**DISABILITY DISCRIMINATION AWARENESS - SUGGESTED ACTIONS**

I hope that you found completing the Disability Discrimination Awareness Questionnaire (DDAQ) and Disability Discrimination Practice Checklists (DDPCs). to be informative. As evident, the target answer is YES to all 30 questions on the DDAQ, and all 25 questions on DDPCs (or 20 items on the Assistant DDPC). The higher the score or percentage, the more awareness on the DDAQ and the more practice is in line with the Equality Act on the DDPCs. However, until these have been completed in large numbers, there is no baseline to compare with.

Given the lack of detailed training on the EqA with respect to disability, it would be surprising if some awareness gaps have not been highlighted. The Equality and Human Rights Commission (EHRC) statutory code on employment code is 81,000 words and on services 60,000. Identified gaps in awareness might be general, related to a specific activity (e.g. services, employment, education/training) or to pitfall policy areas (e.g. recruitment or duty to make reasonable adjustments (e.g. flexibility in working hours).

You are encouraged to address any identified training needs to reduce the risk of inadvertently acting unlawfully as a result of a lack of awareness of the requirements of the EqA. In addition, providing reasonable adjustments for persons with disability will also likely optimise the benefit of services, development of knowledge and skills in training and work performance in employment. However, in practice, adjustments are often time-consuming and fatiguing to implement for persons with disability, who may already be experiencing debilitating fatigue. As such, part-time options in training and employment are a key reasonable adjustment to prevent discrimination and exclusion.

In the event of a complaint or grievance, addressing disadvantage through provision of reasonable adjustment will often offer a resolution to the matter. In contrast, questioning the diagnosis, the degree of disability and/or disputing what adjustments are needed and reasonable to make will very likely lead to escalation and potentially a legal claim. ***In the event of concern about discrimination, you are advised to take professional and/or management advice about the need for legal advice. Equally, if a client reports discrimination, you should consider advising them to take legal advice.***

In conclusion, in order to reduce the risk of disability discrimination and promote equality of opportunity for persons with disability, in line with the UNCRPD, the EqA and the WHO (2022) call for urgent action to reduce health inequities, it is recommended that you consider taking some of the suggested actions below.

**Suggested actionS FOR PRACTITIONERS**

1. Having completed the DDAQ, move on to one or more Disability Discrimination Practice Checklists (DDCPs) – currently there is one each for health professionals, service managers, training course tutors, vocational/employment specialists and assistants. The need for other checklists is under discussion. Whilst there is a need to develop further training, the high level of discrimination requires urgent action.

 The link to the DDAQ is at: [www.equitynotjustequality.co.uk/ddaq](http://www.equitynotjustequality.co.uk/ddaq)

 The link to the DDPCs is at: [www.equitynotjustequality.co.uk/ddpcs](http://www.equitynotjusyequality.co.uk/ddpcs)

1. If the DDPC has highlighted specific concerns about practice, you are advised to read the paragraphs from the relevant EHRC statutory codes and technical guidance and other related paragraphs, as only key paragraphs have been extracted.
2. If the DDPC has highlighted broader areas of concern you are advised to read the chapters of the EHRC guidance relevant to your work role. Tribunals and courts must take into account the statutory codes and evidence of whether the technical guidance was followed is relevant to demonstrating Public Sector Equality Duty compliance. Whilst much of the content is common across guidance, the examples are tailored to the context (i,e. services, employment, education):
* The ‘services, public functions & associations’ statutory code has a summary of the bodies affected (Chap.3) and their obligations (EHRC, 2011b, Chaps.11-12).
* The employment code has sections on good practice to avoid discrimination and 18 examples of reasonable adjustments (EHRC, 2011a, para 6.32-6.35).
* The further & higher education technical guidance has an overview (Chap.3) and summary of education provider responsibilities (EHRC, 2014, Chapters 10-11).

4. The UNCRPD (2006) is well worth a read – for me this was sobering in the lack of implementation but also galvanising ! The article prompted by the WHO call for action highlights concerns about lack of implementation of the UNCRPD and the Equality Act, responsibilities of health professional and examples of disability discrimination (Tyerman, 2023). A prior talk on ‘*The Equality Act in Vocational Rehabilitation: Comprehensive in Theory but, as yet, restricted in practice’* (Tyerman 2022) is also available on the ‘***equitynotjustequality.co.uk***’ website.

5. Review your employer’s policy on Equality, Diversity and Inclusion and any specific disability policies (e.g. on reasonable adjustments). (Individual NHS Trusts and NHS England also report an annual Workplace Disability Equality Standard [WDES]).

6. Make yourself aware of the range of guidance on the specific issues relevant to your work role (e.g. eligibility, recruitment, adjustments, disability leave) to consult, as and when needed. Recommended reading is listed in a separate document in four sections: 1. general reading (i.e. for everyone); 2. for service providers and users; 3. for employers and employees; and 4. for training courses and students/trainees.

The above actions focus on individual practitioners, managers and tutors. As noted in Tyerman (in press), it is also suggested that courses strengthen training on disability discrimination in line with the UNCRPD and EqA and that professional organisations strengthen standards, policies and guidelines related to disability discrimination.

It is also suggested that professional bodies consult practitioners with disability about the need for examples to illustrate how adjustments have enabled them to practice effectively to challenge negative assumptions. There is also a pressing need for research on the nature and extent of discrimination experienced by health and other practitioners with disability, as well as the client groups we see, to inform further action.

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