A National Framework for Disability Equality & Etiquette Learning (DEEL) for Health and Social Care Services

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Launched by the DRC and the Depart. of Health March 2007 (version - May 2007)

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Part One

What Is the DEEL National Framework?

A National Framework for Disability Equality & Etiquette Learning Competencies for Health & Social Care Services

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The Background to DEEL

It is often a feature of surveys and research that 'staff attitude' is cited as the best or worst aspect of service quality. For disabled people using Health and Social Care this is even more important, because 'attitude' is critical to the level of service they receive. In addition, if you are unaware of a disabled person's access requirements, it may be very difficult or even impossible to provide a good quality service, and you may well be acting unlawfully.

Disabled people rely on the attitude of Health and Social Care staff, not just because of their medical or support needs. These staff can be the gateway, or the barrier to them having otherwise full lives as equal citizens. So, what is sometimes referred to as 'disability equality and awareness training of these staff becomes vital. Yet, up to now there has been no single agreed framework to help guide service providers about what this involves. There are many good examples of training courses, and some providers invest large amounts seeking to improve their staff ability in this field. For both disabled people and staff however, there is no single reference point by which this training or its results can be measured.

This DEEL Framework now establishes a first point of reference in England.

Where did DEEL originate?

DEEL has resulted from several years collaboration between partner organisations who all recognise the need for a systematic approach to Disability Equality and Etiquette Learning in Health and Social Care. They are all committed to a vigorous but practical way forward. Establishing a national framework for DEEL can improve the reliability and quality of these services for disabled people throughout England.

The DEEL National Framework has been produced with the help of partner organisations including the Department of Health, Skills for Health, Skills for Care, the Disability Rights Commission, professional bodies such as BMA, GMC, RCN and AMSPAR , educational and training providers, and groups of and for disabled people.

Why the Name DEEL?

'Disability' refers to anyone who has an impairment, and as a consequence may experience discrimination. This approach based on the Social Model of Disability is endorced in the DRC's Recommendations to Government July 2006 report. However, at present legal protection against discrimination is only granted to those impairments or medical conditions which are long term and have a substantial effect on the person's ability to carry out normal day to day activities, as covered by the Disability Discrimination Act 1995 (DDA)and added to by further legislation such as the DDA 2005.

Equality is about not treating people less favourably and in particular taking steps to ensure that service outcomes are similar for disabled people. This may mean at times treating disabled people differently to achieve a similar level of service outcome to a non disabled person. Most people are aware that the DDA means that some forms of adjustments need to be provided for disabled people. What is often neglected however is that these adjustments include more than physical measures like ramps, or, communication aides like hearing induction loops and formats. They include appropriate policies, practices and procedures; namely how service staff respond to the requirements of disabled people. So, it is vital to keep up to date with what is legally required to provide equality of service outcome for disabled people. Whilst the DEEL Framework is based upon legal rights of disabled people, it is consistent with high levels of service quality for all patients and service users.

Etiquette is used in preference to awareness. Awareness is always useful but it is mainly about knowledge. 'Etiquette' is about what staff actually do in practice when seeking to provide equality of service outcomes for disabled people generally or for those with specific impairments.

'Learning' is used in preference to training or education because any method of learning about disability equality and etiquette is useful.

Increasingly, it is recognised that staff development is not just achieved through traditional face to face training, but may equally

be acquired through the use of mentoring, review of articles / papers, DVDs / videos, e-learning or work-shadowing opportunities. In order that the learning is both reinforced and effective, it is important that an organisation's policies, practices and procedures reflect the DEEL National Framework.

The only prescription about learning methods that is suggested by DEEL is that it should involve the voice or ideally the presence of disabled people as trainers or educational advisers.

Structure of the DEEL National Framework

The DEEL National Framework in Part 2, has 3 levels of competence. These are written in terms of service outcomes for disabled people:

- A **'Novice'** level denotes at least some systematic introduction to disability equality, and, that staff understand that disabled people have a legal right to equality of service outcome.

- A **'Learner or Improver'** level denotes that staff are acquiring the ability to assist disabled people with greater confidence, and, or where they need to go to get additional advice or resources.

- A **'Competent or Champion'** level is where staff can demonstrate that they not only avoid discrimination towards disabled people, but that they can influence policies, practices and procedures within the organisation, and tackle and remove barriers.

These 3 levels of DEEL outcomes are illustrated within the context of Health and Social Care in 7 areas:

1. Understanding disability
2. Implementing disability equality
3. The role of services
4. General disability etiquette
5. Impairment specific disability etiquette
6. Carer issues
7. Protection of adults

The first section of Part 2 is set out as a single table. The types of impairment described in Part 2 are not exclusive but they help to describe how staff can assist disabled people with different impairments. To achieve equality of service outcome for disabled people it may often be necessary to respond differently. Part 2, Annex 2 therefore indicates some examples of disability etiquette and this part of the framework can help to introduce some of the necessary learning required for staff.

Why use the National Framework to Deliver DEEL?

The framework has several important benefits. Firstly it is firmly based upon the 'Social Model of Disability', which is essential if it is to be acceptable to disabled people and their organisations.

Secondly, it is relatively simple to apply, and, it is practical and flexible, which are likewise essential if it is to be valuable to Health and Social care professionals.

The DEEL Framework also helps to ensure that resulting training or learning is up to date with current disability rights legislation, including the Disability Equality Duty which applies to public sector services.

Why is the Social Model approach important?

Annex 1 illustrates how services can be delivered through either a 'Traditional Model' or a 'Social Model' approach. The Traditional Model approach can often leave a disabled person to just cope with failing to be cured or, to remain permanently dependent. The Social Model involves empowering the disabled person by giving them options for the future. This move to the Social Model is reinforced in the Government's long term strategic disability policy document 'Improving Life Chances of Disabled People', and it is consistent with the development of Community Health and Social Care 'Our Health, Our Choice'.

Annex 1 describes the Social Model more fully using more detailed diagrams, but it can be summarised as;

- The Traditional Model applied to medical services.
  There is an emphasis on the incurability of the impairment or possibly just as bad, an excessive expectation of what can be cured whilst the disabled person puts their life on hold.

- The Social Model applied to medical services.
  Mutual respect and partnership are as much a feature of the doctor/patient relationship as the medical intervention. Future options are more realistic, and the disabled person often becomes the expert on the processes and has choice and control. It is important to note that disabled people are against 'the pressure' to be cured, rather than a cure per se. There is recognition of the importance of the signposting role to other support mechanisms.

- The Traditional Model applied to social care services.
  There is an emphasis on top down assessment, categorisation, complete risk aversion and institutional services. The service user is encouraged to fit into the service, and this tends to promote dependency.

- The Social Model applied to social care services.
  Mutual respect, joint problem solving and partnership are the key features of the relationship. Interventions seek to establish or re-establish the features of an otherwise ordinary citizen's life. The resultant services are 'needs' led.

How to use the DEEL National Framework

Disabled people, Health and Social Care managers and providers, educationalists and professional bodies and individual staff at every level can use the Framework.

Disabled people as individuals or as groups of or for disabled people can assess the level of competence they receive. Whether they are receiving help from a receptionist, a social worker, nurse, doctor or care assistant they can compare the outcomes described in Part 2 with what they would hope to receive. This can only help to improve user led development of service quality. The role of *Carers has been included in this process, and staff competences that relate both to their rights, and to those of the disabled person.

The DEEL National Framework should be used by HR and Organisational Development staff, together with managers, to evaluate the level of disability equality & etiquette competence of staff. In addition it could be used to identify training and learning outcomes when commissioning training as well as a planning tool to effect organisational change.

The skills, knowledge and competence of individual members of staff will need to be measured over a period of time. This is best achieved through embedding the DEEL National Framework with the organisation's induction, supervision and Performance Management Review processes. In addition elements from the Framework could be included within the person specifications / job descriptions for all new posts.

Educationalists, professional bodies, trainers and staff providing training can all compare their courses with the learning outcomes in Part 2. Gradual development of curriculum can reflect the outcomes, but they have been cross referenced to existing qualifications and training in Part 3 to avoid duplication.

Consequently, individual staff or students need not duplicate their learning. They can use Part 2 for reference to subjects and Part 3 as a cross reference to their current courses.

* Carers in this context are those people whom have an informal, voluntary or non-professional caring role i.e. friends, family, partners, etc.

Strategic planning tool for staff development

The different levels provide a useful planning tool enabling a strategic approach to staff development. It is recognised that the size and complexity, as well as available resources, of different organisations will vary across England. However as a general approach it is suggested that health and social care organisations strive to achieve the following:

- The Novice level is the minimum standard of disability equality competence and skill necessary to work in Health and Social Care service provision. Relevant organisations should ensure that all new employees are supported to achieve Novice Level within their first 12 weeks of starting, and that all current staff aquire this level within a reasonable timescale. For public sector services, this can be included in an appropriate Disability Equality Scheme action plan.

- It should be the aim of all staff and managers to ensure that they move beyond Novice Level to either Improver or Competent. This should be achieved within a set limited period of time e.g.1 to 3 years

- All staff involved in the planning of services, or responsible for actioning the organisation's Disability Equality Scheme, should aim to achieve the Competent level

How DEEL fits with related Traning and Educational Frameworks

The National Occupational Standards (NOS) and the NHS Knowledge and Skills Framework (KSF) have been mapped against the DEEL Framework in Part 3. The intention of the DEEL framework is to compliment the existing NVQ structures, rather than replace them. There are two major differences between DEEL and the other frameworks. Firstly, DEEL covers disability equality and etiquette aspects of Health and Social Care as opposed to all other equality strands, and secondly it is written in terms of outcomes for disabled people / service users.

In general the NOS and KSF provide a very useful tool for both organisational change and staff development. However, with the growing voice of the 'Disability Movement', radically changing public service provision, and, the extension of disability equality law, these frameworks are open to interpretation or even misrepresentation. This in turn can cause confusion about applying the Social Model of Disability to service design or delivery. In addition, staff may fail to grasp an understanding of the implications of working from a disability equality perspective, how to meet the requirements of the DDA 1995 and 2005, or have a clear knowledge of the principles of Independent Living, as defined by the Disability Movement (i.e. for disabled people to have choice and control over all aspects of their lives regardless of age, impairment or level of impairment).

As a consequence of this the DEEL National Framework can be used in conjunction with the NOS / KSF to provide the necessary detailed information to help define the required learning, both in terms of knowledge, skills and competencies.

In general terms the breakdown of comparison levels is as follows:

DEEL National Framework	Skills for Care - National Occupational Standards	Skills for Health - NHS Knowledge & Skills Framework
Level - Novice	Common Induction	Level – 1 to 2
Level - Improver	Level 2 or 3	Level – 2 to 3
Level - Competent	Level 3 or 4	Level – 3 to 4

The DEEL Framework is not dependent upon job or technical status, though it generally is consistent with likely career path learning.

Parts 2 and 3 now illustrates what DEEL is in more detail, and, if you are working in Health and Social Care how it relates to your own career development.

Practical solutions to the challenge of disability equality

DEEL National Framework

Annex A

Applying the Social Model of Disability to Health and Social Care Services

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Move to the Social Model of Disability

The Disability Rights Commission, following extensive consultation, in July 2006 produced their Recommendations to Government report that clearly demonstrates the need for anti discrimination legislation to move away from a traditional model definition of disabled people. The present definition defines a disabled person as having:

"...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."

Disability Discrimination Act 1995 - Section 1

The DRC report recommends that this should be replaced with a Social Model of Disability definition;

"a person who experiences discrimination on grounds of disability (*impairment*)"

and

"...everyone who has (or has had or is perceived to have) an impairment without requiring the effects of that impairment to be substantial or long-term."

This will be a major step forward and will avoid the mixed and confused messages people receive regarding disability. One obvious consequence is that many disabled people are likely to feel more comfortable to define themselves as a disabled person i.e. someone whom may experience discrimination on grounds of impairment - rather than being the problem itself.

The importance of understanding disability goes far beyond changing our understanding of language or terminology. What matters is the effects of the Social Model approach on the design and development of services.

The following demonstrate the effects of the different models of disability applied to medical and social care services.

This document should be used in conjunction with GB DTC's Factsheet 1 - Understanding Disability available from www.gbdtc.org.uk.

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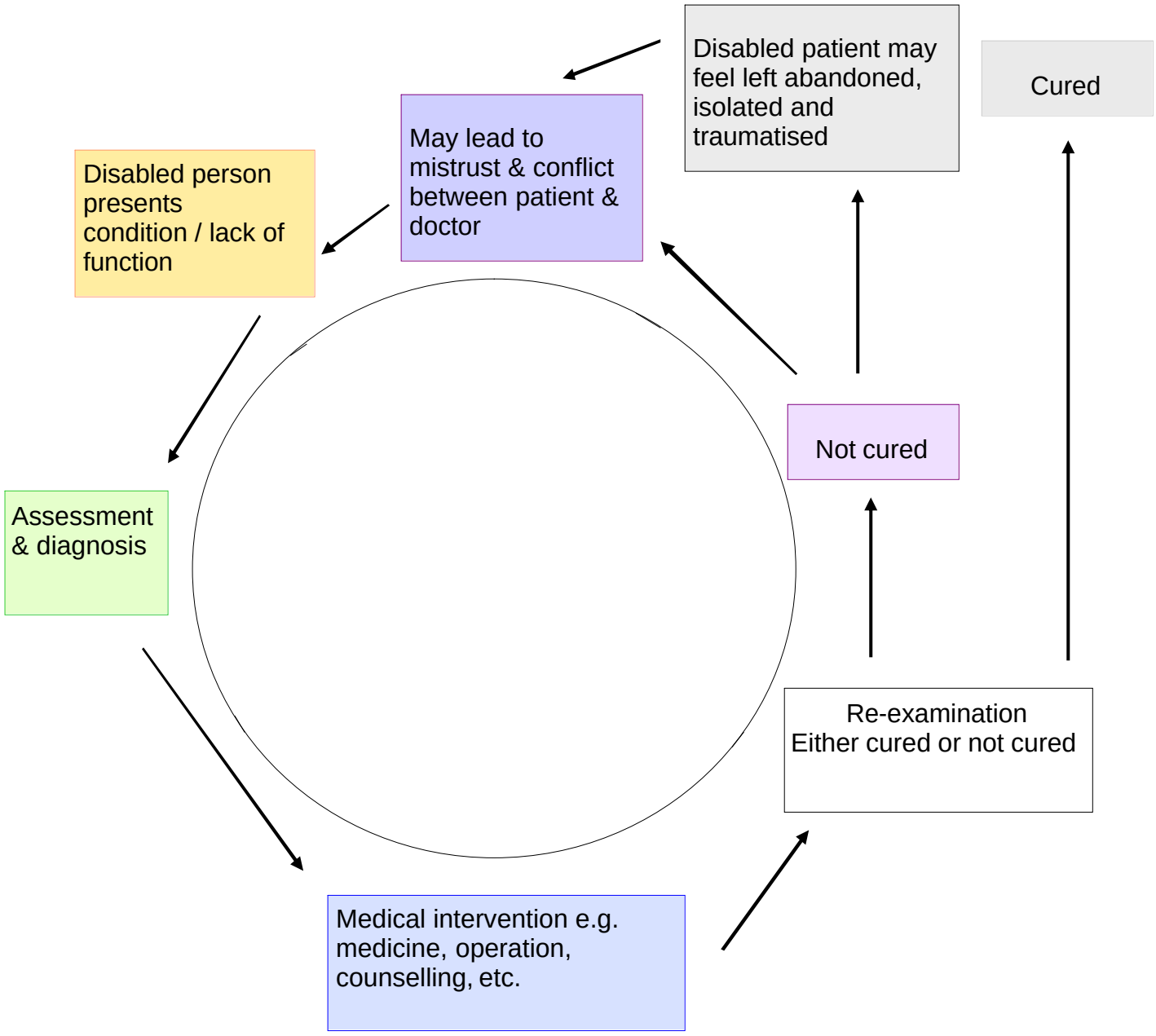
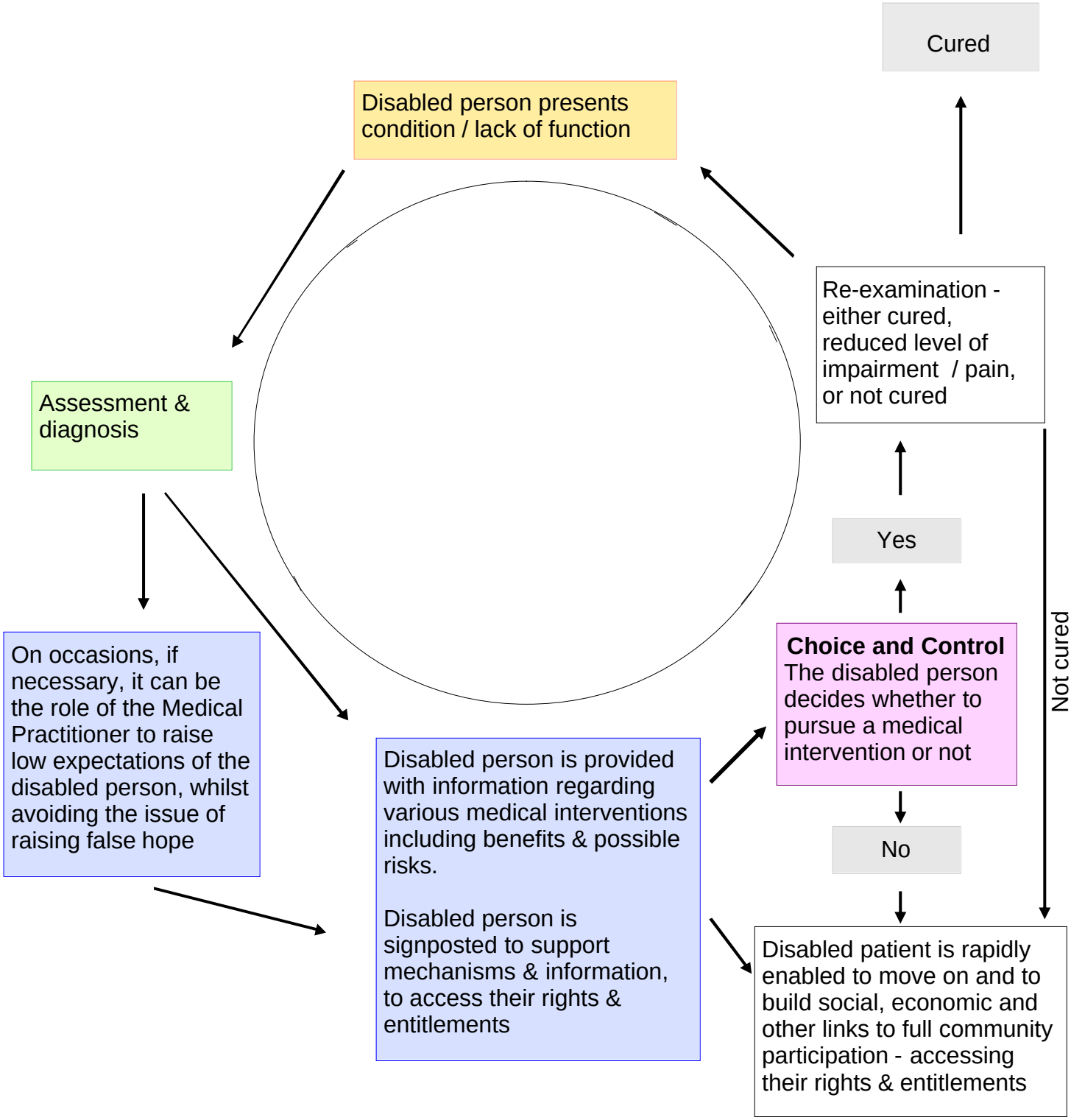
Cycle of Traditional Model Applied to Medical Services



Developed from work by BCODP

Disabled people themselves and the medical practitioners are often both left feeling failures. A continual cycle of failing to be cured can ensue - leading to loss of self esteem, confidence, motivation in the disabled person, and frustration for the Medical Practitioner.

Cycle of Social Model Applied to Medical Services



Disabled people and the Medical Practitioners are able to use their knowledge skills and expertise to identify positive ways to improve the life chances of the disabled person.
Note: Disabled people may choose to both access their rights & entitlements whilst also seeking medical interventions.

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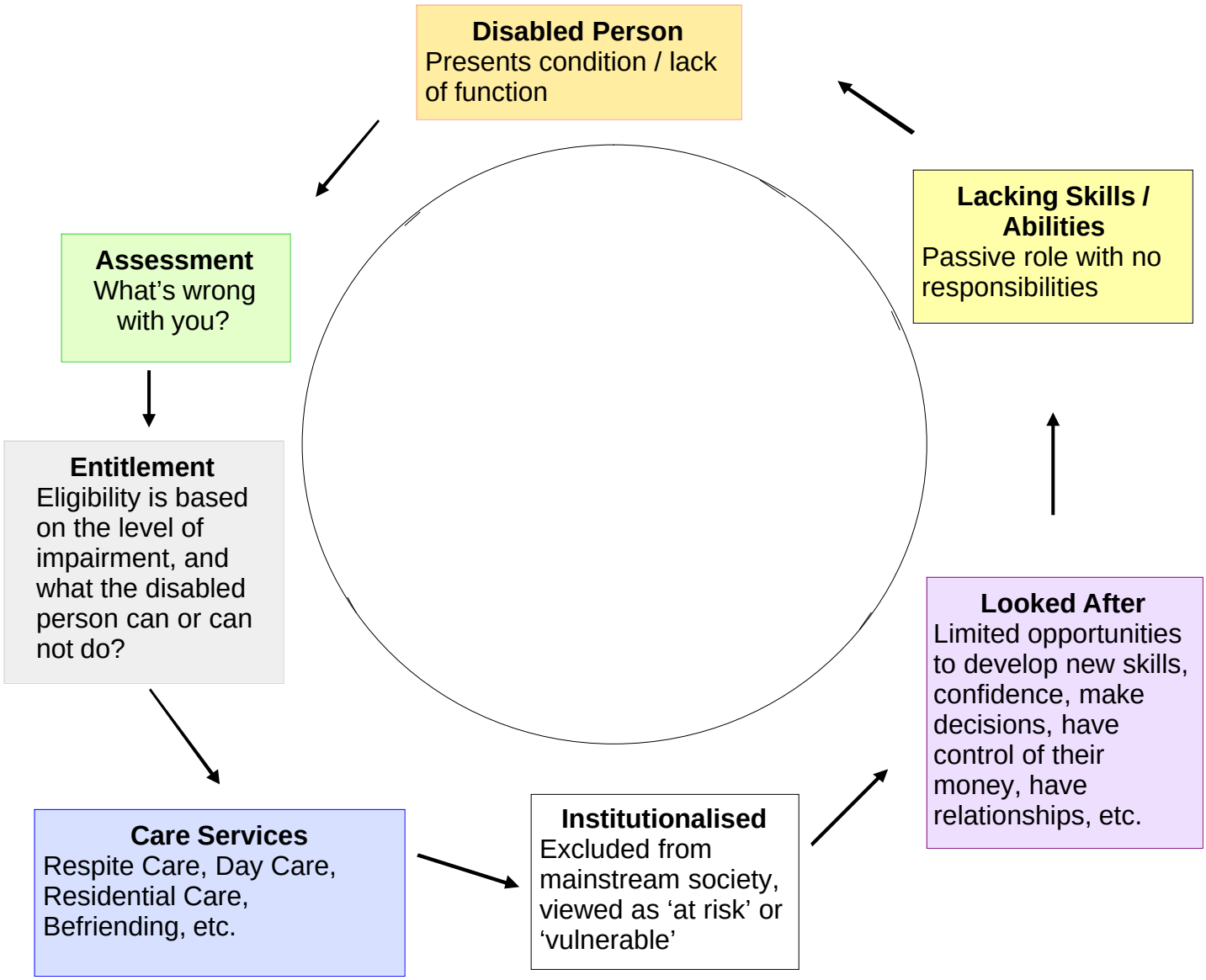
Cycle of Traditional Model Applied to Social Care Services



Disabled people are viewed as 'at risk' and consequently looked after or become passive receivers of care. They are excluded from many of the learning opportunities in society and thus become more vulnerable, thereby 'justifying' them being looked after. However what happens when Social Care Services reassesses them out of the service? Or their parents are no longer there to look after them?

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Cycle of Social Model Applied to Social Care Services

Disabled Person
Presents condition / lack of function

Assessment
What would you like to do that you have difficulty doing now?

Entitlement
Eligibility is based on the 'risk' to independence, using the National Eligibility Framework Guidance. These will be judged ultimately by a Social Worker, Occupational Therapist or Physiotherapist, etc.

No

Signposting
Disabled person is signposted to support mechanisms & information, to access their rights & entitlements e.g. Access to Work, support groups, peer support, Mentoring, etc.

Yes

Services / Support
Personal Assistance Scheme, Independent Living Schemes, Direct Payments, Individual Budgets, Mentoring by other disabled people, empowerment training, etc.

Independent Living
The disabled people has choice and control in their life regardless of their impairment or level of impairment

Competent Disabled Person
Skilled & resourced to access employment or voluntary work, education & training, to travel, to have friendships and relationships, control of their money, challenge barriers & to support others to do so, etc.

Eligibility to a service is based upon 'risk' to independence. This includes "severe restriction of opportunity within work and education", "vital family or other social roles and responsibilities cannot or will not be sustained", "homelessness" or the risk that "relationships cannot or will not be sustained". Disabled people are viewed as at risk of not having access to their rights & entitlements - Social Care Services are designed to ensure that they do.

Disabled people and their organisations are fully involved in the development and even delivery of services. Disabled people are empowered, and social care staff use their knowledge & skills to support disabled people to live independent lives - based on the principles of choice & control.

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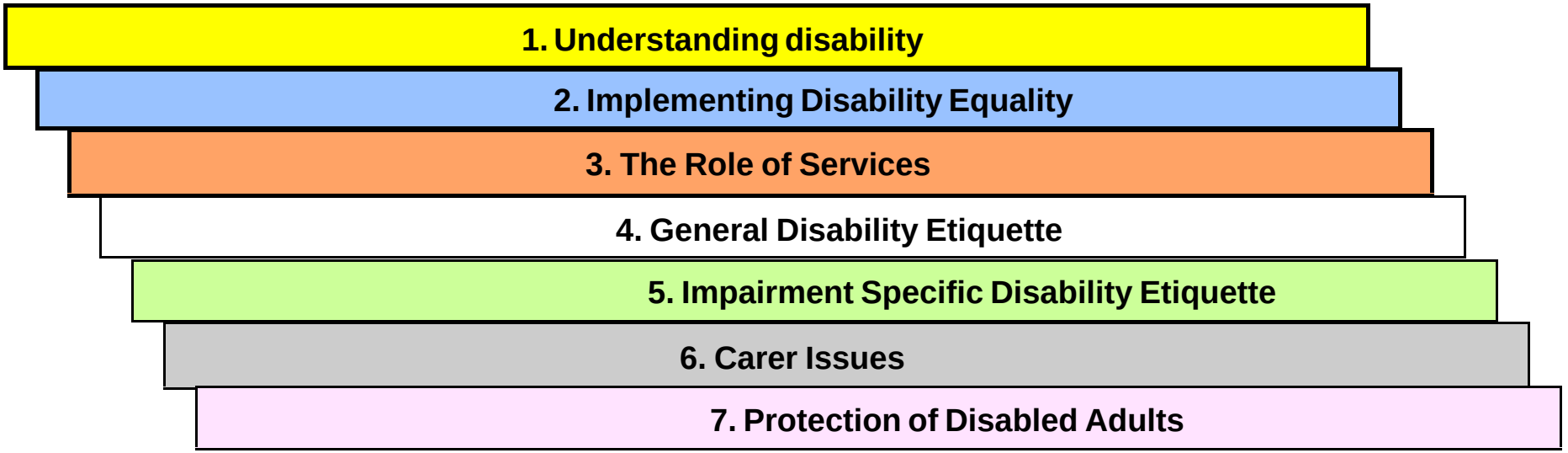
Part Two

The DEEL National Framework



A National Framework for Disability Equality & Etiquette Learning Competencies for Health & Social Care Services

National Framework for Disability Equality & Etiquette Learning Competencies

1. Understanding disability			
Disability Competency Area	**Novice**	**Improver**	**Competent**
1.1a The Social Model of Disability - Discrimination	Understands that disabled people experience discrimination	Understands that disabled people experience discrimination & it is this that disables them Becoming aware of the need for services to be provided from a Social Model approach rather than the Traditional Model (see Part 1 Annex A)	Understands the Social Model of Disability, i.e. that disability is discrimination on grounds of impairment Acknowledges that disablism has to be systematically tackled alongside other forms of prejudice and discrimination
1.1b The Social Model of Disability - Impairment	Recognises that disability includes all impairment groups, including hidden impairments	Recognises that disability includes all impairment groups & the diversity between them	Disability includes all impairment groups & recognises both the common experiences of discrimination and that each individual may experience multiple discrimination (sometimes expressed as simultaneous oppression)
1.1c The Social Model of Disability - Barriers	Can identify barriers that disabled people may experience when accessing services	Treats the barriers as the problem, rather than the disabled person	Able to identify and effectively challenge barriers that are either attitudinal, institutional or environmental / physical. This includes communication and access to information
1.2 Terminology / language	Avoids negative terminology e.g. handicapped or crippled, and starts to use terms like 'disabled people' rather than 'people with disabilities'	Avoids negative terminology & starts to use the terms impairment & disability correctly	Uses language consistent with the Social Model of Disability, & is able to challenge inconsistent use of terminology
1.3 Stereotyping & misinformation	Able to recognise stereotypes and misinformation of disabled people and / or disability	Starting to challenge stereotypes and misinformation of disabled people and / or disability	Able to produce and endorse policies and guidance that avoid stereotyping and misinformation of disabled people / disability, whilst promoting positive images

National Framework for Disability Equality & Etiquette Learning Competencies

2. Implementing Disability Equality			
Disability Competency Area	**Novice**	**Improver**	**Competent**
2.1 Personal awareness of the disability competency of organisation & colleagues	Becoming aware of good and bad practice	Able to clearly identify good & poor practice including barriers & solutions	Able to promote best practice & to challenge poor practice
2.2 Disability Equality Scheme	Aware that the scheme and associated action plan exists	Understands why the scheme is important and its implications for self within work role	In depth knowledge of scheme and associated action plan. Understands the issues related to having a single equalities scheme (where they exist) and recognises the importance of actioning the disability strand
2.3a Legislation - The Disability Discrimination Act 1995 & 2005	Is aware that the DDA 1995 & 2005 exists	Understands that the DDA gives disabled people protection against discrimination in relation to employment & service delivery, and that not all disabled people are covered	Is up to date on all aspects of the DDA 1995 & 2005 and the Human Rights Act 1998. This includes recognising that the DDA 2005 amended the DDA 1995 so that; “It is unlawful for a public authority to discriminate against a disabled person in carrying out its functions”. Is also aware of who is covered and when, and knows where to get further information & guidance
2.3b Legislation & Discrimination	Aware that they must not treat disabled people less favourably than non disabled people on the grounds of their impairment	Able to challenge and support other staff to ensure that disabled people do not experience unlawful treatment	Able to support the organisation to develop policies, practices and procedures to ensure that disabled people do not experience unlawful treatment

National Framework for Disability Equality & Etiquette Learning Competencies

2. Implementing Disability Equality (2)			
Disability Competency Area	**Novice**	**Improver**	**Competent**
2.4 Access requirements	Acknowledges the need to meet disabled people's access requirements	Can give practical examples of how to meet the access requirements, e.g. large type, text-phone, tapes / disks, avoid flashing lights, etc. Aware of suitable access services / resources	Can establish procedures and mechanisms to both identify and meet disabled people's access requirements. These should be met as a matter of right / equality
2.5 Equal Opportunities & Diversity	Understands that disabled people should have equal access to goods and services. Disabled people have a right to fair treatment Recognises diversity between disabled people	Understands the effects of discrimination and how to challenge it - both direct & indirect Values the differences between disabled people and promotes the benefits of the organisation reflecting this	Understand health and other social inequalities and how these can link to oppression for disabled people & other groups Promotes social inclusion and a culture that recognises the benefits to the organisation and individuals, of having a diverse workforce and providing services in a variety of flexible ways
2.6 Consultation / involvement	Recognises that disabled people should be consulted about issues and services affecting them	Recognises the need to include disabled people in all consultations and able to identify various ways to achieve this e.g. meetings, questionnaires, telephone surveys, photo diaries etc. Acknowledges the need to offer expenses, and to meet access requirements	Understands the need to move from consultation (asking what disabled people think about a series of one off things) to genuine ongoing involvement. This is where disabled people share in the activities of the organisation, are valued and included in the whole decision making process

National Framework for Disability Equality & Etiquette Learning Competencies

3. The Role of Services			
Disability Competency Area	**Novice**	**Improver**	**Competent**
3.1 Understanding the role of medical services	Understands the negative effects of the pressure on disabled people to be cured	Recognises disabled people must be involved in making decisions about their health care - using advocates if necessary	Offers disabled people choice and control over possible medical interventions, explaining benefits & risks Understands Applying the Social Model cycle (Annex A)
3.2 Understanding the role of social care services in regard to Independent Living	Recognise that independence is not about the disabled person doing everything themselves - but having choice & control	Can identify and promote services which enable disabled people to have choice & control in their lives, and enables them to access their rights and entitlements	Understands that Independent Living is not the name of a particular service or provision, but should be the objective of all social care services. It covers a whole range of practical solutions to disabled people's inclusion, e.g. Personal Assistance, Direct Payments & Individual Budgets, types of advocacy, employment, etc. Understands that through meeting entitlements in full, disabled people are often enabled to access their civil & human rights Understands Applying the Social Model cycle (Annex A)

National Framework for Disability Equality & Etiquette Learning Competencies

3. The Role of Services (2)			
Disability Competency Area	**Novice**	**Improver**	**Competent**
3.3 Barriers to disabled people's health equality	Understands that disabled people face barriers to health care provision	Recognises the need to prevent the barriers for disabled people's health care provision, and aware of some ways to achieve this	Able to promote policies and practices that challenge the barriers to effective health care provision for disabled people. This includes diagnostic overshadowing, lack of flexibility with the appointments system, low take-up of screening programmes, staff attitudes and assumptions, etc. Acknowledges the need to target resources / campaigns for disabled people & other underrepresented groups - and that this often represents the most effective use of money and resources
3.4 'Breaking the news' issue (acquiring an impairment or condition, adjusting to being different)	Recognises that they should not 'break the news' themselves and takes steps to avoid doing this inadvertently	Recognises the need to avoid or reinforce the pressure on disabled people to be cured Acknowledges the adjustment required for the disabled person & their family, etc. Understands the reactions to hearing the 'news' and recognises there is a period of adjustment (often 2 years) to being different or acquiring an impairment	Knows how to effectively 'break the news' and to best deal with the person's emotional responses Able to challenge negative disability perceptions and promotes (signposts) opportunities for Independent Living and disabled people's entitlements e.g. Access to Work Scheme, Direct Payments for PA or support worker Avoids inadvertently putting pressure on disabled people to be cured and recognises the danger of raising false hope (Annex A)

National Framework for Disability Equality & Etiquette Learning Competencies

4. General Disability Etiquette			
Disability Competency Area	**Novice**	**Improver**	**Competent**
4.1 Attitudes and Behaviour	Aware and abides by guidance - See Guidance Notes Annex B	Promotes use of the guidance and able to challenge non compliance - See Guidance Notes	Able to develop, improve and monitor compliance of guidance in partnership with disabled people and their organisations - See Guidance Notes
4.2 Communication skills - general			

National Framework for Disability Equality & Etiquette Learning Competencies

5. Impairment Specific Disability Etiquette			
Disability Competency Area	**Novice**	**Improver**	**Competent**
5.1 Working with a person who is using a BSL Interpreter	Aware and abides by guidance - See Guidance Notes in Annex B	Promotes use of the guidance and able to challenge non compliance - See Guidance Notes	Able to develop, improve and monitor compliance of guidance in partnership with disabled people and their organisations - See Guidance Notes
5.2 Working with a person using lip speaking			
5.3 Working with a person using hearing aid / induction loop			
5.4 Working with a person with a speech impediment			
5.5 Working with a person who is using a guide or hearing dog			
5.6 Working with a person with a visual impairment			

National Framework for Disability Equality & Etiquette Learning Competencies

5. Impairment Specific Disability Etiquette (2)			
Disability Competency Area	**Novice**	**Improver**	**Competent**
5.7 Working with a person with a learning difficulty	Aware and abides by guidance - See Guidance Notes Annex B	Promotes use of the guidance and able to challenge non compliance - See Guidance Notes	Able to develop, improve and monitor compliance of guidance in partnership with disabled people and their organisations - See Guidance Notes
5.8 Working with a person who has a neuro diverse impairment for example asperger's syndrome, autism, etc.			
5.9 Working with a person who is a wheelchair user			
5.10 Working with a person who is visibly different e.g. has a birthmark, scars, burns, height, etc.			
5.11 Working with a person who has a mental health problem			

National Framework for Disability Equality & Etiquette Learning Competencies

5. Impairment Specific Disability Etiquette (3)			
Disability Competency Area	**Novice**	**Improver**	**Competent**
5.12 Working with a person who is affected by epilepsy	Aware and abides by guidance - See Guidance Notes Annex B	Promotes use of the guidance and able to challenge non compliance - See Guidance Notes	Able to develop, improve and monitor compliance of guidance in partnership with disabled people and their organisations - See Guidance Notes
5.13 Working with a person affected by asthma or allergies			
5.14 Working with a person affected by loss of limb, or body or limb weakness			

National Framework for Disability Equality & Etiquette Learning Competencies

6. Carer Issues			
Disability Competency Area	**Novice**	**Improver**	**Competent**
6.1 Developing appropriate services	Understands that Carers need to feel confident that the disabled person's support and access requirements are being professionally identified and provided	Recognises that the rights of disabled people do not impede the rights of Carers, they are consistent with and not necessarily in conflict. For example providing Direct Payments and PA support for a disabled person, also allows the Carer increased freedom	Support is openly discussed, so that the Carer and disabled person can make an informed choice to ensure that they neither rely on long term institutional support or the carer becomes a victim of circumstance
6.2 Conflict resolution	Understands that at times there may be conflict between the views of Carers and those of the disabled person	Can understand both the Carers and the disabled person's issues, and able to work towards a resolution	Is proactive in encouraging joint working between Carers and their organisations, and disabled people who live independently together with their organisations
6.3 Carers' rights	Ensure that Carers are aware of their rights and entitlements	Encourages Carers to think about their rights, together with the rights of the disabled person	Supports the rights of Carers but is also able to challenge the Carer when their individual wishes may be in conflict with those of the disabled person e.g. the operation to change the appearance of a person who has Down's Syndrome

National Framework for Disability Equality & Etiquette Learning Competencies

7. Protection of Disabled Adults			
Disability Competency Area	**Novice**	**Improver**	**Competent**
7.1 The risk of abuse	Is aware of the need to identify and protect disabled people who may be victims of abuse or neglect	Is aware of and promotes policies, practices and procedures that minimise the risk of abuse	Can develop and ensure effective delivery of policies, practices and procedures that minimise the risk of abuse Understands that the most effective way to prevent , identify and stop abuse is to empower disabled people / service users
7.2 Dealing with risk	Understands that the priority must always be to protect disabled people - rather than the reputation of the organisation Follows appropriate procedures to minimise risk	Recognises that language needs to change from 'protecting vulnerable adults' to 'working with or for adults in vulnerable situations' Protects adults in vulnerable situations using appropriate risk assessment	Aware of the need to manage risk in its widest sense: • Ensuring that risk assessments are affectively carried out • Understands the risk of the negative effects of institutionalising, and that of 'over protecting' disabled people (Annex A)

Guidance sheet 1

General Disability Etiquette

Attitudes and Behaviour

- Recognise disabled people's rights and entitlements
- Don't assume the disabled person is not working or able to work
- Avoid asking potentially intrusive and inappropriate questions, e.g. "What's wrong with you?" "How long have you been disabled?" or "Do you think it is worse to be blind or deaf?" etc.
- Avoid treating disabled people as charity cases, objects of pity, something to be cured etc.
- Ask if you can help, don't just do it. Don't be offended if the disabled person doesn't want or require your assistance
- Try to feel confident and comfortable
- In most service situations you can provide the same customer care as you would for any non disabled person, e.g. professional and polite at all times, remaining controlled under pressure and calmly challenging extreme rudeness such as bad language
- Be aware of the person's impairment (or that they might have an impairment) and therefore may have access requirements that you need to meet
- Do not become fixated about the disabled person's impairment or difference

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Communication Skills

- Find a suitable place to talk, with good lighting, i.e. avoid being silhouetted with light behind you
- Make sure you have the listener's attention before you start speaking
- Use plain language and don't waffle
- Avoid jargon and unfamiliar abbreviations
- Don't shout
- Focus on what is being communicated
- If someone doesn't understand what you've said, don't just keep repeating it. Try saying it in a different way
- Use active listening skills including providing feedback, asking further relevant questions, and using body language effectively
- Ask for clarification if the disabled person hasn’t understood something
- Feedback what has been understood - ask them to fill in the gaps
- Use questions to clarify specific points
- Encourage and allow others to speak without interrupting
- Consider other methods of communicating e.g. writing it down, finger-spelling, BSL Interpreter
- Use their support worker / facilitator - look at and talk directly to the disabled person

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Guidance sheet 2

Impairment Related Disability Etiquette

This is not an intended to be an exhaustive list but provides some basic information and guidance covering a variety of common impairments and associated access requirements. For further information and guidance there are various impairment specific organisations such as RNID, Rethink etc.

Working with a person who has loss some or all of their hearing

- Don't assume that all deafened people use BSL, the great majority don't
- Don't assume that the use of a hearing aid means that the person has 'normal' hearing. It is an aid but many users have a struggle to understand speech
- Don't rely on the telephone as your only form of communication with the public
- Do offer a Public Address (PA) system in meetings. Sound levels will improve with the use of a roving mike. Ensure that only one person speaks at a time
- Do provide training and support for your front-line staff in the use of Type-Talk for telephone communication. It uses a third party to type the hearing person's reply or responses
- Ensure staff are confident using a text-phone, and promote the number in your general publicity

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Working with a person who uses a British Sign Language (BSL) interpreter

- SignHealth computer software provides British Sign Language (BSL)/ English Translation, and now includes online interpreting, for general medical enquiries particularly suitable for GPs
- Use their BSL Interpreter, support worker or facilitator, but look and talk directly to the disabled person
- Talk slowly & clearly (the BSL Interpreter will ask you to slow down if necessary - do not be offended)
- Remember BSL is a different language and not a literal translation of English
- Recognise that people who use BSL identify themselves as from 'the Deaf Community'
- If using DVD / video resources provide an opportunity for the BSL Interpreter to view them prior to the event, and / or ensure that such resources include a BSL option on screen

Working with a person who uses lip speaking

- Ensure that you position yourself in good light, and against a visibly neutral static background
- Speak clearly but not too slowly, and don't exaggerate your lip movements
- Use natural facial expressions and gestures
- Remember not to turn your face away from a deaf person whilst you are talking
- Remember lip reading is tiring, allow time for reflection and input from the other person. Ask regularly if they require a break

Working with a person who uses an induction loop

- If a venue doesn't have a fixed induction loop it may be necessary to use a portable induction loop
- Check prior to the meeting that the induction loop is working correctly
- Ask the deaf person to test if the loop is working correctly
- Identify and eliminate as many sources of background noise as possible
- Don't shout - it's uncomfortable for a hearing aid user and it looks aggressive
- Avoid tapping the table, pens and rustling papers

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Working with a person who has a speech impediment

- Ask the person to repeat something if you haven't understood what has been said - it shows that you value what they are saying
- Repeat back what you have understood & ask the person to fill in the missing part(s), if necessary
- Ask the person to write it down or use their communication board if it will help
- Never pretend to understand what a person has said if you don't - it is extremely rude
- Remember that after a period of time you will find that you 'tune into' their sounds (exactly as you would with someone with a strong accent) and you will understand more
- Use questions to clarify specific points

Working with a person who is without speech

- Establish the person's preferred communication method, e.g. writing, typing, using a support worker, pointing at letters or common words, etc.
- Give the person sufficient time to communicate with you
- Ask questions to aid communication – think about the use of both closed and open questions (closed questions can speed up communication) but ensure the person is able to provide further information and details, if they wish

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Working with a person with a visual impairment

- Always introduce yourself when you meet a blind person – they may not recognise your voice
- Always explain that you are leaving when you need to go – don't just walk away
- Ensure that DVD or video resources include audio description or are accessible from the soundtrack
- Offer to guide but don't be offended if the person says no
- Offer your arm for the person to hold - do not grab theirs
- Tell them about any obstacles they may be near, e.g. 3 large steps going down
- Tell them where their seat is located, i.e. immediately to your left
- It is estimated that there are approximately 2,000,000 people in the UK who have a visual impairment
- 375,000 are registered either blind or partially sighted
- Only a small percentage (8 – 18%) of people registered blind do not perceive light at all
- In the UK there are approximately 20,000 Braille readers (only 13,000 are fluent i.e. would read a novel)
- 4,600 visually impaired people use a guide dog (only 1.2% of those registered as blind or partially sighted)
- The long cane is the primary mobility aid
- White walking sticks are used by people who require a support aid when walking and indicates that they have a visual impairment
- A white cane with red line makings, or red tape on a guide dog harness, indicate that the person is visually impaired and has an additional hearing impairment

Working with a person who is using a guide, hearing or assisting dog

- Do not play with, stroke or offer food to the dog - it is working
- Do offer to get a water bowl for the dog, and ensure there is space for it to be walked
- When walking with a guide dog user, walk on the opposite side to the guide dog i.e. if leads in left hand walk on the person's right

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Working with a person with a learning difficulty

- Be aware of the need to make information accessible using various methods, e.g. Plain English, avoid jargon and abbreviations without explaining them, different forms of symbols including Wigit and Change, Signalong, Makaton, using electronic communication aids or picture exchange systems
- Be aware of the need to make meetings accessible using pre-meetings, facilitators or advocates, etc.
- Ensure a person centred planning approach is applied when supporting individuals
- Avoid describing the person as having 'a mental age of x'. This can encourage people to treat adults with learning difficulties as if they were children

Working with a person effected by autism

- Around 1 in 100 people have an autistic spectrum disorder
- Bad parenting does not cause autism. It is neurological not psychological
- A recent survey showed that there is no difference between Asperger Syndrome and autism, other than IQ
- People with autism generally experience three main areas of difficulty:

    - Social interaction - difficulty with social relationships, for example appearing aloof and indifferent
    - Social communication - difficulty with verbal and non-verbal communication e.g. facial expressions, gestures, tone of voice or a literal translation of common expressions e.g. 'I need that like a hole in the head'
    - Social imagination – difficulty in developing interpersonal play and imagination, e.g. having a limited range of imaginative activities, possibly copied and pursued rigidly and repetitively

- People affected by autism can form close relationships, show affection, and have concern for the feelings of others

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Working with a person who is visibly different e.g. has a birthmark, scars, burns, etc.

Do

- Make eye contact
- Focus on what you want to talk about or are trying to communicate
- Recognise that many people who are visibly different experience discrimination and prejudice on a daily basis
- Recognise that people who are visibly different have protection against unlawful discrimination in employment and as a user of services under the Disability Discrimination Act 1995
- Speak to the person as you would anyone else
- Recognise that many people who are visibly different have developed excellent communication skills – this enables them to put people at their ease and to get past their appearance as a barrier

Don't

- Stare - glancing as we notice difference is perfectly natural but avoid intrusive staring or pointing
- Ask immediately "what happened to you then?" "how long have you been disabled?" etc
- Let your curiosity get the better of you
- Pass comment about someone's appearance
- Assume that individuals want to change their appearance or require an operation
- Assume that the person experiences pain or discomfort

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Working with a person who is a wheelchair user

Do

- Be aware of the wheelchair user's right to sit where they prefer
- Offer to push the manual chair if you feel the person may require assistance (not just do it). If assisting, ask the wheelchair user for guidance i.e. do you want to go down the step forwards or backwards?
- Recognise that the wheelchair user may wish to transfer to other chairs or to lie down
- Allow room for wheelchair access
- Recognise the inaccessible environment as the problem / barrier, rather than the person or the wheelchair

Don't

- Do not to physically talk down to the wheelchair user if talking on a one to one. If possible sit down next to them
- Do not lean on their wheelchair (invades the disabled person's space)
- Say that you know what it is like being in a wheelchair because you have to push your elderly relative around, or because you have taken part in a simulation
- Assume that they cannot walk
- Assume that every wheelchair user wants to play sport, take part in the London Marathon or play basketball
- Assume that the person is desperate to be able to walk again
- Assume that there can be a cure or that the person must be more determined to try and walk

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Working with a person who has a mental health problem

- Around one in four of the population of Britain will experience some form of mental illness each year i.e. around 300 people out of every 1,000, of these:
  - 230 will visit a GP
  - 102 will be diagnosed as having a mental health problem
  - 24 will be referred to a specialist psychiatric service
  - 6 will become inpatients in a psychiatric hospital
- There are many different conditions referred to as a mental health problem. These include:
  - Anxiety disorders
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Bipolar disorder (manic depression)
  - Depression
  - Eating disorders
  - Personality disorders
  - Schizoaffective disorder
  - Schizophrenia
- People with mental health problems are six times more likely to be the victims of homicide than the general population. This research refocused the common perception that people with mental health problems are the aggressors in society
- A variety of successful treatments and interventions are available including medication, self-help groups, support groups, individual counselling, individual psychotherapy, relationship counselling, family therapy relationship counselling, group therapy, therapeutic community approach, cognitive behaviour therapy (CBT), self-help books or computer programmes

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Working with a person who is affected by epilepsy

Epilepsy is the tendency to have recurrent seizures. 52% of people with epilepsy are seizure-free. There are over 40 different types of seizure so the terms 'grand mal and petit mal' are now considered too general and outdated

- Be aware that some seizures cause loss of consciousness or the ability to speak, but many do not
- Where possible avoid factors that can trigger a seizure e.g. flashing light
- Avoid using the term 'the epileptic' to describe the person affected by epilepsy

If a person has a seizure:

- Don't:
  - panic
  - restrain the person or put anything in their mouth
  - try to move the person unless they are in danger
  - give the person anything to drink or eat until fully recovered
  - attempt to bring them round
- Do:
  - protect the person from injury (remove nearby objects) & cushion their head
  - look for an epilepsy identity card or identity jewellery
  - aid breathing by gently placing them in the recovery position once the seizure has finished
  - be calmly reassuring
- Only call an ambulance if:
  - you know it is the person's first seizure
  - the seizure continues for more than five minutes
  - one tonic-clonic seizure follows another without the person regaining consciousness between seizures
  - you believe the person needs urgent medical attention

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Working with a person who is affected by asthma or allergies

- Establish or use procedures to identify and avoid known triggers, such as air fresheners, smoke, food, etc.
- 5.2 million people in the UK are currently receiving treatment for asthma this includes 1.1 million children (1 in 10 children) and 4.1 million adults (1 in 12 adults)
- 2.6 million people experience severe asthma symptoms
- Approximately one in four of the UK population will be affected by an allergy at some point in their lives, and the number of people affected is increasing by 5% each year

Working with a person who is an amputee or limb deficient

- An amputee refers to a person who due to a trauma or illness has lost a limb(s). However if a person is described as limb deficient it indicates that they were probably born with the condition
- Avoid being over sensitive about using common phrases such as ‘can I give you a hand’, ‘getting legless’ etc.
- Many amputees may experience what is referred to as phantom limb. This is caused by the nerves in the body communicating with the brain as if the limb is still present. These confused nerve and brain signals can lead to severe pain at times
- Many amputees may choose to use artificial limbs to either aid their mobility or function. Whilst aids can clearly benefit mobility and function, for some people this may be a way of trying to hide their impairment
- For many amputees it may take two to three years to feel comfortable with being starred at. It is natural for people to notice difference. However, there is a difference between glancing and being intrusive
- One common outcome for amputees is that many may experience back pain as a consequence of an imbalance in their body. For both upper limb and lower limb amputees who have lost a single limb, it may be of benefit to do specific exercises with the purpose of balancing muscles in the body

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Part Three

Where DEEL Fits into Existing Health and Social Care Training and Education

A National Framework for Disability Equality & Etiquette Learning Competencies for Health & Social Care Services

3.1.Mapping the links between the DEEL National Framework & Social Care (Adults, England) Common Induction Standards

Social Care (Adults, England) Common Induction Standards	DEEL National Framework (Novice level only)
Standard 1 – Understanding the principles of care	
1.1 The values	All sections
1.3 Person centred approach	All sections
1.4 Risk assessment	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
Standard 2 – Understanding the organisation and the role of the worker	
2.1 Your role as a worker	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
2.2 Policies & procedures	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
Standard 3 – Maintaining safety at work	
3.1 Health & safety	Section 7. Protection of Adults
Standard 4 – Communicate effectively	
4.1 Encourage communication	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 4. General Disability Etiquette Section 5. Impairment Specific Disability Etiquette
Standard 5 – Recognise the response to abuse & neglect	
5.2 Understand the nature of abuse & neglect	Section 3. The Role of Services Section 7. Protection of Adults
5.3 Recognise the signs & symptoms of abuse & neglect	Section 1. Understanding Disability Section 3. The Role of Services Section 7. Protection of Adults

3.2. Mapping the links between the DEEL National Framework & NHS Knowledge & Skills Framework

Skills for Health - NHS Knowledge & Skills Framework	DEEL National Framework
Core Dimension 1 – Communication	Section 4. General Disability Etiquette Section 5. Impairment Specific Disability Etiquette
Core Dimension 4 – Service Improvement	All sections
Core Dimension 6 – Equality & Diversity	All sections
Specific Dimension HWB 1 – Promotion of Health & Wellbeing	Section 3. The Role of Services
Specific Dimension HWB 2 – Assessment & Care Planning	Section 1. Understanding Disability Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
Specific Dimension HWB 3 – Protection of Health & Wellbeing	Section 7. Protection of Adults
Specific Dimension HWB4 – Enablement to address Health and Wellbeing needs	All sections
Specific Dimension HWB5 – Provision of care to meet Health and Wellbeing needs	Section 1. Understanding Disability Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
Specific Dimension HWB6 – Assessment & Treatment Planning	Section 1. Understanding Disability Section 3. The Role of Services
Specific Dimension HWB7 – Interventions and treatments	Section 3. The Role of Services
Specific Dimension HWB8 – Equipment and devices to meet Health and Wellbeing needs	Section 1. Understanding Disability Section 3. The Role of Services
Specific Dimension G2 – Development & Innovation	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services

3.3. Mapping the links between the DEEL National Framework & Health & NOS Social Care Core Units

National Occupational Standards Health & Social Care Core Units	DEEL National Framework
HSC 21 – Communicate with, and complete records for individuals (Communication)	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 4. General Disability Etiquette Section 5. Impairment Specific Disability Etiquette
HSC24 – Ensure your own actions support the care, protection and well-being of individuals	All sections
HSC25 – Carry out and provide feedback on specific plan of care activities	All sections
HSC227 – Contribute to working in collaboration with carers in the caring role	Section 1. Understanding Disability Section 6. Carer Issues Section 7. Protection of Adults
HSC234 – Ensure your own actions support the equality, diversity, rights and responsibilities of individuals	All section
HSC240 – Contribute to the identification of the risk of danger to individuals and others	Section 1. Understanding Disability Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC31 – Promote effective communication for and about individuals (Communication)	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 4. General Disability Etiquette Section 5. Impairment Specific Disability Etiquette
UNIT HSC35 – Promote choice, well-being and the protection of all individuals (Adult, Principles of Care)	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC328 – Contribute to care planning and review	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults

HSC329 – Contribute to planning, monitoring and reviewing the delivery of service for individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC330 – Support individuals to access and use services and facilities	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC331 – Support individuals to develop and maintain social networks and relationships	Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues
HSC332 – Support the social, emotional and identity needs of individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC346 – Support individuals to manage direct payments	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC366 – Support individuals to represent their own needs and wishes at decision making forums	Section 2. Implementing Disability Equality Section 3. The Role of Services
HSC367 – Help individuals identify and access independent representation and advocacy	Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues
HSC369 – Support individuals with specific communication needs	Section 4. General Disability Etiquette Section 5. Impairment Specific Disability Etiquette
HSC370 – Support individuals to communicate using technology	Section 5. Impairment Specific Disability Etiquette
HSC371 – Support individuals to communicate using interpreting and translation services	Section 5. Impairment Specific Disability Etiquette

HSC387 – Work in collaboration with carers in the caring role	Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC394 – Contribute to the development and running of support groups	All sections
HSC396 – Enable people with mental health needs to develop coping strategies	Section 3. The Role of Services Section 7. Protection of Adults
HSC3101 – Help develop community networks and partnerships	Section 3. The Role of Services
HSC3102 – Work with community networks and partnerships	Section 3. The Role of Services
HSC3103 – Contribute to raising awareness of health issues	Section 1. Understanding Disability Section 3. The Role of Services
HSC3104 – Support the development of networks to meet assessed needs and planned outcomes	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC3111 – Promote the equality, diversity, rights and responsibilities of individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC3112 – Support individuals to identify and promote their own health and social well being	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC3114 – Promote the needs, rights, interests and responsibilities of individuals within the community	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC3116 – Contribute to promoting a culture that values and respects the diversity of individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette

HSC3119 – Promote the values and principles underpinning best practice	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC45 – Develop practices which promote choice, well-being and protection of all individuals (Adult, Principles of Care)	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC45a – Develop and maintain effective relationships to promote the individual's choice about their care	Section 1. Understanding Disability Section 3. The Role of Services
HSC45b – Promote the individual's rights to expect and receive respect for their diversity, difference and preferences	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette
HSC45c – Promote the protection of all individuals	Section 3. The Role of Services Section 7. Protection of Adults
HSC410 – Advocate with, and on behalf of, individuals, families, carers, groups and communities	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC411 – Manage a service which achieves the best possible outcomes for the individual	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC411a – Ensure services are designed and reviewed to promote and maximise the achievement of the best possible outcomes for individual individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC411b – Ensure the promotion of participation and independence in order to facilitate the achievement of the best possible outcomes	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults

HSC411c – Manage and monitor systems for the assessment of risk of abuse, failure to protect and harm to self and others	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
UNIT HSC412 – Ensure individuals and groups are supported appropriately when experiencing significant life events and transitions	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC412a – Design and implement a service which addresses the needs of individuals experiencing significant life events	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC412b – Ensure the service responds effectively to individuals experiencing major life changes or losses	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues
HSC413 – Manage requests for health and care services	Section 3. The Role of Services
HSC413b Evaluate your organisation's ability and willingness to provide health and care services for individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC414 – Assess individual needs and preferences	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC414a – Work with individuals to assess their needs and preferences	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC414b – Support staff, individuals and key people to identify changes in the care needs of individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults

HSC414c – Revise assessments to meet the changing needs and preferences	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC415 – Produce, evaluate and amend service delivery plans to meet individual needs and	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC415a – Develop service delivery plans	Section 3. The Role of Services
HSC415b – Monitor service delivery plans	Section 3. The Role of Services
HSC415c – Evaluate and make adjustments to service delivery plans	Section 3. The Role of Services
HSC416 – Develop, implement and review care plans with individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette
HSC416a – Develop care plans to meet individual needs and preferences	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC416b – Implement care plans	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC416c – Review and revise care plans to meet changing needs, preferences and circumstances	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC421 – Promote employment, training and education opportunities for individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 7. Protection of Adults
HSC421a Raise awareness of the value of employment, training and education for individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality
HSC429 Work with groups to promote individual growth, development and independence	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues

	Section 7. Protection of Adults
HSC429a – Identify opportunities to form and support groups	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC429b – Use group programmes, processes and dynamics to promote individual growth, development and independence, and to foster interpersonal skills	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC429c – Help groups to achieve planned outcomes for their members and to evaluate the appropriateness of their work	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC439 – Contribute to the development of organisational policy and practice	All sections
HSC439a – Contribute to identifying potential for organisational development	All sections
HSC443 – Procure services for individuals	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC443a – Specify services to meet the needs of individual service users	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 4. General Disability Etiquette Section 6. Carer Issues Section 7. Protection of Adults
HSC443c – Monitor and evaluate the quality of services provided	Section 1. Understanding Disability Section 2. Implementing Disability Equality Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults

HSC450 – Develop risk management plans to support individual's independence and daily living within their home	Section 3. The Role of Services Section 6. Carer Issues Section 7. Protection of Adults
HSC450a – Prepare to carry out risk assessments	Section 3. The Role of Services Section 7. Protection of Adults
HSC450b – Carry out risk assessments	Section 3. The Role of Services Section 7. Protection of Adults
HSC450c – Develop, agree and regularly review risk management plans for individuals	Section 3. The Role of Services Section 7. Protection of Adults
HSC452 – Contribute to the development, maintenance and evaluation of systems to promote the rights, responsibilities, equality and diversity of individuals	All sections
HSC452a – Contribute to developing, maintaining and evaluating systems that respect the rights and interests of individuals	All sections
HSC452b – Contribute to developing, maintaining and evaluating systems to ensure that everyone is treated equally	All sections
M&L B12 – Promote equality of opportunity and diversity in your organisation	All sections

3.4. Methods of Learning – Health Services

Targeted staff	Suggested delivery method(s)	Suggested timescale	Disability etiquette knowledge (Primarily trainer centred)	Disability equality knowledge (learner centred tackling underlying values and attitudes)
The organisation's disability equality scheme working group	Simple distance learning e.g. workbook or DVD etc			Information on the DDA 1995 & 2005 including the Disability Equality Duty, suggested PCT disability equality scheme action plans framework.
As above	1 day training course for 10-18 participants			Disability equality training including action planning focus on DES development, preferably provided by disabled trainer/s
General senior policy and service planners	1-2 hour presentation style seminar + questions, 25-100 participants, fact sheet			DDA 1995 & 2005 introduce the Social Model of Disability approach, DDA implications, examples of good & bad practice

Doctors, dentists, medical practitioners	Simple distance learning e.g. workbook or DVD etc		Factual meet & greet information, guiding, offering to help, effective communication.	
As above	1-2 hour presentation style regional seminar+ questions, 25-100 participants, fact sheet			DDA 1995 & 2005, introduce the Social Model of Disability approach, DDA implications, examples of good & bad practice
Practice managers	Simple distance learning e.g. workbook or DVD etc		Factual meet & greet information , guiding, offering to help, effective communication	
Practice managers	½ day regional seminar + questions, planning sessions 25-			DDA 1995 & 2005, introduce the Social Model of Disability approach, DDA implications, examples of good & bad practice,

	100 participants, fact sheet			including course sharing information to colleagues, and meeting access requirements.
Nursing staff	Simple distance learning e.g. workbook or DVD etc		Factual meet & greet information, guiding, offering to help, effective communication.	
Frontline staff – receptionists etc	Simple distance learning e.g. workbook or DVD etc		Factual meet & greet information, guiding, offering to help, effective communication	Use You Can Make a Difference leaflet, available from DOH
Frontline staff – receptionists etc	1/2 day regional seminar+ questions, 25-100 participants, fact sheet			DDA 1995 & 2005, introduce the Social Model of Disability approach, DDA implications, examples of good & bad practice, including course sharing information to colleagues, and meeting access requirements
Domiciliary staff & porters	Simple		Factual meet &	Use You Can Make a

	distance learning e.g. workbook or DVD etc		greet information , guiding, offering to help, effective communication	Difference leaflet, available from DOH
University sector- health curriculum designers	Use of sector guides such as The Learning Journey or Different Differences			Ensure knowledge of the Disability Equality Duty and it's impact on student learning
Governing bodies including DoH - senior staff involved in disability equality work	½ day workshops / seminars			Disability equality training including action planning focus on Disability Equality Scheme development, preferably provided by disabled trainer/s

3.5. Methods of Learning – Social Care Services

Targeted staff	Suggested delivery method(s)	Suggested delivery method(	Disability etiquette knowledge (Primarily trainer centred)	Disability equality knowledge (learner centred tackling underlying values and attitudes)
The organisation's disability equality scheme working group	Simple distance learning e.g. workbook or DVD etc			DDA 1995 & 2005, information on the Disability Equality Duty, suggested PCT/LA disability equality scheme action plans.
As above	1 day training course 10-18 participants			Disability equality training including action planning focus on Disability Equality Scheme development, preferably provided by disabled trainer/s
General senior policy and service planners	1-2 hour presentation style seminar+ questions, 25-100 participants, fact sheet			Introduce the social model of disability approach to social care services, service design
Social workers and care planners	1 day training course 10-18 participants			Disability equality training including developing services based on the Social Model of Disability including assessment,

				Independent Living, Direct Payments & Individual Budgets
Social workers and care planners	1 day for 10-50 participants peer support workshops & seminar			Joint work with disabled people/service users and key disability champions of SMOD practice
Receptionists, telephone operators etc	Simple distance learning e.g. workbook or DVD etc		Factual meet & greet information, guiding, offering to help, effective communication	
Receptionists, telephone operators etc	1/2 day regional seminar+ questions, 25-100 participants, fact sheet			Introduce the Social Model of Disability approach DDA implications, examples of good & bad practice, including course sharing information to colleagues, and meeting access requirements.
Care assistants	Simple distance learning e.g. workbook or DVD etc		Factual meet & greet information, guiding, offering to help, effective communication	
University sector – Social care curriculum	Use of related sector guides such			Ensure knowledge of the Disability Equality Duty and

designers	as The Learning Journey or Different Differences. Social Model theory.			it's impact on student learning
Local disabled people involved in consultations	1 day course for up to 16 participants – Disabled people only			Empowerment training

Annex C: Materials and resources

- 'Social Work with People with Learning Difficulties' by Paul Williams, published by Learning Matters, Exeter, 2006, ISBN 1844450422.
- Closing the Gap DVD and associated learning notes DRC website
- ‘Talk’ video / DVD available from the DRC
- ‘After Thomas’ BBC film about the experiences of a family effected by autism
- ‘My Beautiful Mind’ Film about a mathematical genius who was effected by mental health problems
- Positively Diverse – NHS Employers