The Scottish Ambulance Service
A Special Health Board of NHS Scotland

Disability Equality Scheme & Meeting the Public Duties Disability Discrimination Act 2005

"Enabling and not Disabling"

Shirley Rogers
Director of Human Resources & Clinical Development

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1. Foreword

This is Scottish Ambulance Service's Disability Equality Scheme. The scheme has been developed in partnership with the public, statutory and voluntary sector organisations working together to share expertise, resources and experiences. The development of this document has been a learning process for those involved and we welcome the continuation of partnership working in this arena.

In this context we are always be mindful of the relevant parts of our core mission and values, which can be summarised as:

- Providing a national Service with a local feel
- Treat people well and put the patient first
- Not tolerate discrimination or harassment of any sort
- Working in Partnership

With these in mind the Service will:

- Promote equality so that disabled people who work for, or use the services of the Service can enjoy their full human and social rights free from discrimination
- Challenge and eradicate discrimination against disabled people
- Provide responsive and accessible services for disabled people
- Promote equality of opportunities for disabled people

Please take this opportunity to work with us to deliver our Disability Equality Scheme so that we can develop a culture of '**enablement**' as opposed to 'disablement. Our main aim is to ensure that disability equality is not reliant on the commitment of a few individuals but part of our everyday business. Finally, We acknowledge the support and commitment of those that have helped us so far, including the Disability Rights Commission Scotland.

Chairman of the Board: Bill Brackenridge

Unison Staff Side Convenor: K McLachlan

TGWU Staff Side Convenor: John Gallacher

Chief Executive Officer: Adrian Lucas

2. Introduction

There are about 10 million disabled people in Britain, of which nearly 1 million are believed to live in Scotland, in other words nearly one in five of the population. This includes people with epilepsy, cancer, schizophrenia, Down's syndrome and many other types of impairment (source DRC Scotland)

The Disability Discrimination Act 2005 builds on the Disability Discrimination Act 1995 and introduces a statutory General Duty on all public authorities to promote disability equality.

According to the Disability Discrimination Act 1995 an adult or child is disabled if he or she has a physical or mental impairment, which has a substantial and long-term (lasting or expecting to last for at least a year) adverse effect on his or her ability to carry out normal day-to-day activities.

The 2005 Act provides a legislative framework, which requires public authorities to actively promote disability equality (for further information about the 2005 Act see Appendix 1). 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;
- promote positive attitudes towards disabled persons;
- encourage participation by disabled persons in public life; and
- take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons

(The Duty to Promote Disability Equality: Statutory Code of Practice)

Due regard' means that authorities should give due weight to the need to promote disability equality in proportion to its relevance.

The Service recognises the need to have due regard in its decision-making and in carrying out its functions. It will do this by first carrying out an assessment of the relevance of Service functions and policies, and then by prioritising action to give proportionately greater consideration to those functions and policies that have most effect on disabled people. The Service recognises that promoting equality will improve public services for everyone. We aim to make equality a central part of the way it works by mainstreaming disability equality into all decisions and activities, putting it at the centre of policy making, service delivery, and employment practice.

3. Adopting the Social Model of Disability

The Disability Discrimination Act 1995 (DDA) says that:

"A person has a disability if he/she has a physical or, mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities" (See Appendices 1 & 2 for more details). Some disabled people feel this focuses too much on a 'medical model of disability. In the past, many public services framed the issue of disability as a 'medical' model where the solutions tended to focus around the idea of curing the person or making them 'better'.

The code of practice for the DDA 2005 moves this issue on by explaining that:

"The poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers."

This is known as '**the social model of disability**'. The social model of disability explains that it is social 'barriers' that cause 'disability' not impairments. These barriers can be:

- prejudice and stereotyping
- little or no access to information, buildings or transport
- the way things are organised or run

By following the Social Model the Service is working to reduce barriers that can exclude many disabled people.

Note -

The Service recognises that many people who use British Sign Language see themselves as a linguistic minority and not as 'disabled' people.

'Deaf' is a way of describing a culture with its own sign language, lifestyle, history, and a sense of belonging. This is a **cultural model** of deafness rather than a **medical model** and defines being Deaf as a positive way of experiencing the world visually.

The medical model of deafness focuses on how much someone's hearing differs from the norm and attempts to improve the underlying disease/ condition.

This Scheme is only intended to address disability issues. However, the Service will adopt a cultural model as and when necessary. This may be relevant to a number of other groups who do not necessarily recognise themselves as being disabled e.g. diabetics etc., but are afforded the same degree of legislative protection.

4. Statement of Equality Values, Standards and Principles

The Service is committed, in its role as a provider of health services and as a local employer, not to discriminate against any individual on the grounds of disability, gender, age, race, ethnicity, language, religious belief, sexual orientation, appearance, nationality or culture, promoting equality of opportunity for all and sustaining good relations between all people. It seeks to value and respect staff, patients and other agencies and individuals with whom it engages.

Staff and patients are actively encouraged to challenge and report any incidents of disability discrimination. The Service will seek to promote and integrate the principles and objectives of disability equality in all aspects of its work it will not tolerate disability discrimination or harassment, and will take proactive measures to ensure prevention and positive steps to tackle it whenever it occurs.

The Service Chief Executive Officer, Adrian Lucas, recently stated in our 2006 Equality & Diversity Statement:

"The Scottish Ambulance Service is committed to a continuous and sustainable approach to delivering a Service that reflects the mixed communities and population of Scotland – now and in the future. This is based in sound process and measurable outcomes to ensure that our equality and diversity vision is embedded and confirming that it is non-negotiable."

In addition, the Chief Executive of NHS Scotland, Dr Kevin Woods, stated in October 2006:

'Everyone in the NHS must realise that we have a responsibility for removing discriminatory barriers for disabled people and promoting good practice in our work. We all need to be proactive about disability not because the law requires us to be, but because it's the right thing to do."

5. Organisational responsibility for the Scheme

The overall responsibility for the scheme remains with the **Chief Executive Officer** as the Accountable Officer, ensuring that the Service meets its responsibilities under the Disability Discrimination Act and ensuring that the Scheme is implemented.

The **Director of Human Resources and Clinical Development** is responsible for ensuring progression of the Disability Equality Scheme (and Equality & Diversity functions) at a strategic level and for monitoring progress within employment, as well as providing an annual report to the Service Board. The **Interim Chief Operating Officer**, **General Managers** and **Heads of Department** are responsible to the Board for implementation and operational progression of this Scheme.

The **Equality & Diversity Lead** has responsibility for raising awareness of disability and promoting best practice across the Service in order to progress this Scheme through the Equality and Diversity Steering Group.

Heads of Service and individual **Managers** have a responsibility to promote disability equality within their departments and ensure that the principles of the Disability & Equality Scheme are embedded within their business plans, action plans, policies, practices and procedures. They also have a responsibility to protect members of staff from unfair treatment, discrimination, prejudice, harassment or bullying and take positive action to address disability issues, support staff and respect confidentiality at all times. They also have a duty to ensure staff are aware of their responsibilities under the Disability Equality Scheme through access to training and awareness raising.

The operational responsibility for meeting the requirements of the Act and integrating disability equality into service provision and employment lies with **all** members of staff. This includes an individual responsibility to maintain an awareness of disability issues, ensure that behaviours are appropriate at all times, ensure training is obtained where relevant and openly challenge inappropriate behaviour.

Trade Unions and Staff Side Representatives have a responsibility to work in partnership with the Service to tackle disability discrimination, prejudice and harassment at work.

All of the above paragraphs are supported by the PFPI and Equality & Diversity Steering Groups. The Service's Equal Opportunities Policy and Race Equality Scheme also encompasses the broader principles of the Scheme.

6. The Disability Equality Scheme

6.1. General Duty

Under the Statutory Code of Practice the Service is required to meet the following General Duties:

- carry out impact assessments
- collect and study evidence and identify and address gaps
- prioritise actions
- involve disabled people
- let people know what the Service is doing
- set an example to others
- train staff on disability equality issues and the general principles of the DES
- work with others to deliver disability equality

6.2. Specific Duty

As a named public authority the Service also has a specific legal duty to prepare a Disability Equality Scheme (DES or this Scheme) setting out:

- how disabled people have been involved in the development of the Scheme
- the 'functions' of the Service
- current progress on disability aims
- how evidence will be collected and used in future

- the process to assess impact on disabled people
- work as an employer
- a three year action plan
- ways to monitor and review
- annual reporting mechanisms
- the principles of the Social Model of Disability adopted by the Service.

This Scheme is both a strategy and an action plan, which looks at how the Service will improve the experiences for disabled people compared with non-disabled people.

7. Scottish Ambulance Service and its population's profile in relation to disability

The Service employs just over four thousand staff across mainland Scotland and Islands with a budget of circa £155 million. It is responsible for the pre-hospital care and transportation of patients to appropriate care facilities for over 0.5 million accidents & emergency and 1.5 million non-emergency cases each year. The Service is delivered regionally for both the Patient Transport Service and the Accident & Emergency Service using both land and air assets.

As we are a national Service with a local feel, we have six operating divisions covering all of Scotland delivering a range of services from the publicly accessible Accident & Emergency Service, through to our clinically authorised Patient Transport Service - irrespective of background and free at the point of contact. These services are delivered locally and very much integrated with other local agencies including the Health Boards, Local Authorities and volunteer groups.

7.1. Staff profiling in relation to disability

The Service is able to capture equal opportunity information through the Computerised Human Resource Information System. The Service recognises the importance of capturing meaningful data to enable the Service to monitor disability more accurately particularly at recruitment stage. To this end the Service is currently conducting a review of the administration of the recruitment process

The following systems and procedures have been introduced:

- Two-ticks symbol: awarded by the Job Centre to employers that are committed to the fair recruitment, employment, and retention and career development of disabled people.
- Revised recruitment and selection policy
- Revised Occupational Health screening programmes, assisting managers to identify potential reasonable adjustments to 'enable' staff
- Development with the Disability Rights Commission of best practice guidance on assisting diabetic staff maintain a full role within the Service
- Increased accessibility of information in various formats
- Development of Disability training for staff and managers

- Development of a Carer's Policy and flexible working practices that recognises staff that have responsibilities as Carers.

7.2 Population profiling in relation to Disability

It is recognised that statutory service providers including the Service must have access to accurate and current demographic information. To this end, the Service is working in collaboration with the local authorities, territorial Health Boards and other service providers to develop an accurate, reliable and fact based demographic profile for our territorial operating divisions and nationally to support service planning and employment practices.

7.3 Information on disability

The Disability Rights Commission publishes statistics on disability on their web site www.drc-gb.org/default.aspx This is a valuable resource and provides a national perspective.

It is recognised that disabled people are not a homogenous group. A disabled person may experience barriers because of gender, faith, sexual orientation, age, race, caring responsibilities etc. It is essential to ensure that any actions taken, takes account of this diversity. As our work progresses with our statutory partners we will begin to better identify the diversity needs. The following facts are good initial indicators:

- One-in-five of the Scottish population has a disability.
- In Scotland, there is a disabled person or a person with a long-term illness living in just over one in three households.
- Approximately four in ten (42 per cent) of all households with a disabled person have an income of £10,000 or less.
- Of the working age population 45 per cent of disabled people are in employment compared to 82 per cent of non-disabled people.
- Households with a disabled person, or a person with a long-term illness, are more likely to rent from a local authority or a housing association than to rent privately or to own their home.
- Disabled people hold only 3 per cent of public appointments.
- One in five disabled Scots has experienced harassment because of their disability.
- The 2001 Census found that 20 per cent of the Scottish population reported having a long-term illness, health condition or disability (General Register Office Scotland, 2003).
- Scotland has an ageing population and the probability of having a disability increases with age. The average age of a person with a long-term illness, health condition or disability is 58 years (General Register Office Scotland, 2003).
- It is estimated that there are 180,000 people in Scotland who have serious sight problems (RNIB Scotland).
- In May 2003 an estimated 18,066 adults with learning disabilities were known to local authorities throughout Scotland (Scottish Executive, 2004).
- It is estimated that 729,000 people have some form of hearing loss, deafness or may be a Deaf person. Eighty per cent of hearing impaired people are aged over 60 years (Scottish Executive, 2003).

- One in four people will experience a mental health problem at some point in their lives (Scottish Association for Mental Health).
- The World Trade Organisation predicts that depression will be the leading cause of disability by 2020.

(Principle source Disability Rights Commission Statistics 2004)

8. Involving Disabled People Public and Staff

The Disability Rights Commission's Statutory Code of Practice maintains that Disability Equality Schemes have the potential to deliver real change for people in relation to employment and access to services - and that people with a disability should be involved in:

- Identifying barriers faced by disabled people.
- Identifying poor service outcomes.
- Setting priorities for action plans.
- Assisting in planning and implementation of action plans.

The involvement of disabled people needs to be focused, accessible, and proportionate to the scope of the organisation's work, influential and transparent. Involvement must go further than the development stage of the Scheme and continue through to putting the Scheme into practice and its review and revision.

8.1. Working in Partnership

In order to share expertise and to avoid duplication of effort the Service entered into three major good practice sharing partnerships:

- **Disability Rights Commission** to develop and introduce best practice guidance employees with diabetes – this model has the potential to become the UK gold standard for ambulance services and can also be used when dealing with other chronic medical conditions e.g. epilepsy etc.

- A Scottish wide partnership with the **Carers Scotland** association to develop awareness and elearning materials as well as electronic signposting information for carers.

- A pilot project with the **Highlands and Grampian** area to pre-register critical information on asthmatic patients. This can be life saving and it is intended to roll this our further across Scotland.

We continue to work with our local authority, voluntary sector and territorial Health Board partners to improve information sharing and specifying local initiatives. This includes a wealth of engagement and involvement through patient, community and interested groups, at both national and local level. For example Stakeholder Events were recently held in partnership with Lanarkshire Health Board, Disability Rights Forum and Strathclyde Police. The discussion with our partners at these events has helped inform our Action Plan.

We also make/ made use of:

- Staff feedback and partnership forums
- Information from specific conferences & workshops
- Our Involving People Group
- Local Continuous Improvement Group
- Questionnaires and surveys
- Involvement of people on project boards and teams
- Specific engagement and involvement with disabled people e.g. vehicle design and wheelchair user
- Audit of Service's estates in relation to accessibility and compliance with the DDA.
- Complaints data.

8.2 Reviewing nationally driven guidance or directives

In developing this strategy, we considered our own existing functions and policies, as well as Scottish Executive and Disability Rights Commission guidance and the work of other NHS Trusts in this area. The review of existing functions and policies and their relevance to the general duty can be seen in the separate document Disability Equality Scheme – Review of Functions and Policies.

8.3. Analysing the data

A number of key themes emerged from the data many of which relate to both staff and the public, these included:

- Policy development and impact assessment.
- General lack of specific awareness and training in disability issues, possibly resulting in seeing what a disabled person can't do - not what they can do.
- Provision of information in accessible formats.
- Availability of specialist equipment, tools and human support.
- Employment issues, recruitment and selection.
- Empowering managers to make the right adjustments

The main message however, was about the importance of creating a culture of **enablement**, based on accurate knowledge and positive attitudes on disability and one in which disabled people are involved from the start. It was felt that this cultural shift could be achieved in a number of ways including training, leadership and the increasing presence of disabled people in our workforce.

9. Developing our Action Plan

An undertaking was given to the representatives of disabled organisations that we would not attempt to formulate an Action Plan until we had completed an active involvement phase.

This will be completed by the end of November and in addition to the above (8.1) we undertook involvement and survey work in the following areas:

- Significant survey of Service users lead by Equality & Diversity Lead
- Web posting of this document seeking contributions and involvement in future work
- Involvement of stakeholders, representative groups such as Carers Association etc.

The Action Plan at Appendix 4 identifies the high level objectives and priorities the Service will focus on during the next three years.

10. Monitoring and Reporting

On-going consultation and involvement with Disabled people both internally and externally will be summarised in the Service's yearly report on the Disability Equality Scheme. These results will then be submitted to the Board to provide an update on the Scheme's Action Plan. This report will also show what has changed as a result of involving disabled people.

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

- Our local PFPI work
- The Annual Board Report
- The Service's Internet and Intranet facilities
- Internal Team Brief mechanisms for employees.
- Relevant voluntary organisations, community groups and representatives.

We will also publish information about relevant involvement exercises and progress of the action plan and Scheme on the Service's Internet site.

All information gathered will help to influence strategic and operational decision making at local and regional levels. Progress against the action plan aims and objectives will be closely monitored and reported on a quarterly basis to the Service Board.

The Action plan will be monitored for effectiveness and areas identified for priority action or lacking in progress will be escalated to the appropriate level as required, ultimate responsibility for delivery the Action Plan resting with the Board.
Things we will measure:

a. Qualitative and Quantitative data about the experiences of disabled people who use our services or are in our employ.
b. Complaints data.
c. Number of accessible facilities and those that have been adapted throughout a financial year.
d. Requests for accessible information.
e. Employment data in relation to recruitment, retention, access to training and promotion.
f. Policy impacts through impact assessment and audit.
g. Number of staff attending disability related training.
h. How equality has been embedded into the Personal Development Review process for staff and measured against the NHS Knowledge and Skills Framework.
i. Regular review of the Scheme.

11. Raising Concerns or Complaints

- All Patients who wish to make a complaint concerning any activity of the Service will be supported by ensuring they know how to make a complaint and also in making their complaint.

- Information on how to report a complaint is being improved, increasing accessibility through awareness raising and making information available in an accessible format.

- All complaints received by the Service regarding service delivery will be monitored for any disability element and the equality profile of the complainant.

- Every support will be provided to staff wishing to raise a concern to enable matters to be resolved on an informal basis. Employees who wish to make a formal complaint will be supported and any alleged act of disability discrimination or harassment will be fully investigated and appropriate action taken as necessary.

- Dignity at work awareness will be promoted across the Service and anti-bullying and harassment training will be made available to all staff.

- All complaints received by the Service regarding employment issues will be monitored for any disability element and the equality profile of the complainant.

- The Service will continuously work with its partner organisations to identify improvements to its services and employment practices

12. Conclusion

We all want to live in communities where we can participate fully and equally; where we all do well and can access public and healthcare services just like everyone else. Many indicators show us that for disabled people this hasn't yet happened and there remains considerable work to be done to get to this point.

This scheme requires us to do more and not just focus on building changes or adjustments for individuals. It is about being proactive, changing our culture and of including disabled people and disability equality into everything from the outset, rather than focusing on individualised responses to specific disabled people.

By taking an organisation-wide approach we can achieve tangible outcomes and improvements for disabled people. It will need a personal commitment from all our managers and staff, and will make a real, positive change to our employees and service users.

Shirley Rogers

Director of Human Resources and Clinical Development
December 2006

Appendix 1: Overview of the Disability Equality Duty legislation

The changes arising from the new legislation which came into force as of the 5th December 2005, (The Disability Discrimination (Public Authorities) (Statutory Duties) Regulations 2005 (SI 2005/2966) require certain public authorities which are listed in Schedule 1 of the Regulations to carry out specific disability equality duties. In particular, the duties will require these authorities, when carrying out their functions, to have due regard to the need to:

- promote equality of opportunity between disabled persons and other persons
- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled persons that is related to their disabilities
- promote positive attitudes towards disabled persons
- encourage participation by disabled persons in public life; and
- take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons

In particular, the specific duties require public authorities - to publish and periodically review a Disability Equality Scheme (by 4th December 2006) and the duties set out to be included within that Scheme.

Other changes brought about by amendments to the 1995 Act are - sections amending the definition of disability so that mental illness need no longer be clinically well recognised to be a mental impairment, and sections deeming people with cancer, HIV infection or multiple sclerosis to be disabled, whether or not the condition has an effect on their ability to carry out normal day-to-day activities come into force.

What this will mean in practice is that Services and territorial Health Boards will be required to draft, consult on, and publish by the 4th December 2006 a Disability Equality Scheme, which in principle will be very similar to that developed to meet the Race Equality duty under the Race Relations (Amendment) Act 2000.

More importantly, each organisation will be required to develop a SMART action plan and to demonstrate tangible actions designed to improve the experiences of disabled people accessing services.

Appendix 2: The Meaning of Disability (taken from the Code of Practice)

When is a person disabled?

A person has a disability if he has a physical or mental impairment, which has a substantial and long-term adverse effect on his 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.

What is a 'substantial' adverse effect?

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.

What is a 'long-term' 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. Effects, which are not long-term, would therefore include loss of mobility due to a broken limb, which is likely to heal within 12 months and the effects of temporary infections, from which a person would be likely to recover within 12 months.

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.

What are ‘normal day-to-day activities’?

They are activities, which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or a sport, to a professional standard or performing a skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition.

The test of whether impairment affects normal day-to-day activities is whether it affects one of the broad categories of capacity listed in Schedule 1 to the Act. They are mobility, manual dexterity, physical coordination, 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?

Someone with impairment may be receiving medical or other treatment which alleviates or removes the effects (though not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops (i.e. the impairment has been cured).

Does this include people who wear spectacles?

No. The sole exception to the rule about ignoring the effects of treatment is the wearing of spectacles or contact lenses. In this case, the effect while the person is wearing spectacles or contact lenses should be considered.

Are people who have disfigurements covered?

People with severe disfigurements are covered by the Act. They do not need to demonstrate that the impairment has a substantial adverse effect on their ability to carry out normal day-to-day activities.

Are there any other people who are automatically treated as disabled under the Act?

Anyone who has a diagnosis of HIV, Cancer or Multiple Sclerosis is automatically treated as disabled under the Act. In addition, people who are registered as blind or partially sighted, or who are certified as being blind or partially sighted by a consultant ophthalmologist are automatically treated under the Act as being disabled. People who are not registered or certified as blind or partially sighted will be covered by the Act if they can establish that they meet the Act’s definition of disability.

What about people who know their condition is going to worsen over time?

Progressive conditions are conditions, which are likely to change and develop over time. Where a person has a progressive condition he will be covered by the Act from the moment the condition leads to an impairment which has some effect on ability to carry out normal day-to-day activities, even though not a substantial effect, if that impairment is likely eventually to have a substantial adverse effect on such ability.

Are people with genetic conditions covered?

If a genetic condition has no effect on ability to carry out normal day-to-day activities, the person is not covered. Diagnosis does not in itself bring someone within the definition. If the condition is progressive, then the rule about progressive conditions applies.

Are any conditions specifically excluded from the coverage of the Act?

Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of the Act. These are:

- addiction to or dependency on alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed)
- seasonal allergic rhinitis (e.g. hay fever), except where it aggravates the effect of another condition
- tendency to set fires
- tendency to steal
- tendency to physical or sexual abuse of other persons
- exhibitionism
- voyeurism

Also, disfigurements which consist of a tattoo (which has not been removed), non-medical body piercing, or something attached through such piercing, are to be treated as not having a substantial adverse effect on the person's ability to carry out normal day-to-day activities.

Appendix 3: Equality Impact Assessment

The Service is already required by the Race Relations (Amendment) Act 2000 to impact assess its policies, practices and procedures in relation to race. Given this duties and the Service's commitment to equality, the Service has already introduced a process for impact assessment, which covers the 6 equality strands including disability.

The process of Equality Impact Assessment (EQIA) is carried out by scrutinising policies, strategies and patient information for their potential negative Impact upon recognised groups and individuals.

The Service has undertaken an initial screening of its functions in relation to the disability equality general duty and if so, whether the relevance is likely to be high, medium or low.

The Service recognises that the evidence to suggest a possible adverse impact and information relating to public concern is somewhat limited at present. However, it is expected that as the Service develops the process of Impact Assessment, greater knowledge and understanding of the issues will be realised.

As the Service develops its understanding of impact assessment and builds on its database of information, the process of impact assessment will become a flexible and continual process.

Information gained through the process of impact assessment will be fed back to organisational decision makers.

Appendix 4 DES Action Plan

Objective	Lead	Additional Comment	Target Date
Objective 1 Leadership and Culture: make a firm commitment to disability equality and show effective leadership in the area of employment and service delivery.			
Nominated Executive lead	S Rogers		Completed
Appoint a non-executive with relevant knowledge and expertise in disability issues	Chairman of the Board		Next series of appointments
Identify disability champions in each function and division	General Managers, Department Heads, Divisional Personnel Managers		1 January 2007
Develop joint projects, particularly through the Reducing Health Inequalities Board	Chair of Board – S Rogers		Continuous
Commit to continuing the local initiatives and partnerships created so far	General Managers, E&D Lead		Ongoing
Continue to raise awareness of the scheme both externally and internally with Service users and our own employees	All managers	With increased awareness any concerns from staff should be reduced	Continuous
Conduct annual disability audits with divisions and functional departments	Heads of Service/ Department, E&D Lead, Divisional Personnel Manager		Annually in September
Prepare supporting action plans to support the scheme & audit outcomes	Heads of Service/ department, E&D Lead, Divisional Personnel Manager		Review annually & adjust as required
Ensure procurement procedures meet the needs of the DDA	Procurement Manager	Guidance will be provided by National Services Scotland December 2006	Ongoing with annual review

Objective	Lead	Additional Comment	Target Date
Objective 2 Training and Awareness: build a positive and well-informed disability equality culture based on the Social Model of Disability.			
Working with local partners to develop and deliver a Disability Equality awareness-training programme, including consideration of eLearning.	Head of Education & Training and E&D Lead		During 2007
Utilising Service Intranet and Internet sites as methods to communicate information about the Scheme, disability awareness and positive aspects of disability.	As Above with IT team		2007 - 2009
Utilising Service communication systems e.g. notice boards and publications to promote positive messages about disability.	All managers		Continuous
Encouraging disabled service users and or carers to share their experiences of using the Service through methods such as Patients' Stories.	PFPI and E&D steering groups		2007
Placing positive measures in place to recruit more disabled people.	All managers		2007 and onward
In-line with the National Health Service Knowledge and Skills Framework, assessing management competencies in relation to equality issues including disability	Line managers		Performance Development Plans for all staff. By Dec 2007 all staff to have completed first PDP using KSF outlines
Identifying take up by disabled staff of training opportunities	E & D Lead		Commenced

Objective	Lead	Additional Comment	Target Date
Objective 3 Involvement: involve disabled people and their organisations with our work			
Gaining a clearer picture of local and national groups that promote the views, or who are elected to speak on behalf of disabled people.	E&D Lead & Divisional Leads		2007 - 2009
Continuing to work with our local partners to develop a Reference Group, that will inform Service on disability equality issues and make recommendations to inform this Scheme	E&D Lead		2007 - 2009
Gaining a better understanding of the role and function of Advocates	E & D Lead		2007 - 2009
Involving service users and staff in developing further methods of gaining feedback	All managers PFPI Steering Group		Continuing

Objective	Lead	Additional Comment	Target Date
Objective 4 Potential: support disabled people to achieve their full potential in public life and within the workplace.			
Mapping and promoting existing good practice	E&D Lead and Continuous Improvement Manager		2007 - 2009
Promoting opportunities for flexible working for disabled people or their carers	Operational managers and Divisional Personnel Managers		Commenced
Continue to use reasonable adjustments to support continuous employment at work where appropriate	Personnel team		Continuous
Monitoring the number of disabled applicants and their progress in the recruitment process	E&D Lead		Continuous
Fully implement the Carers' Information Strategy	All employees		Continuous
Impact assessing personnel and service delivery policies relevant to disability in partnership with the Reference Group	E&D Lead		Policies identified as high priority to by assessed by June 2006
Monitoring the Dignity at Work policy in relation to its impact on disability equality	Head of Personnel		Commenced
Review the computerised recruitment process in order to improve data capture and monitoring	Head of Personnel & Personnel team		New system to be reviewed Dec 2006 Pilot in one Division by end Mar 2007

Objective	Lead	Additional Comment	Target Date
Objective 5 Accessibility: create accessible environments.			
Providing accessible information to disabled people including staff	All managers		Continuous
Auditing the dissemination and effectiveness of the Service's Interpreting policy	E&D Lead		Annually September
Auditing the dissemination and effectiveness of the Service's Patient Information materials and Interpreting policies	Corporate Affairs Manager		Annually September
Progressively implementing through capital and revenue budgets the recommendations made in the Service's Estates Disability Accessibility Audit, ensuring new builds comply with DDA regulations and addressing and prioritising outstanding issues.	Estates manager		High priority work to be complete by March 2007 Medium priority work to be completed by March 2008 Low priority work to be completed by March 2009
Continuing to ensure that venues for public events are fully accessible	All managers and Corporate Affairs manager		Continuous
Ensuring that auxiliary aids such as loop systems are in place for disabled people and that staff are trained in their use	Estates manager		2007
Auditing the effectiveness of the Service's Command & Control / PTS booking systems as a method of alerting staff that a patient has a disability	Appropriate Heads of Service/ Heads of Control & IT team	PTS SE Division piloting patient led booking system – to be reviewed Mar 2007	Continuous
Develop Caller Line Identification system in order to include specific disabled groups	Heads of Control		Commenced
Consider using mobile phones to enable	EMDC Heads of Control	SEHD meeting to	Commenced

disabled people to use mobile text phones as a method of communication		progress this Nov 2005	

Objective	Lead	Additional Comment	Target Date
Objective 6 Measuring and Monitoring: to ensure that we meet the disability equality targets and objectives we set.			
Continuing to equality impact assess Service's policies and procedures in line with agreed Equality Impact Assessment arrangement.	All managers and PFPI and E&D steering groups		Commenced
Agreeing measures of success and key performance indicators to measure the success and impact of the Scheme	E&D Steering Group & partnership Forum		2007
Developing methods to gain quantitative and qualitative forms of feedback from service users and staff	E&D / PFPI steering groups		2007 – 2009
Agreeing a rolling-programme of audits	E&D steering Group		Annually

Objective	Lead	Additional Comment	Target Date
Objective 7 Communicating the Results			
Ensuring our corporate communication and Service web site take into consideration the needs of people with disability and in particular a visual impairment	E&D Steering Group and Corporate Affairs Manager		Continuous
Review the Scheme and publish the outcomes of the Action Plan on an annual basis	E&D Steering Group		2007