**INTRODUCTION TO THE**

**DISABILITY DISCRIMINATION AWARENESS QUESTIONNAIRE (DDAQ)**

**Background**

In the UK, the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) is covered in the Equality Act 2010 (EqA), with disability one of nine ‘protected characteristics’. Whilst some unlawful actions apply to all protected groups (i.e. direct & indirect discrimination, harassment & victimisation), two refer explicitly to disability (i.e. discrimination arising from disability and a failure to make reasonable adjustments).

The EqA has not worked well for persons with a disability. Disability discrimination is common in the NHS for service-users and both by and against health professionals. This likely reflects, at least in part, lack of awareness of disability rights. Whilst many of the examples reported to me relate to clinical psychology, the concern is much wider.

In response the Disability Discrimination Awareness Questionnaire (DDAQ) and five Disability Discrimination Practice Checklists were developed.

The DDAQ aims to:

(1) increase awareness of disability rights and discrimination;

(2) identify any related gaps in knowledge; and

(3) inform future related training needs.

**Development of the DDAQ**

The focus of the DDAQ is on addressing the aims of the UNCRPD rather than the technicalities of any legal liability. Questions are based on our health professional understanding of the Equality and Human Rights Commission statutory codes on ‘services, public functions and associations’ (EHRC, 2011b) and on ‘employment’ (EHRC, 2011a) and technical guidance on ‘further and higher education’ (EHRC, 2014) and the Public Sector Equality Dury (PSED) (EHRC, 2021).

Question specific paragraph references from the statutory codes and technical guidance are listed in the Appendix to this document (and separately on the website). The EHRC guidance is wide-ranging and detailed and there is no substitute to reading this in full. Tribunals and courts must take into account the statutory codes and whether technical guidance was followed (and explaining why if not) is relevant to PSED compliance.

**Disclaimer**

***The authors have no legal expertise and the DDAQ does not constitute legal advice. The aim of the DDAQ is to raise awareness of disability discrimination, not to provide legal advice. In the event of actual concerns about discrimination, you are advised to read relevant guidance and/or seek advice (e.g. from your manager/professional adviser) about the need for expert legal advice.***

DDAQ questions were selected and drafted from EHRC guidance by the first author, the content revised following feedback from the second author and the clarity and style/tone refined following feedback from the other named contributors. A draft was distributed to a clinical psychology (CP) department, tutors on a CP training course and to an inter-disciplinary community brain injury rehabilitation team and 5 other health professionals. Whilst it was open to other health professionals to contribute, a common response was of a lack of time to do so, hence the DDAQ authors are all from the extended family.

**Copyright and Permissions**

Copyright for the DDAQ is owned by Andy Tyerman and the other contributors. In order to promote awareness, practitioners in the NHS, brain injury rehabilitation, vocational rehabilitation and in related charities are free to complete the DDAQ for personal professional use but not to use for commercial gain. Practitioners outside the above groups are invited to contact me by email: a.d.tyerman@gmail.com

Organisations, departments or services wishing to distribute the questionnaire to staff are invited to contact me to discuss how best to do this (e.g. collation, feedback and presentation of collective responses). I hope you find the DDAQ to be informative and helpful. If you have any queries, please email me: a.d.tyerman@gmail.com

**Completing the questionnaire**

Whilst responses to the DDAQ are stored anonymously, a few background details will inform future training developments. **You will initially be asked for an email address. This is solely so that a copy can be sent to you for information and as a record of CPD for professional registration.** You have two options depending on whether you wish to provide an email to receive a copy of the submission.

**If you are happy to provide your email address and click ‘submit’ at the end of the form you will receive a copy of your submission including a note of your score. These emails will be deleted on a regular basis and not retained in order to preserve anonymity.**

However:

**If you do not wish to provide an email address you can continue to complete the exercise by entering a fictitious email (e.g. notmyemail@gmail.com)** (FYI: Google Forms requires an entry to the email question in order to enable the automatic copy facility). **Whilst you will not then receive a copy of the submission or your score, you can still print your response by going back to the beginning and printing each page separately.**

***If signed in to Google, your response should be auto-saved, so that you can resume later where you left off.***

The number of ‘Yes’ responses is auto-collated. (NB In feedback, responses to the background questions will likely be stated as 0/0 as scoring is all or nothing). ***Results will be summarised on the website when sufficient responses are received.***

If you a student or in training, you are likely developing awareness of disability rights and discrimination. If so, completing the DDAQ guide you on the competence needed on completing training (e.g. in order to meet HCPC or other professional standards). If you are employed or volunteer in an assistant role, the DDAQ will likely help you to develop awareness of relevant duties and good practice in your role as an assistant.

**To access the DDAQ please click link at:** [**https://equitynotjustequality.co.uk/ddaq**](https://equitynotjustequality.co.uk/ddaq)

If the link does not work if you email me I can send the form direct from Google Forms.

Whilst the primary aim is to promote awareness and good practice, **if you choose to submit your response (to receive a copy and score) you are given an opportunity to contribute to the accumulation of a short-term baseline data,** pending more formal baseline data. You are encouraged to complete the practice checklist(s) most relevant for you. Please also see Suggested Action' and Recommended Reading.

**Authors and acknowledgements**

The DDAQ was developed by Andy Tyerman, former Head of Service, Community Head Injury Service (CHIS), Buckinghamshire Healthcare NHS Trust (BHT), with the support of other health professionals in the family:

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 Dr. Emma Tyerman, Senior Clinical Psychologist. Alder Hey Children’s Hospital Trust.

 Dr. Catherine Tyerman, Clinical Psychologist, L&T Psychology.

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Andy Tyerman

Honorary Consultant Clinical Neuropsychologist, Updated, 20/05/24

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**For DDAQ Individual questions sources - see Appendix below.**

**APPENDIX 1. DDAQ INDIVIDUAL QUESTION SOURCES**

The questions in the Disability Discrimination Awareness Questionnaire are based on the following three Equality and Human Rights Commission (EHRC) guidance sources:

* Statutory Code on ‘Employment’ (EHRC, 2011a).
* Technical Advice on Further and Higher Education (EGRC, 2014).
* Statutory Code on ‘Services, Public Function & Associations’ (EHRC, 2011b).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Definition / Discrimination**  | **Employment:**  | **Further & Higher Education**  | **Services, Public Functions and Associations:**  |
|  | ***Definitions / Eligibility*** | ***Paras 2.8-2.20,*** ***App. 1*** | ***Paras 2.8 – 2.20 App. 3*** | ***Paras 2.5 – 2.16 App. 1*** |
| 1 | Definition of disability | 2.8–2.20, App.1  | 2.8-2.20, App.3 | 2.5-2.16, App.1 |
| 2 |
| 3 |
| 4 | Exceptions  | 2.13, 2.18-2.20,  | 2.17-2.20 | 2.9, 2.14-2.16 |
| 5 | Diagnosis  | App.1 para 7  | App.3, para 7  | App.1, para 6  |
| 6 | Treatment  | 2.16 | 2.15 | 2.12  |
| 7 | Restricted activity | App.1 paras 9-10  | App.3, para 9-10  | App.1 para 7 |
|  | ***Direct Discrimination*** | ***Paras 3.1 – 3.42*** | ***Para 4.1-4.33*** | ***Paras 4.1 - 4.33***  |
| 8 | Definition | 3.2-3.6, 3.15, 3.21 | 4.2-4.6, 4.15,4.20 | 4.3-4.6, 4.16, 4.20 |
| 9 | Association with  | 3.18-3.20, 4.9 | 4.17-4.19, 5.9 | 4.18-4.20, 5.10 |
| 10 | Intent immaterial  | 3.14 | 4.14 | 4.15 |
|  | ***Indirect Discrimination*** | ***Paras 4.1 - 4.32*** | ***Paras 5.1 – 5.40***  | ***Paras 5.1 - 5.40***  |
| 11 | Definition | 4.2-4.14, 4.23 | 5.3-5.14  | 5.2-5.15 |
| 12 | Justification | 4.25-4.32 | 5.24-5.35 | 5.25-5.36 |
| 13 | Intent | 4.24  | 5.23 | 5.24  |
| 14 | Adjustment | 5.20-5.22 | 5.36-5.40 | 5.37-5.39 |
|  | ***Discrimination Arising from D.***  | ***Paras 5.1 – 5.22*** | ***Paras 6.1 – 6.21*** | ***Paras 6.1 – 6.23*** |
| 15 | Definition | 5.1-5.10, 5.13-19 | 6.1-6.10, 6.13-6.17 | 6.1-6.10, 6.14-19 |
| 16 | Legitimate aim | 5.10-5.22 | 6.11-6.21 | 6.11-6.23 |
|  | ***Reasonable Adjustments***  | ***Paras 6.1 – 6.39*** | ***Paras 7.1 – 7.87*** | ***Paras 7.1–7.80*** |
| 17 | The duty  | 6.2-6.22, 6.31 | 7.2-7.53, 7.82, 7.87 | 7.1-7.28, 7.41-7.80 |
| 18 | Requirements | 6.2-6.22, 6.31 | 7.2-7.53, 7.82, 7.87 | 7.1-7.28, 7.41-7.80 |
| 19 | Auxiliary aids | 6.6, 6.13, 6.33  | 7.5, 7.9, 7.40-7.45 | 7.45-7.50, 7.80  |
| 20 | ‘Reasonable’ | 6.23-39 | 7.54-7.75 | 7.29-7.40 |
| 21 | Health & Safety  | 6.27 | 7.76-7.79 | 5.30, 5.33 |
| 22 | Anticipatory duty  | No onus – 6.24 | 7.19-7.25 | 7.19-7.26 |
| 23 | Colleagues’ role | 6.35 | 7.80-7.81 | - |
| 24 | No lesser step | 6.2, 6.32-6.34 | 7.57-7.60 | 7.35 |
| 25 | Ineffective step | 6.32-6.34 | 7.58-7.60 | 7.36 |
| 26 | Evolving duty  | 6.34 | 7.26-7.27, 7.31 | 7.27-7.28 |
| 27 | ***Harassment***  | ***Paras 7.1 – 7.20*** | ***Paras 8.1 – 8.22*** | ***Paras 8.1 – 8.23*** |
| 28 | ***Victimisation*** | ***Paras 9.1 – 9.15*** | ***Paras 9.1 - 9.13*** | ***Paras 9.1 – 9.14*** |
|  | ***Other unlawful actions i.e.*** | ***Paras 9.16 – 9.30*** | ***Paras 3.32-3.46*** | ***Paras 9.15 – 9.32*** |
| 29 | Instruct or cause | 9.16-9.24 | 3.40-3.46 | 9.15-9.24 |
| 30 | Aiding others  | 9.25-9.30 | 3.32-3.39 | 9.25-9.32 |

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