

Equality & Diversity Policy

It is important that the practice actively demonstrates its commitment to supporting and managing disability issues for patients and staff in an effective, sensitive and respectful manner.

Definition

According to the Equality Act, a person has a disability if:

- They have a physical or mental impairment
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

The Equality Act provides the following further definitions:

- *Substantial* - more than minor or trivial
- *Long-term* - twelve months or more - there are additional rules covering recurring or fluctuating conditions
- *Normal day-to-day activities* - includes everyday things like eating, washing, walking and going shopping

There are additional provisions relating to people with progressive conditions, which are conditions that have effects which increase in severity over time, such as lupus, various types of dementia, motor neurone disease, HIV, cancer or multiple sclerosis are protected from the point of diagnosis.

Duty to make reasonable adjustments

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled member of staff or patient. This is the duty to make *reasonable adjustments*.

The duty to make *reasonable adjustments* aims to make sure that, as far as is reasonable, a disabled member of staff or patient, has the same access to everything that is involved in doing and keeping a job, or accessing and using a service, as a non-disabled person.

Therefore the Equality Act places a legal duty on service providers and employers to make *reasonable adjustments* for staff, service users and job applicants.

What is a reasonable adjustment?

A *reasonable adjustment* might involve the following:

- **Changing the way things are done**
Examples: providing leaflets about the service on CD or in large print versions; providing a home visiting service for those unable to access the premises.
- **Changes to the built environment (where reasonable)**
Examples: painting a thick yellow horizontal stripe on steps for those with visual impairments; having a hearing loop available and training staff to use it.
- **Providing aids or services**
Examples: providing a chair with lumbar support for a staff member with a slipped disc; providing an extra member of staff to assist a patient with a mobility impairment to use the service.

Factors such as the cost and practicability of making an adjustment and the resources available to the service provider or employer may be relevant in deciding what is regarded as reasonable. For some adjustments there may be funding centrally available, for instance the Access to Work fund available from Jobcentre Plus.

Adjustments only have to be made if it is *reasonable* to do so. Consideration of what constitutes a reasonable thing to ask for depends on things like:

- The member of staff or patient's disability
- How practicable the changes are
- If the change requested would overcome the disadvantage experienced
- The size of the organisation
- How much money and resources are available
- The cost of making the changes
- If any changes have already been made

Bear in mind small changes to the way the practice works, how information is presented and the premises can have a big impact on disabled staff and patients. Making sure the staff team are well trained and confident to provide a sensitive, supportive and respectful service to disabled patients can often make the biggest difference of all.

The duty to make *reasonable adjustments* is 'anticipatory'. This means the practice must not wait until an employee becomes disabled or a disabled person wants to use its services or applies for a job. Instead employers and service providers need to consider in advance (and on an ongoing basis) what disabled people with a range of impairments might reasonably need, such as people who have a visual impairment, a hearing impairment, a mobility impairment or a learning disability.

One way to determine the barriers which may exist is to carry out an access audit, however there are no definitive rules regarding such audits. Every building and situation requires a tailored approach and solution. An access audit incorporates a physical inspection of a premises and a discussion regarding the potential individual challenges a disabled person may face accessing it.

If a *reasonable adjustment* has been made, the practice should publicise this, for example, by putting up a sign, including information on any leaflets or publications and on a website. This is an essential part of meeting the duty. If the adjustment is not reasonably apparent to disabled people, they may still think they cannot use the practice services and in some circumstances this could mean the duty has not been met.

If, after considering all possible *reasonable adjustments*, a practice is unable to accommodate a patient with a particular disability, the practice should offer all possible assistance to ensure the smooth transfer of the patient to an appropriate practice.

The duty to make *reasonable adjustments* is a continuing duty. The duty and the ways the practice is meeting the duty should be kept under regular review in light of any experience with disabled people wishing to access the service. It is not something that needs simply to be considered once and then forgotten. What was originally a reasonable step to take might not be sufficient anymore, and the provision of further or different adjustments might then have to be considered.

Reasonable Adjustments and Staff

When preparing a job description for recruitment it is important to check if all the job requirements are necessary for the role.

Example: the job description requires a full driving licence, if not necessary, this may disadvantage a disabled applicant.

The Equality Act also bans health related questions until after a job-offer (unless these are about *reasonable adjustments* for the recruitment process). Therefore questions relating to health or absence from work as a result of ill health must be removed from application forms.

The employer may still ask job applicants if they require any adjustments to be made in order for them to take part in the recruitment process or attend an interview. However, this must not be a consideration when reaching a decision about an appointment.

Example: if the recruitment process requires the use of a computer to complete an assessment, applicants may be asked if they require any additional support or aids to complete the task.

It is not unlawful to offer an applicant a job conditional upon him or her passing an occupational health check. In this situation, if the results are that the successful candidate has a disability that affects his or her ability to do the job, the question will then be whether a *reasonable adjustment* can be made to deal with that. If a *reasonable adjustment* cannot be made, it would then be legitimate to withdraw the job offer.

Examples of steps it might be reasonable for an employer to take include:

- Making adjustments to premises
- Allocating some of the disabled team member's duties to another
- Altering the disabled team member's hours of working or training
- Assigning the disabled team member to a different place of work or training
- Allowing the disabled team member to be absent during working or training hours for rehabilitation, assessment or treatment
- Acquiring or modifying equipment
- Modifying instructions or reference manuals
- Providing a reader or interpreter
- Providing supervision or other support

In some situations, a *reasonable adjustment* will not work without the co-operation of other workers. Other members of the staff team may therefore have an important role in helping make sure that a *reasonable adjustment* is carried out in practice. If the disabled team member does not agree to involving other staff, their confidentiality must not be breached. However, if a disabled team member is reluctant for other team members to know, and the person responsible believes that a *reasonable adjustment* requires the co-operation of the staff member's colleagues, it will be necessary to explain that the adjustment cannot be made unless they are prepared for some information to be shared. It does not have to be detailed information about their condition; just enough to explain to other staff what they need to do.

Health and safety

Health and safety is sometimes used as an excuse to justify discrimination against disabled workers. This should not happen. There are no health and safety regulations specific to disabled people only.

Employers are required¹ to protect all workers from the risk of injury or harm at work, so far as is reasonably practicable. This includes those who may be affected by their work activities. Under health and safety law, every employer must ensure the health and safety of all their employees, whether they have a disability or not, so far as reasonably practicable.

Some Do's and Don'ts

Always ask the person with a disability questions – questions asked sensitively, are far better than actions based on assumptions. Try not to be super-sensitive. The list below is by no means exhaustive.

Remember that people with disabilities have different preferences. Just because one person with a disability prefers something one way doesn't mean that another person with the same disability also prefers it that way.

DO

- Make sure the staff team are well trained and confident to provide a sensitive, supportive and respectful service to disabled patients
- Use plain English, or language that is easy to understand and meets the needs of all patients
- Ask all patients about any additional requirements they might have, in advance of attending the practice, for the first time
- Incorporate a standard phrase in all correspondence and information, for example "*Please let us know if you require any particular assistance...*"
- Highlight the service offered to disabled patients in all information
- Ensure the feedback and complaints procedure is in an appropriate, published and accessible format

- Offer new patients the option to bring someone along who can support them
- Be clear on the policy and procedures for providing additional support for patients with disabilities, e.g.: How does the practice provide information in other formats: Easy Read, large print, audio format? Does the practice have a hearing loop and do staff know how to operate this?
- Be courteous, patient and always talk to a disabled person directly, not through his or her companion or carer
- Always check to make sure what you have communicated has been understood
- Be ready to offer assistance, but never impose it
- **Always ask** – questions show concern, interest and respect
- If you have a question about what to do, how to do it, what language or terminology to use, or what assistance to offer – **ask**
- Maintaining eye contact doesn't mean you have to bend down to someone, just because they might use a wheelchair
- If, after considering all possible *reasonable adjustments*, a practice is unable to accommodate a patient with a particular disability, the practice should offer all possible assistance to ensure the transfer of the patient to an appropriate practice

DON'Ts

- Don't patronise
- Don't make assumptions: e.g. "He or she doesn't look disabled"
- Don't help without asking first
- Don't think you know best
- Don't immediately change the way you talk: e.g. loudly or really slowly
- Don't assume that because a person has a physical disability they also has a learning disability
- Don't shout or call attention to the patient with a disability, always act with consideration for their dignity
- Never compromise the person's right to privacy or confidentiality

Further information

CODE policies and guidance including:

Anti-Bullying and Harassment Policy (M 233-ABH)
Disability Access Policy (M 233-DIB)
Equality, Dignity and Human Rights Policy (M 233-EQD)

[The Health and Safety at Work etc. Act 1974 \(HSWA\)](#)

[ACAS – Equality & Disability Discrimination - information for employees and employers](#)

[Equality & Human Rights Commission – Disability Equality information for employers & service providers](#)

[Health & Safety Executive – Health & safety & disabled workers](#)

[Web Accessibility – information and guidance on web accessibility for disabled people](#)

[The British Council of Disabled People](#)

[The British Dyslexia Association](#)

[The British Society for Disability and Oral Health](#)

[The College of Occupational Therapists](#)

[The Disabled Living Foundation](#)

[Disability Unit of the Department of Work and Pensions \(DWP\)](#)



[Disability Conciliation Service](#)

[Mencap \(Provides information on the needs of adults and children with learning disabilities\)](#)

[RADAR \(provides information on the needs of disabled people and consultancy services\)](#)

[Royal National Institute for the Blind](#)

[Royal National Institute for Deaf People](#)

