessible and do not give thought to many other (and often simpler) provisions.	To ensure disability access audits are carried out, where this has been done, ascertain progress/ limiting factors. Clear signage Identify often simple/ cost neutral solutions to access issues. Provide digital information displays in waiting areas to help deaf, hard of hearing, elderly and those whose first	To achieve access for all.	Dir. of Strategy	Year 1

Sound enhancements needed at venues	language is not English. Continue to raise awareness Offer portable loan systems at reception areas and in public buildings			
Access versus old buildings/ preservation orders/ poor wheelchair access.			Dir. of Strategy	Year 1

Issues	Action	Outcome	Accountable Person/s	Timescales
Seek to influence and improve the provision of health and related services in the PCT.	Ensure that the Social Model is fully incorporated in this work and organisations of disabled and deaf people are actively involved with the planning and commissioning processes at local level and centrally within the PCT.	Disabled and deaf people input into the planning and review cycle. Seek to influence the recognition and resorting community-led initiatives to promote health and respond to illness.	Dir. of PPIC Dir. of PH	Year 1
Improving health outcomes and reducing inequalities to target specific communities for individual programmes.	Make physical adjustments to buildings where appropriate. Frontline staff have Deaf Awareness/ Communication Tactics training. SignHealth operation in all surgeries Deaf people can book appointments by a variety of means e.g. email/ fax/ sms/ minicom, typetalk, on-line booking Information given to deaf people in an accessible format.	Investigate and report on disabled and deaf people's access to primary care. Improve provision of assistive equipment in GP surgeries. Practice based commissioning conforms to social model and recognises the needs of deaf and disabled patients and carers.	Dir. of PPIC Dir. of Strategy/ PCC	Year 1

	Communication audit			
Involving users and communities to ensure that the initiatives reach all in the communities through the use of outreach, translation and interpreting and developing networks with the PCT.	Ensure there is a contract/s with an interpreting/ communication agency; establish sound quality assurance procedures. PALS to report on service Publication and promotion of Scheme and advice in relevant languages.	Deaf people in particular have access to interpreter, speech to text, lips-speakers and other aids to communication.	Dir. of PPIC	Year 1
Improving access to services and equity of provision	All practices have Disability Equality raised during their Annual Contractual Visits. Practices encouraged to adopt the PCT Disability Scheme Additional training organised for GP Practices, for both clinical and reception staff, on Deafness and Communication Tactics or generic Disability Equality Training.	Inform GPs and other staff that they have a responsibility to uphold Disability Equality procedures	Dir. of PCC	Year 1

Employment

Issue	Action	Expected Outcome	Accountable Person/ s	Timescale
Policies are as good as people implementing them! e.g. Application or interview protocol may disadvantage disabled people who may not have a competitive 'CV'.	Identify relevant policies and functions Conduct equality impact assessments on all policies Disability Equality Training	To ensure that organisational corporate and operational policies do not put disabled people at a disadvantage by how they are interpreted and applied in practice, i.e. compliant with the DDA.	Dir. of HROD	Year 1
Reluctance to disclose/ declare disability, e.g. associated with the above point is that some people with high levels of function (e.g. some people with autism) may not consider themselves to be disabled, yet not equipped to deal with conventional interview etiquette. Some disabled people may not disclose their disability on application but wait for the interview because they feel that in a fact-to-face situation, they stand a better chance.	Internal: -Disability Equality Training -Raise Awareness through various formats: team meetings, induction, team away days etc -Promote & publicise the disability 2 ticks symbol -Discuss at annual PDR -Interview processes robust and flexible to meet a diversity of needs. External: Promote & publicise 2 ticks symbol Send adverts to disability organisations Promote Access to Work	To engender a culture where disability of the individual is not the focus but what the individual can offer in terms of capabilities. For staff to gain an understanding of various types of disabilities and be able to offer varying solutions as the needs will be different. Understand visible and invisible disabilities or impairments. Understand that mental	Dir. of HROD	Year 1

	Programme Work with partner institutions e.g. education, social services etc	health impairments carry a stigma and therefore avoid reinforcing this stigma and offer support and advice To be aware that people with different types of disabilities may not be able to represent themselves well at an interview (e.g. some people with autism), but may be able to do the job. To appreciate the barriers that disabled people face in trying to secure employment.		
Lack of advice, support and information	Information should be available on a portal i.e. PCT intranet. Staff to seek support from HR, Staff Rep, role of Occupational Health should be explained Remind line managers' or staff (through training, information circulars/ leaflets/ posters/ staff news letter) of their important role in offering advice, support and information.	To equip staff with knowledge and guidance on where to get support or offer support to a colleague who has a disability/ impairment. Disability/ impairment is taken seriously by staff ands adjustments are made promptly.	Dir. of HROD	Year 1

Getting people with disabilities to work. Perception that employers are not giving disabled people equality of opportunity.	Identify technical solutions to disability employment issues alongside awareness training. Continue to ensure that the recruitment process is fair. Consider making one member of the recruitment team an 'in house expert' to: deal with Access to Work applications, establish links with external disability organisations, ensure 2 ticks commitments are met, provide expert advice on disability access to work issues. Draw up procedures to encourage work placements for people with a disability/ impairment.	Staff to be aware of own unhelpful attitudes i.e. can perceive disabled people to be less capable. Staff to be aware of own 'negative' prejudices, stereotypes and biases.	Dir. of HROD	Year 1
Lack of support/ available support worker or mentor	Set up a Staff Disability Network for peer support, provide a forum for discussion and …	It is important that the network is not seen as a special group but a group that exists to offer support, visibility on disability issues and a forum where discussions and decisions can be made as well as supporting the PCT in improving its systems and processes.	Dir. of HROD	Year 1