

Come on in

The Disability Discrimination Act 1995

Part 3 Access to Goods and Services

a practical guide
for Children's Services

COUNCIL FOR
DISABLED
CHILDREN

Acknowledgements

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We have gathered together comments, opinions and shared experiences of disabled children and young people, their families and carers in the production of this guide. We have, wherever possible used real experiences and suggested solutions to barriers which disabled children and young people, their families and carers have shared with us. We hope this guide will go some way towards distributing their wisdom and improving access and inclusion in all services.

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Designed by Susan Clarke for Expression, IP23 8HH

Foreword

Stop the world, I want to get on! There's a future out there if we work together to take the barriers down. Disabled young people are equal citizens – let's change our services and schools so that everybody's in. It's not difficult, just think disability equality!

John, aged 15, personal communication at a young person's workshop in 2003

John (quoted above) is ambitious for new opportunities and change. He is one of a new generation of young disabled people who expect fulfilling lives but are acutely aware of some of the barriers put in their way by society. There are 8.6 million disabled people in Britain today. Disability affects people of all ages, from all communities. And, importantly, disabled people – children and adults – are both citizens and customers with much to contribute to society and the community if we recognise their potential. Inclusive and accessible communities benefit us all.

Britain is unique in Europe in having disability discrimination legislation and a Disability Rights Commission. Both promote disability equality and inclusion. But we know that many providers of services for children and families find the new duties very challenging. There are ongoing debates about definitions of 'reasonable adjustments' and how we manage 'risk', that perennial problem of the 21st century.

Come on in addresses the challenges, but offers practical guidance on how we can make disability duties work across children's services. The Disability Rights Commission has set itself the goal of 'a society where all disabled people can participate fully as equal citizens'. To achieve that goal, we must get it right from the start – in children's services. *Come on in* makes an important contribution to moving that agenda forward and ensuring that young people like John, quoted above, really can 'stop the world' and participate equally with his non-disabled peers.

Philippa Russell
Commissioner
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How to use this guide

This practical guide is designed to give information on Part 3 of the Disability Discrimination Act 1995 (DDA). It also includes relevant information on Part 4 of the DDA in relation to services for disabled children and young people.¹ This guide offers ideas and practical guidance on how to improve access and inclusion for all disabled children. It provides information on where to go and who to contact for further support, training or information on specific details of the DDA and the accompanying Codes of Practice.

The guide can be used as a starting point to learn about the legislation and related duties, as a quick reference guide when planning, or as an introductory training pack to cover the basics of the DDA Part 3 requirements.

Come on in is suitable for use by a range of audiences across the voluntary, independent and statutory sectors, and the examples and information given are relevant for all organisations providing services to children and families. The practical examples and case studies are designed to help a range of service providers make their services more welcoming and accessible. The guide is aimed at both planning and operational staff.

The chapters have a series of sections which include:

- **The DDA Guidance** This is a direct quote from the DDA or from the Code of Practice and outlines the legal requirement.
- **What this means in practice** This is an interpretation of how the law may affect service provision, with some examples to illustrate different aspects of the law.
- **Good practice** This is a demonstration of the kind of action services need to consider to improve access for disabled children and young people and make sure they comply with the law. It does not provide direct advice on compliance.
- **Checklists** Like the good practice sections, these give an idea of issues it would be sensible for services to consider in improving access for, and the participation of, disabled children and young people.
- **Worksheets** These tables have been designed to give examples of how a services planning process might begin. They may usefully be used by small groups of staff to identify initial points of action in their service.

¹ To make reading easier, we use the word 'children' throughout this document to mean children and young people.

Come on in has been produced as an independent document. However, it is intended to complement other independent publications and information booklets from the Disability Rights Commission. It is intended as a practical guide and does not constitute legal advice. The resources section has a list of organisations which can offer specific legal and other advice in relation to the DDA.

What is included in this guide?

Come on in contains:

- information about the duties of service providers under Part 3 and Part 4 of the Disability Discrimination Act 1995
- an introductory training presentation on the key points of the legislation, with examples
- worksheets to use in planning change
- checklists to support service plans for improving access and inclusion
- access audit checklists for evaluation of current provision
- a list of useful organisations and resources.

Introduction to the Disability Discrimination Act 1995

What does the DDA cover?

The Disability Discrimination Act 1995 (DDA) provides protection against discrimination of disabled children, young people and adults with regard to:

- employment
- access to goods and services
- land and property
- education
- transport.

The DDA covers England, Scotland, Northern Ireland, Wales and the Isle of Man, with minor differences between countries which brings the DDA into line with existing country-specific legislation.

- **Part 1** covers the definition of disability used in the DDA.
- **Part 2** covers employment.
- **Part 3** covers the provision of goods, facilities and services to the general public (whether paid for or not). It covers 'service providers' across the public, independent and voluntary sectors.
- **Part 4** covers education. The Special Educational Needs and Disability Act (SENDA) amends Part 4 of the DDA by expanding the duties relating to disabled pupils and students.
- **Part 5** covers transport. The Government can set access standards for buses, coaches, trains, trams and taxis.

The DDA as a whole is a complex and far reaching piece of legislation. To support its implementation, a set of Codes of Practice (COP) has been produced by the Disability Rights Commission (DRC). These Codes of Practice offer basic interpretations of the DDA to support people and organisations to implement it successfully. Part 3, Access to Goods and Services, has a dedicated COP. Part 4, Education, has two COPs: one on implementation in schools and one on post-16 provision. For more information on the Codes of Practice (COP)² and the powers of the Disability Rights Commission and details of support they can offer see Chapter 10.

The government has published a draft Disability Bill. This includes amendments to the DDA with regard to the public

² Where we refer to the Part 3 Goods and services Code of Practice we have used the abbreviation 'Part 3 COP'. Where we refer to the Part 4 Implementation in Schools Code of Practice we have used the abbreviation 'School COP'. There is a further Code of Practice covering Post-16 Education we refer to this as 'Post-16 COP'.

sector, transport and premises. The Appendix gives details of the changes this Bill may bring.

Information on the progress of the draft Disability Bill and regular updates can be found on the Disability Rights Commission website www.drc-gb.org – or by calling the Disability Rights Commission helpline on 08457 622 633.

Who has rights under the DDA?

The DDA offers protection from discrimination to disabled children, young people and adults who meet the definition of disability in the Act. The definition of disability within the DDA is:

Someone who has a physical or mental impairment which has an effect on his or her ability to carry out normal day-to-day activities. The effect must be:

- **substantial (that is, more than minor or trivial); and**
- **adverse; and**
- **long term (that is, it has lasted or is likely to last for at least a year or for the rest of the life of the person affected).**

Physical or mental impairment includes sensory impairments. Hidden impairments are also covered (for example, mental illness or mental health problems, learning disabilities and conditions such as diabetes or epilepsy).

In considering its duties under the Act, a service provider should not use any definition of ‘disabled person’ which is narrower than that in the Act.

Part 3 COP, page 9, paragraph 2.9

A full explanation of the DDA definition of disability and its interface with other definitions of disability and special educational needs in children’s services is set out in Chapter 8 of this guide. Further guidance is also available from the Disability Rights Commission, see Chapter 10 for details.

What does the DDA say about discrimination?

The DDA says that discrimination against a disabled person can occur in two ways. The first is where:

- a service provider treats the disabled person ‘less favourably’ for a reason related to his or her disability than it would treat others who are not disabled, and
- the service provider cannot show that the treatment is ‘justified’.

The second is where:

- a service provider fails to comply with a duty set out in Section 21 of the DDA, to make 'reasonable adjustments' in relation to the disabled person and
- the service provider cannot show that the failure to make 'reasonable adjustments' is justified.

Chapter 3 of this guide describes the issues of less favourable treatment and justification in more detail. This chapter also describes reasonable adjustments in more detail.

Under Part 3, the DDA makes it unlawful for a service provider to discriminate against a disabled person by:

- **refusing to provide (or deliberately not providing) any service which it offers or provides to members of the public *or***
- **providing service of a lower standard or in a worse manner *or***
- **providing a service on worse terms *or***
- **failing to comply with a duty to make reasonable adjustments (under section 21 of the Act) if that failure has the effect of making it impossible or unreasonably difficult for the disabled person to make use of any such service.**

Part 3 COP, page 25, paragraph 3.2

The definition of 'services' includes the provision of goods or facilities.

What does Part 3 of the DDA cover?

Part 3 of the Disability Discrimination Act applies to access to goods, facilities, services and premises. This means that if you provide a service to the public you are likely to have duties under the Act. The DDA introduces duties on service providers in three stages, as follows.

- Since **December 1996** it has been unlawful for service providers to refuse to serve a disabled person, offer a lower standard of service or provide a service on worse terms to a disabled person for a reason related to his or her disability.
- Since **October 1999** service providers have had to make reasonable adjustments for disabled people in the way they provide their services.
- From **October 2004** service providers may have to make reasonable adjustments in relation to the physical features of their premises to overcome physical barriers to access.

What services does Part 3 of the DDA apply to?

All of the requirements of the DDA are now law, with the exception of the final duties in relation to physical features, which come into force in October 2004.

The DDA covers a very wide range of services affecting everyone concerned with the provision of services to the public, or a section of the public.

DDA Guidance

... The Act affects everyone concerned with the provision in the United Kingdom of services to the public, or to a section of the public, whether in the private, public or voluntary sectors. It does not matter if services are provided free (such as access to a public park) or in return for payment ...

Part 3 COP, page 11, paragraph 2.13

Services provided by local councils, government departments and agencies, charities and the voluntary sector, hospitals and clinics, hotels, pubs, banks and shops are all covered by Part 3 of the DDA. Schools and education services are covered by Part 4.

Everyone involved in providing a service has duties under the DDA. This includes all staff and volunteers at all levels.

When members of the public are allowed to enter an area, this is considered to come within the law, eg, a playground or a family drop-in centre.

DDA Guidance

DDA section 19(3) also defines 'services' as including 'access to and use of any place which members of the public are permitted to enter.'

In some cases, a service may be provided by more than one agency and liability under the DDA may be shared. For example, a childcare provider opens a crèche in a local supermarket. The crèche is run on a franchise basis but it operates on the supermarket premises. In this case, both the crèche and the supermarket may have responsibility for ensuring the service meets the requirements of the DDA.

Who is exempt from Part 3 of the DDA?

Private clubs, with a membership criteria, are currently exempt from Part 3 duties (although they are still covered if, for example, they hire out their premises). The manufacture and design of products is not covered by Part 3 of the Act but if the manufacturer is providing direct services to the public they may have some responsibilities.

There is separate guidance for transport vehicles. For more details on exemptions please see the Part 3 Code of Practice, details in Chapter 10.

Collective responsibility

Providers should remember they have a collective responsibility to ensure that their services comply with the DDA. For example, if a staff member of a day care service regularly excluded a disabled child from the communal midday meal and made the child sit down later to eat their lunch 'because they eat so slowly and messily that the other children will get fed up watching them', that member of staff will almost certainly be acting unlawfully.

The manager may also be liable for an allegation of discrimination if they are unaware that this is happening on a daily basis, or ignore it. The child concerned is being treated less favourably than other children (many of whom will also eat slowly or messily on some occasions) for a reason related to their disability.

Reasonable adjustments could include changes in the preparation and serving of the food; personal support or the provision of appropriate plates, cutlery or chair. The manager would have *primary* responsibility for ensuring that such accommodation was made and that all staff working with the disabled child understood how to support them so that they were not excluded.

When do service providers have to improve their services?

The DDA requires service providers to take into consideration the needs of future service users. This means taking reasonable steps to anticipate the needs of future service users.

These anticipatory duties mean that even if there are no disabled children currently using the service, service providers should consider how they might make reasonable adjustments in order to enable disabled children to use the service in the future. For example, even if you currently have no disabled children using your service, staff may need training and support so that in the future they could give equal treatment to disabled children trying to access the services. This would be anticipating future needs regardless of whether the service provider is aware of the persons disability.

The next section describes in detail what the DDA means by 'reasonable adjustments' and how the anticipatory duties are expected to be used in service planning.

Disability Discrimination Act Part 3: main duties

The main duties under Part 3 of the DDA cover the following main areas:

- **Making reasonable adjustments**
Service providers have to make reasonable adjustments for disabled people in the way they provide their services.
- **Refusing/offering a worse service**
It is unlawful for service providers to refuse to serve a disabled person or offer a lower standard of service or provide a service on worse terms to a disabled person for a reason related to their disability.
- **Changing physical features**
From October 2004 service providers may have to make reasonable adjustments in relation to the physical features of their premises to overcome physical barriers to access.

Any action services plan needs to be considered in anticipation of these areas. For further information about the legislative framework of the DDA and guidance on how it may be implemented please see the Codes of Practice, details listed in Chapter 10.

Making reasonable adjustments

The principle of making reasonable adjustments means services should be well placed to meet the needs of disabled children and young people who currently use their services and those who may do so in the future. This section covers:

- the principle of reasonable adjustments
- the DDA guidance on reasonable adjustments
- good practice and reasonable adjustments
- checklist for services
- work sheet looking at possible reasonable adjustments
- action plan to use as a starting point to look at reasonable adjustments in your service.

The principle of reasonable adjustments

Reasonable adjustments are changes that service providers can make to improve access to their service or, make using their service a better experience for disabled children and their

families. The DDA underlines the importance of making changes which are useful to service users and also reasonable for the service to complete. This is a way of making changes which perhaps will not make a service fully inclusive but will be a helpful step toward service improvement.

The DDA guidance on reasonable adjustments

Service providers offering services to the public have a legal duty to take 'reasonable steps' to make 'reasonable adjustments' to enable disabled people to use the service.

The DDA Guidance

From October 1999, a service provider has had to take reasonable steps to:

- **change a practice, policy or procedure which makes it impossible or unreasonably difficult for disabled people to make use of its services**
- **provide an auxiliary aid or service if it would enable (or make it easier for) disabled people to make use of its services**
- **provide a reasonable alternative method of making its services available to disabled people where a physical feature makes it impossible for disabled people to make use of the services.**

From October 2004, where a physical feature makes it impossible or unreasonably difficult for disabled people to make use of services, a service provider will have to take reasonable steps to:

- **Remove the feature**
- **Alter it so that it no longer has that effect, *or*
Provide a reasonable means of avoiding it, *or*
Provide a reasonable alternative method of making the services available.**

Part 3 COP, page 39, paragraph 4.7

The nature of what a *reasonable step* leading to a *reasonable adjustment* might be will depend on:

- the type of service provided
- the type of service provider and its size and resources
- the needs of the individual disabled person.

The Part 3 Code of Practice gives some idea of how this may work in the following section:

Without intending to be exhaustive, the following are some of the factors which might be taken into account when considering what is reasonable:

- ***Whether taking any particular steps would be effective in overcoming the difficulty that disabled people face in accessing the services in question***
- ***The extent to which it is practicable for the service provider to take the steps***

- *The financial and other costs of making the adjustment*
- *The extent of any disruption which taking the steps would cause*
- *The extent of the service providers financial and other resources*
- *The amount of any resources already spent on making adjustments*
- *The availability of financial or other assistance.*

Part 3 COP, page 46, paragraph 4.22

Good practice and reasonable adjustments

The key to making successful reasonable adjustments is to thoroughly review your services, be open to suggestions, consult local organisations of families and disabled people and be flexible and willing to try new approaches in responding to the needs of disabled children. A welcoming and friendly environment is crucial to the success of service improvement.

Service providers need to consider how flexible they are in meeting the needs of individual children and in making reasonable adjustments so that services are safe and accessible. Making reasonable adjustments to improve accessibility benefits everybody, giving disabled children the opportunity to be properly included in a service along with everyone else, including disabled staff and parents.

It is important that service providers consider a range of options to make services more accessible and inclusive. Very often minor measures such as allowing more time for meetings or activities, disability awareness and equality training for staff or a more flexible use of accommodation will overcome barriers. However, in some circumstances, specific modifications to a physical feature or the provision of auxiliary aids and equipment may be essential.

Making reasonable adjustments is divided into three key areas, which are outlined below.

1 *Changing practices, policies and procedures*

eg Changing practice A Connexions service based in a town centre runs a drop-in service which they would like to expand. As part of the planning for this expansion they seek advice from local groups and organisations which represent disabled young people about how to ensure the service will be accessible and what they may need to consider to achieve this.

eg Changing practice A pre-school playgroup updates its information leaflet on the services on offer. The new leaflet is produced in large print, plain English and with pictures supporting the text. It is also available in a range of other languages and on audio tape. The leaflet also sets out the support available to disabled children and encourages interested parents to attend an open evening to meet staff and see the facilities. The playgroup

consulted with local groups of parents and disabled people with regard to improving access and producing more accessible information. They researched with local organisations for disabled people what the most suitable format would be. They now have a policy which means they will always consult families on new information.

2 Providing auxiliary aids and services

eg Changing practice and providing auxiliary aids A social services area office decides to send members of the reception staff on a deaf awareness and a sign language course as part of a package of training. This will help deaf visitors and those using sign language to feel more included and get more from using the service. They also purchase an induction loop system to improve accessibility.

eg Providing an auxiliary aid, changing practices A local toy shop is concerned that only half the shop is accessible to children with mobility difficulties and wheelchair users, due to the limited floor space and display shelves. They try different formats to maximise the amount of available space. They also put a notice in the window to advertise that a member of the team will be available to open the door, and provide a personal shopping service when parts of the shop are inaccessible.

3 Overcoming a physical feature

eg Providing a reasonable alternative A summer playscheme admits a young girl with spina bifida. She is able to join in activities but cannot get to the first floor of the building where the accessible toilets are located because the lift is not working. Staff agree that she can use the accessible staff toilet on the ground floor.

Checklist for services

A small, local benefits advice organisation runs an appointments-only advice service once a month. They are very keen to make sure disabled young people can use their service as it provides essential financial advice for those leaving school and planning to go to college or enter employment. The service is based in a rented room on the third floor of an old Victorian building with no lift. The following questions will help start the process of thinking around what services need to consider.

- What could the service do to make access easier for disabled young people and their families?
- What physical changes could they consider?
- What improvements could they make to other aspects of the service?

The following suggestions may be helpful. The service needs to consider the most effective options first, eg, those that will

have the most impact on improving access to, and the effectiveness of, the service for disabled young people and their families. After this, they can consider changes that could make a positive difference while they work toward permanent improvements.

- The team could talk to the landlord about moving the service to a more accessible part of the building either on a permanent or on a short-term basis while they look for more accessible accommodation.
- They could consider relocating the service or offering an alternative service from the local health centre.
- They could offer home visits on request.
- The team could install a text telephone and accept telephone queries by appointment.
- Develop a web-based enquiry service.
- Produce information in accessible formats.
- Train staff in disability awareness and equality issues.

The Disability Rights Commission recommends that each proposal a service is considering should include specific points covering: access, priority, planning and action. This can help services ensure they take the action most effective in improving access to and the effectiveness of services.

Worksheet: looking at possible reasonable adjustments

Below is a case study and good practice checklist which could act as a starting point for thinking about action you may want to take in your organisation. It is intended to help you think about how to:

- identify and address areas of potential discrimination in accessing the service.
- reduce the possibility of complaints
- produce a checklist for action which will improve access to the service

Remember There is an expectation in the DDA that services will make adjustments *in anticipation* of disabled children using them.

The following worksheets are intended to be used as a starting point for organisations to think about how to improve their services. The questions are taken from the Part 3 COP. The worksheets offer examples of good practice, not concrete compliance with the DDA. For specific advice on how your service can implement the DDA contact the DRC, see Chapter 10 for details.

Read the following case study and look at the worksheet the staff at this service completed to help them identify areas of improvement in their service.

Try using the second uncompleted worksheet to do the same for your service to help you start thinking about what access issues there are and how you can start to improve them.

CASE STUDY Staff at a local leisure centre are concerned that very few disabled children are using the centre. As part of their service development planning they begin to examine the accessibility of the centre and they seek advice from local groups, families and young people via the local youth service and local voluntary agencies.

Good practice checklist

Accessing services: the leisure centre

Assessment and needs management	Yes/No	Current status	Possible reasonable adjustments	Completed by who/when
Do you have eligibility criteria for the service? For example, is a certain level of fitness required?	Yes	<i>The Centre Rulebook states that members must have a good level of general health.</i>	<i>Review this statement and rewrite to show centre considers applications from all. Include facilities for disabled children on future publicity.</i>	
Are the eligibility criteria fair and equitable? For example, are you willing to be flexible to accommodate individual needs within reason?	Yes	<i>Not advertised or written down anywhere.</i>	<i>See above. Ensure all staff know this and are adequately trained. Advertise that this is the case.</i>	
Do you have a risk assessment policy in place to guide considerations of individual cases?	No	<i>Use health and safety guidance.</i>	<i>Review this and develop a risk assessment policy on accommodating disabled children and young people with a range of needs.</i>	
Could the Centre's policies be challenged as discriminatory? For example, a blanket ban stating no one with epilepsy or cystic fibrosis will be given access to the service is likely to be seen as discriminatory.	Possibly	<i>The Centre Rulebook could be seen as discriminatory as it provides the only reference to the Centre's eligibility criteria and does not include information on any exceptions they may make.</i>	<i>See above. Review rules and include disabled children and young people in this review.</i>	
Involving disabled children, their families and carers in service planning	Yes/No	Current status	Possible reasonable adjustments	Completed by who/when
Are disabled children involved in consultations about service development?	No	<i>Centre is looking into consulting service users but nothing in place at the moment.</i>	<i>Seek advice from current disabled service users, local disabled community groups etc on how disabled children can participate in the consultation process.</i>	
Can disabled children choose how they want to be involved in consultation? For example, is communication support available? Is transport available?	No	<i>British Sign Language interpreters can be booked if needed for general meetings, etc.</i>	<i>Consider using different ways of involvement, eg questionnaire on website, meetings at the Leisure Centre with communication support workers/interpreters as needed. Run supported activities at the same time.</i>	

Are families involved in service planning? Can they choose how they want to be involved and is appropriate support provided?	Yes	Although no consultation in place for Leisure Centre, families can attend the local council meeting which periodically reviews local facilities including the Leisure Centre, No provision made for involvement except interpreters if needed and booked in advance.	See above entry for examples of steps to take to encourage views from families and carers.	
Do you know the local population of disabled children? For example through links with families, local community groups?	Yes	Centre has good links with local groups, schools and families.	Use these links when planning any improvements to services.	
Information and participation	Yes/No	Current status	Reasonable adjustments	Completed by when/who
Do you provide information in accessible formats, eg large print, using pictures and making copies on audio tapes?	No	The Centre has information in two community languages but not in large print or on tape.	Review information sources, develop website with information pages which can easily be downloaded in different formats and font sizes. Information on tape can be produced when needed and updated for a small part of an organisation like a leisure centre. This can be helpful for anyone who finds it difficult to read English.	
Does publicity for and information about the service contain positive, inclusive images and language?	No	Information contains no images of disabled people.	Review and make sure positive images and language are included in any updates of materials.	
Do you have a communication policy?	No	Not written down but staff have access to the council's bank of interpreters if needed.	Review procedures for communicating with visitors, and develop a good practice list with staff like writing things down, allowing more time for meetings etc. Staff trained in basic British Sign Language and understanding different communication methods.	
Are staff trained in disability awareness/equality?	No	Training available but not compulsory. Take up low as staff can only go on one free training course a year.	Make part of induction to organisation and additional to annual choice for all staff.	
Do you have information about your complaints procedure in a range of formats such as large print or in Braille?	No	Use general council leaflet.	Talk to council about developing in accessible formats.	

Good practice checklist

Accessing services: your service

Assessment and needs management	Yes/No	Current status	Possible reasonable adjustments	Completed by who/when
Do you have eligibility criteria for the service? For example, is a certain level of fitness required?				
Are the eligibility criteria fair and equitable? For example, are you willing to be flexible to accommodate individual needs within reason?				
Do you have a risk assessment policy in place to guide considerations of individual cases?				
Could the service's policies be challenged as discriminatory? For example, a blanket ban stating no one with epilepsy or cystic fibrosis will be given access to the service is likely to be seen as discriminatory.				
Involving disabled children, their families and carers in service planning	Yes/No	Current status	Possible reasonable adjustments	Completed by who/when
Are disabled children involved in consultations about service development?				
Can disabled children choose how they want to be involved in consultation? For example, is communication support available? Is transport available?				

Good practice checklist **Accessing services** continued

Are families involved in service planning? Can they choose how they want to be involved and is appropriate support provided?				
Do you know the local population of disabled children? For example through links with families, local community groups?				
Information and participation	Yes/No	Current status	Reasonable adjustments	Completed by when/who
Do you provide information in accessible formats, eg large print, using pictures and making copies on audio tapes?				
Does publicity for and information about the service contain positive, inclusive images and language?				
Do you have a communication policy?				
Are staff trained in disability awareness/equality?				
Do you have information about your complaints procedure in a range of formats such as large print or in Braille?				

Good practice: points to note

Improvements to access and inclusion for disabled children and young people will usually be most effective when they are incorporated within wider service planning, development and review. There are further general planning and service access ideas in Chapter 6, Beyond the DDA.

In our example, the Leisure Centre will need to consider specific physical aspects of their service, such as changing facilities and equipment:

- Are they suitable for use by young disabled people?
- Do the changing facilities provide sufficient space for a carer, wheelchair, any other children who can't be left alone outside, and any other equipment?

There are likely to be many other considerations like this.

The Leisure Centre could also look at a wider range of service improvements alongside these – for example, working with local groups to develop accessible services, changing opening times to suit families and disabled young people, creating joint swim or gym sessions for all young people to use with support where needed. Health and safety will be a key issue in this setting. The Leisure Centre will probably need to invest a considerable amount of time on this to ensure they get the changes right and maintain a safe environment.

It is a real challenge for service providers to successfully anticipate and cater for the diverse needs of disabled children. An essential part of this challenge will be direct consultation with disabled children and their families. Effective consultation will involve careful consideration of different options for gaining the views of local service users.

All 'reasonable adjustments' should be regularly reviewed to ensure they continue to provide the most effective way of delivering the best service. For example, you may want to introduce new technology in the future to offer a simpler, more cost-effective and accessible way of providing information.

Refusing a service or providing a worse service

A service which refuses to allow disabled people access or which offers a worse service to disabled people than to other people is acting unlawfully. The DDA describes this as a service which is 'unreasonably difficult' to use. This section looks at what this means. It covers:

- the principle of 'unreasonably difficult'
- the DDA guidance
- good practice
- the principle of 'justification'
- the legal guidance
- good practice
- examples of exclusion
- worksheet.

The principle of 'unreasonably difficult'

Part 3 of the DDA identifies services which are 'unreasonably difficult' to use as those which will most benefit from reasonable adjustments.

The DDA Guidance

If reasonable adjustments are not made and the service provided to the public remains 'unreasonably difficult' for a disabled person to use, this would be seen as unlawful. The Part 3 COP guidance states:

... Service providers should take account of whether the time, inconvenience, effort, discomfort or loss of dignity entailed in using the service would be considered unreasonable by other people if they had to endure similar difficulties.

Part 3 COP, page 53, paragraph 4.33

Providers must not:

- Refuse a service [without justification]
- Offer a worse standard of service
- Offer a service on worse terms.

Good practice

Service providers can improve access to and inclusion in their services as an ongoing part of general forward planning.

The quality of a service improves through creation of a welcoming atmosphere and by having positive, inclusive images around, having things in place like play equipment suitable for disabled children to use.

It is also important to remember that DDA duties are anticipatory, meaning services are expected to make reasonable adjustments in anticipation of a disabled child wanting to use their services.

If the following situations arise, it is likely the service will be expected to account clearly for its actions.

- If a service is **refused**, the service provider must be able to show that consideration was given to the situation.
- A person must not be offered a **worse standard of service** because of their disability.
- A service must not be **offered on worse terms** than normal because of a person's disability.

eg Refusing a service Martin, a 14-year-old boy with severe asthma is told he cannot join a weekend sports club. The organisers assume he will not be able to join in sport and physical activity and are concerned about taking responsibility for his medication if he has an asthma attack while at the club. They neither check these assumptions with the boy and his parents nor request a report from his doctor or the asthma clinic. The club does not have a written risk assessment policy as part of its arrangements for health and safety.

This refusal of a service is likely to be seen as unreasonable.

The service providers could:

- ensure they have a risk management policy setting essential criteria for assessing whether a child can safely engage in the club's sporting activities
- in the light of the above policy, ask Martin and his family what activities are safe and suitable for him to do
- request confirmation from Martin's GP or asthma clinic (with the family's permission) that he can safely participate in the club's activities
- be willing to make adjustments to the way the sporting activities are offered – eg, having an extra rest break during strenuous activities.
- make arrangements for Martin to have instant access to his inhaler at all times and make sure all staff members understand this.

eg Offering a worse standard of service Sarah, who is 15 years old, uses a walking frame. She is told that she can only attend a local leisure service if her mother comes in to assist her with getting into the changing rooms and to look after her walking frame, as there is no room in the locker area. There are accessible staff changing rooms on the ground floor which she could use without any additional help and with room in the locker area to safely store the walking frame.

This is likely to be seen as a service on different terms which cannot be justified. This is particularly because a reasonable adjustment – allowing the staff changing room to be used – would remove any concern about Sarah using the changing area on her own.

The service providers could:

- make the staff changing rooms available for Sarah's use
- let all staff know Sarah will be using the staff changing area and explain why
- plan for changes to the general changing area to improve access.

eg Offering a service on worse terms Esther is four years old and has a severe facial disfigurement. She is asked to spend most of her time in a separate room from the other children because staff at her private nursery decide (with no evidence) that the way she looks might distract and upset the other children.

The worse terms on which this service is offered are likely to be considered unjustified.

The service providers could:

- discuss Esther's needs with her family
- make sure Esther is introduced to the other children and is included positively in the normal activities of the nursery
- ensure that the nursery's play equipment, toys and books reflect positive images about diversity
- talk to the other parents, respond to any questions and be clear that the nursery values all children
- monitor and deal positively with any reactions which Esther's participation creates.

Service providers may have difficulty in challenging discriminatory attitudes on the part of individual families towards disabled children. Sources of advice and assistance include the local EYDCP (Early Years and Development Child Care Partnership who can be contacted through social services), local voluntary organisations and parent organisations such as the Parent Partnership Service. Area SENCOs (Special Educational Needs Co-ordinators who can be contacted through schools) can also advise. Local authority social services departments may wish to consider establishing central pools of equipment, books, toys and other materials for use by early years and childcare providers within their area.

The principle of 'justification' for excluding a disabled child from a service

In certain cases it may be in the best interest of the disabled child and other children using a service to refuse to provide, or change a service option. The DDA does not override existing duties under other legislation, for example the Children Act 1989, the Protection of Children Act 2000 or Health and Safety Regulations.

The DDA Guidance

A service provider cannot refuse to provide (or deliberately not provide) a service to a disabled person which it offers to other people, unless the refusal (or non-provision) can be justified.

Part 3 COP, page 33, paragraph 3.17

The DDA states that treating a disabled person less favourably for a reason related to their disability or failing to comply with a duty to make reasonable adjustments is unlikely to be justified unless the service provider believes that certain conditions are in evidence.

The conditions specified in the Act relate to:

- Health or safety
- The disabled person being incapable of entering into a contract
- The service provider being otherwise unable to provide the service to the public
- Enabling the service provider to provide the service to the disabled person or other members of the public
- The greater cost of providing a tailor made service.

The service provider must have a genuine belief that one of the above conditions exists and it must be reasonable to hold that belief.

If the reason for less favourable treatment or failure to comply with a duty to make reasonable adjustments does not fall within one of the relevant conditions, it cannot be justified and will therefore be unlawful.

Part 3 COP 7.7, page 115, paragraph 7.7

The Part 3 COP, (page 114) describes each of the above conditions in detail and offers a series of examples for each. See Chapter 10 for details on obtaining the COPs.

Good practice: justification

All services working with children need to give careful consideration as to how they include disabled children and on what criteria disabled children may be excluded from certain activities.

Where a decision is taken that the exclusion of a disabled child is justified, the service will probably need to show they have consulted with other relevant professionals to look for ways to overcome the difficulty.

Services cannot operate blanket bans on certain categories of disability. For example, a daycare service cannot refuse admission to all children with an autistic spectrum disorder. The onus will be on that service to demonstrate that the child's

needs are such that they cannot be met within that setting, even when reasonable adjustments have been considered.

If a service is refused and the reason is felt to be justified, service providers need to be aware this decision covers only this one instance. This does not mean the service can exclude another child with a similar disability based on the first case. This would not take into consideration the specific circumstances of the individual.

There will be times when disabled children are excluded from activities and services for reasons which are not directly related to their disability. Service providers need to be clear when this is the case.

Examples of exclusion from services

eg **Justifiable exclusion: non-disability related** Craig is 15 years old and profoundly deaf. With his hearing friends, he attended a day trip organised by a local community centre. Craig and his friends had disobeyed instructions and run off, 'borrowed' an inflatable raft and swam so far out to sea that they had to be rescued by the local coastguard. As a result of this, Craig and his friends were returned to the community centre early. The staff felt they could not guarantee the young people's safety, because they refused to comply with safety arrangements which had been clearly explained and understood by all. Their behaviour also distracted staff from providing proper care to the other children in the party.

Under these circumstances, Craig would probably have no protection under DDA. The action of the community centre could be justifiable because the reason for the treatment was not related to his disability, as indicated by the fact that all the children were losing a privilege because of their behaviour.

To make sure they had clear reasons for their action, the community centre could:

- prior to the trip, check how the instructions would be given to the children and how they would ensure Craig would fully understand the importance of safety in the water
- check how the warnings not to swim out to sea were given to the children and ensure that Craig understood
- explain to all the children involved why they were being returned to school and make sure Craig understood.

In this case, Craig's parents complained that he was being less favourably treated than the children who stayed for the rest of the day, for a reason related to his disability. However, it was established that Craig was returned home with his friends because they all disobeyed instructions. Craig had been told about the Centre's Code of Safety on day trips before the group left for the day. Craig could lip read and the instructions were also given in writing (and a copy sent home for his parents). He

fully understood the Centre's expectations. His treatment did not relate to his disability and was the same as his non-disabled peers.

eg Possible justifiable exclusion: disability related Jagdip is 11 years old and has an autistic spectrum disorder. A local authority refuses him access to a mainstream playscheme because he often becomes agitated and runs away. The scheme is based in a building by a busy road in a large town centre. The organisers believe they would be unable to ensure Jagdip's safety while he takes part in the scheme and do not have the capacity to meet his needs.

Fear of a child running away or being disruptive as a reason for justification of exclusion will need to be backed up with evidence if challenged by the child or their family.

The playscheme would have to show that they had:

- discussed options with Jagdip and his family
- considered criteria in their risk management policy and taken expert advice
- explored reasonable adjustments to the scheme which could help.

For more information and examples of the requirements see the Part 3 Code of Practice. See Chapter 10 for order details.

Worksheet: refusing a service

The following example can be used by staff to think about options service providers can take to avoid refusing services and actively improve access.

Read the following information and decide if the action the service provider is taking is reasonable.

CASE STUDY

Sheena is 10 years old and uses crutches. As part of a school trip she is attending a private holiday camp in the Lake District. One of the Camp's advertised 'special activities' is a geology field trip, but the camp supervisors say it would be dangerous for her to attempt the difficult rock climb to collect mineral samples and would hold up the other children.

- Is the camp covered by the DDA?
- How could they assess the risks of involving Sheena in this activity?
- What other options do they have?
- Should they include Sheena in these discussions?

It may be useful to use these questions as discussion points in a staff group to start thinking about similar situations which may occur in your service.

Possible outcomes

The action of the holiday camp could be seen as justifiable exclusion, but they should still consider how they might avoid 'less favourable treatment' by excluding Sheena from the field trip.

The holiday camp could:

- ensure it provides accurate information on the accommodation and support for particular activities. Are disabled children welcome and is information about additional support presented in a user-friendly and positive way?
- check there is no safe way of including Sheena in this particular activity (which is a key activity advertised as part of the camp's Summer programme).
- offer Sheena an alternative activity. For example, she might visit a local tourist centre with a large geology collection and a range of interactive activities with a member of staff.
- make sure Sheena understands what will happen and why she cannot take part in the rock climb
- make sure the alternative activity is stimulating and appropriate to Sheena's interests and abilities.
- involve the other children in collecting mineral samples for Sheena and in sharing their experiences of the day. Sheena will be similarly encouraged to tell them about the tourist centre and its range of activities.

The school, in line with meeting its obligations to anticipate the needs of students under Part 4 of the DDA, could research an alternative camp for the following year which would be able to include disabled students in the main activities.

Making reasonable adjustments to physical features

From October 2004, service providers may have to make reasonable adjustments in relation to the physical features of their premises in order to overcome physical barriers to access.

This section looks at:

- the principle of 'changing physical features'
- the DDA guidance
- good practice in changing physical features
- checklist for services
- worksheets.

The principle of 'changing physical features'

The requirements around changing physical features are part of the main Act; however implementation was set for 2004 to give service providers enough time to plan how they can improve physical access for disabled people.

Since 1999, service providers have had a duty to consider making reasonable adjustments for disabled people in the way they provide their services. This includes making available reasonable alternative methods of physical access. But from October 2004, they will be required to make reasonable adjustments to the physical features of their premises to overcome physical barriers to access.

The DDA Guidance

It is important to understand what is meant by physical features.

The Disability Discrimination (Services and Premises) Regulations 1999 make provision for various things to be treated as physical features. A physical feature includes the following, as outlined in the Code of Practice:

- **any feature arising from the design or construction of a building on the premises occupied by the service provider**
- **any feature on those premises or any approach to, exit from or access to such a building**
- **any fixtures, fittings, furnishings, furniture, equipment or materials in or on such premises**
- **any fixtures, fittings, furnishings, furniture, equipment or materials brought onto premises (other than those occupied by the service provider) by or on behalf of the service provider in the course of (and for the purpose of) providing services to the public**
- **any other physical element or quality of land comprised in the premises occupied by the service provider.**

All of these features are covered whether temporary or permanent.

Part 3 COP, page 82, paragraph 5.44

This definition is very broad and covers not only the basic building structure but also things like play and leisure equipment, carpets and floor covering, lighting, furniture and entrances and exits.

From October 2004, where a physical feature makes it impossible or unreasonably difficult for disabled people to use a service offered to the public, service providers will have to take measures (where reasonable) to:

- **remove the feature** – for example remove a large cupboard which blocks wheelchair access to an accessible toilet, or removing an ornamental wall which makes access by car difficult
- **alter the physical feature so that it no longer has that effect** – for example replacing two steps with a ramp, replacing slippery or uneven floor-covering or improving poor lighting
- **provide a reasonable means of avoiding the feature** – for example opening up another door to permit better access.

Good practice: changing physical features

As with other duties under the DDA, the key test will be what is reasonable in a particular situation.

Small providers, like a playgroup or community sitting service are likely to focus on practical low-cost adjustments, although they should consider more major physical alterations to improve access to the premises if feasible and affordable. Larger providers should have an access audit completed by a registered access consultant and may be able to consider more substantial adjustments. Details of registered access consultants are on page 104.

eg Removing the feature A travelling funfair uses steep steps at the entrances to most of its rides and attractions. Staff recognise this could make access difficult for anyone with a mobility impairment. They review their five-year repair and purchase plan and decide to try out a range of non-slip ramps with handrails on some of the rides, and ask local groups in the towns they visit which are the best to use for the funfair. By testing out products and consulting service users they can gradually build in further changes and ensure they are taking the best options available to them to improve services.

eg Altering the physical feature so it no longer causes difficulties A rural community playgroup for under-5s use the local church hall as a venue. The building has a ramp at the entrance and an accessible toilet. The décor is, however, very dark and has not been renewed for some years. The landlords say they cannot afford to redecorate for some time. The playgroup decides to apply for a small grant from the Community Fund and negotiate with the landlord for permission to decorate.

They are successful in their bid and the landlord agrees to pay for cleaning and preparation work before the decorating starts. The group then takes advice from a special school for visually impaired children which is based nearby, they talk to other groups who use the hall and to current playgroup users. They successfully improve access without using up significant resources.

eg Providing a reasonable means of avoiding the feature A small inner-city farm has for some years been aware that it is difficult for children with mobility difficulties to access certain areas. The paths are very narrow, some are steep, and they often become waterlogged in the winter. The farm uses a variety of measures, including building wooden handrails and putting straw on the paths, to make them less slippery. They have been committed to re-laying and levelling all the paths, and two years ago set up a specific fund for the project. This long-term planning means the farm can work towards a clear goal of improving access while managing their budget effectively.

What if we lease the building?

Many children's services lease premises and do not have direct control over the management of their site. However, landlords also have duties under the DDA with regard to any areas of the building which are 'common parts', that is, open to the public. Landlords have further obligations to allow changes to be made to premises. The Part 3 COP, Section 6 has examples and detailed information on this and is available from the DRC. See Chapter 10 for details.

Therefore an important 'reasonable adjustment' will be liaising with the landlord to negotiate improvements where possible and to consider whether routine refurbishment or maintenance programmes can be used to remove barriers to access.

Role of local authorities in planning for physical changes

Local authorities in particular need to consider what strategic role they can play in increasing access. They could, for example:

- offer advice on how physical barriers may be removed
- have regard to the need to improve the physical environment of children's services within existing planning arrangements and developing an accessibility strategy to determine how centrally held resources might best be allocated
- consider providing disability equality trainers and a central pool of equipment, portable ramps, play and leisure equipment, furniture, etc which could be loaned as required
- work across departments, for example with the Early Years and Development Childcare Partnership and the Local Education

Authority to develop an accessibility strategy to maximise resources and avoid duplication.

The role of public authorities is likely to be strengthened in the draft Disability Bill, see the Appendix for further details.

A building which is accessible benefits everyone who uses it. For disabled children and young people, it means they are not constantly singled out for help and extra assistance. The process can be long, and needs to be regularly reviewed. However, the importance of including everyone and the benefits of doing so outweigh the time and commitment costs to the organisation.

Checklist: changing physical features

The Part 3 Code of Practice has the following list of considerations for service providers when planning change. The list is not complete but acts as a useful starting point for services considering:

- **whether taking any particular steps would be effective in overcoming the difficulty that disabled people face in accessing the services in question**
- **the extent to which it is practicable for the service provider to take the measures**
- **the financial and other costs of making the adjustment**
- **the extent of any disruption which taking the steps would cause**
- **the extent of the service provider's financial and other resources**
- **the amount of any resources already spent on making adjustments**
- **the availability of financial or other assistance.**

Part 3 COP, page 46, paragraph 4.22

When considering making changes to their physical premises, providers should take expert advice. Many local authorities have access officers who can be contacted through local council offices or 'one stop shops'. Also, the Centre for Accessible Environments maintains a register of approved access consultants. They can be contacted on 020 7357 8182 or www.cae.org.uk. Further details are listed in Chapter 11.

A reminder – anticipatory duties

The DDA duties are *anticipatory*. All service providers have responsibilities not only to disabled people currently using their services, but also towards disabled people who may wish to access the services in the future. Therefore, all providers of children's services need to consider how they can progressively improve accessibility for disabled children.

The DDA Guidance

A service provider owes a duty of reasonable adjustment to ‘disabled persons’ as defined by the Act. This is a duty to disabled people at large, and applies regardless of whether the service provider knows that a particular member of the public is disabled or whether it currently has disabled customers.

Part 3 COP, page 43, paragraph 4.15

Worksheet

Below is a good practice worksheet which could act as a starting point for thinking about action you may want to take in your organisation. It is intended to help you think about how to:

- identify and address areas of potential discrimination in accessing the service
- reduce the possibility of complaints
- produce a checklist for action which will improve access to the service.

Remember There is an expectation in the DDA that services will make adjustments *in anticipation* of disabled children using them.

Read the following case study and look at the worksheet the staff at this service completed to help them identify areas of improvement in their service.

Then try using the second blank worksheet to do the same for your service to help you start thinking about what access issues there are and how you can improve them.

CASE STUDY

A local voluntary group runs its services from an old house which they own. The house is a listed building which was donated to the group. They mainly provide evening youth clubs, which are open to all and cater for different age groups on different evenings. The house is terraced, with steps at the entrance. The hallways and rooms are large but the floors are uneven. There are four floors, which are all accessible only by steep flights of stairs.

They are considering the following proposals:

- Proposal 1: install ramp at entrance
- Proposal 2: have floors re-laid
- Proposal 3: install lift to all floors.

Use the questions below to consider each proposal, and then decide which would use resources most effectively and achieve the best improvements to the service.

Then use the second blank checklist to help develop thoughts on planning for your own service.

Good practice checklist

Physical adjustments: the old house

Proposal 1: Install ramp at entrance		Discussion
Would this action make it easier for disabled young people to use the service?	<i>Yes</i>	<i>Young people with physical disabilities currently do not use the service. An accessible entrance is essential if this is to change.</i>
Is it practical for the service provider to take the action being considered?	<i>Yes</i>	<i>The building is listed so a ramp may need planning permission.</i>
What are the financial and other costs of making the adjustment (taking into account the financial and other resources available to the service)?	<i>Medium</i>	<i>It could be costly to create a ramp which would comply with the Listed Buildings Regulations.</i>
Is any financial or other assistance available?	<i>Yes</i>	<i>From local small grant fund</i>
Does the proposal comply with other legislation and guidance – eg, health and safety, risk assessments, building regulations, etc?	<i>Yes</i>	<i>An accessible entrance is likely to enhance compliance with other legislation and requirements with the exception of listed buildings criteria.</i>
To what extent has the service already committed resources and planned to increase access and inclusion?		<i>The centre has committed funds to producing information on audio tape. Creating an accessible entrance is fundamental in the continuing development process.</i>
Proposal 2: Have floors re-laid		Discussion
Would this action make it easier for disabled young people to use the service?	<i>Yes</i>	<i>Would make it easier for people with mobility impairments to get around the building.</i>
Is it practical for the service provider to take the action being considered?	<i>Not at the moment</i>	<i>Would be large commitment and not priority ahead of entrance.</i>
What are the financial and other costs of making the adjustment (taking into account the financial and other resources available to the service)?	<i>High</i>	<i>Significant financial costs</i>
Is any financial or other assistance available?	<i>No</i>	<i>May be possible to bid for some long term development funds</i>
Does the proposal comply with other legislation and guidance – eg, health and safety, risk assessments, building regulations, etc?	<i>Yes</i>	<i>Would improve health and safety compliance</i>
To what extent has the service already committed resources and planned to increase access and inclusion?		<i>Since the organisation has already committed to considering the entrance then this major piece of work could be placed further into the future. As a temporary measure they could: install better lighting, redecorate in contrasting colours and use signs as way of warning where floors are uneven.</i>

Proposal 3: Install lift to all floors		Discussion
Would this action make it easier for disabled young people to use the service?	<i>Yes</i>	<i>The lift must be large enough to accommodate new generation wheelchairs and other equipment.</i>
Is it practical for the service provider to take the action being considered?	<i>No</i>	<i>The listed status of the building could make this difficult. Planning permission would be needed.</i>
What are the financial and other costs of making the adjustment (taking into account the financial and other resources available to the service)?	<i>High</i>	<i>Significant financial cost</i>
Is any financial or other assistance available?	<i>No</i>	<i>May be possible to bid for one-off improvement grant</i>
Does the proposal comply with other legislation and guidance – eg, health and safety, risk assessments, building regulations, etc?	<i>Possibly</i>	<i>Because this building has four storeys and is listed, it may present particular fire hazards. Any installation of a lift should be preceded by discussions with the local planning department and the fire brigade. The group should also remember that maintenance will be essential to ensure that the lift passes its annual inspection.</i>
To what extent has the service already committed resources and planned to increase access and inclusion?		<i>See previous</i>

Points to note

There are many other adjustments the group could consider to improve access to the building and the services they run from it. In considering any of the proposals, the group could seek advice from the local access officer who can be contacted through local council offices or ‘one stop shops’.

All service providers are expected to make reasonable adjustments to enable disabled people to access their services. However, the nature of the reasonable adjustments will vary according to the resources and circumstances of the provider. For example, a drop-in playgroup run in a rural church hall may have very limited resources and no alternative accommodation. On the other hand, a local authority leisure centre, a large daycare provider, library or sports club are all likely to have budgets for capital expenditure and regular refurbishment.

Whether the service is large or small, planning reasonable

adjustments in order to meet the needs of disabled people must be considered. The voluntary group for example may find the installation of a lift impossible but may consider installing a stairlift as an alternative.

As noted in earlier sections of this guide, the resources already committed by an organisation may be taken into account in determining whether the provider has been reasonable. It will be important to demonstrate a planned approach to increasing access. Providers also need to remember that they have anticipatory duties towards disabled people, whether or not any current users require adjustments.

Think of a series of proposals for your own service and use the checklist on the next page to develop your plans. The proposals could include:

- installing a flashing fire alarm system
- designing accessible parking spaces
- widening doorways to accommodate people using walking frames or wheelchairs
- installing a lift
- decorating to improve visual cues to doorways, toilets, etc
- placing handrails around the building in long corridors or on ramps and slopes.

Good practice checklist

Physical adjustments: your service

	Proposal	Yes/No	Action	Lead person	To complete by
Would this action make it easier for disabled children to use this service?					
Is it practical for the service provider to take the action being considered?					
What are the financial and other costs of making the adjustment (taking into account the financial and other resources of the service)?					
Is any financial or other assistance available?					
Does the proposal comply with other legislation and guidance – eg, health and safety, risk assessments, child protection, etc?					
To what extent has the service already committed resources and planned to increase access and inclusion?					

Action plan: basic access audit

Providers need to consult service users and staff and put together an action plan for physical access changes, taking into consideration a range of needs. Completing an access audit can help a provider decide what would be the most effective physical changes to make. This section looks at:

- The DDA Guidance
- Before you start
- Access audits
- After the audit.

The DDA Guidance

Service providers are more likely to be able to comply with their duty to make adjustments in relation to physical features if they arrange for an access audit of their premises to be conducted and draw up an access plan or strategy. Acting on the results of such an evaluation may reduce the likelihood of legal claims against the service provider.

Part 3 COP, page 82, paragraph 5.42

In carrying out an audit, it is recommended that service providers seek the views of people with different disabilities, or those representing them, to assist in identifying barriers and developing effective solutions. Service providers can also draw on the extensive experience of local and national disability groups or organisations of disabled people.

Part 3 COP, page 82, paragraph 5.43

As the Part 3 Code of Practice states, an effective and efficient way of assessing how to use resources to improve physical access is to have an access audit carried out. There are organisations that do this and advise on what improvements need to be made to provide a more accessible service and better meet the requirements of the DDA. Providers could contact the local authority access officer through the local council office or ‘one stop shop’ or contact the Centre for Accessible Environments who hold a list of registered approved access consultants who can carry out audits and recommend the most effective ways for services to improve access (contact details on page 104).

Using a registered access consultant can help services access the most effective equipment or guidance when making adjustments. This can help avoid making costly mistakes when planning physical changes.

Access audit: before you start

The following pages offer a range of checklists you may want to complete for your service. They are designed to help services identify areas for improvement.

Services carrying out an access audit should include service users in this process to gather their opinions and include their thoughts in the planning process.

Access audits are designed to enable providers to review current practice and identify ways to make it easier for disabled children to use their service. Before you start, think about these questions:

- Think about the objectives of the service. What is its purpose? The attitude of the service to positive inclusion of disabled children is crucial. How can this fit into the aims and objectives of the organisation?
- It is useful to bear in mind from the beginning what may be possible. What resources are available? What capacity does the service have? Is it a permanent or temporary service (eg a summer playscheme)?
- Are there local experts the service can use, eg local government access officers or an approved access consultant?
- Each stage of the access audit should be dated to help service providers to monitor progress and assess when updates are needed.
- It is important to consider the whole experience of the service and all aspects of access – from how disabled children get information about the service and how they can get there, to how they can use the service over time.
- Use local expertise. Consult with current service users, local groups, families, staff and volunteers.

The following pages contain basic audit checklists. They are divided into sections which reflect the experience of attempting to access a service. The first audit sheet deals with actually getting to the venue, the next deals with the physical environment outside the venue and the audit sheets following that deal with provision once inside the venue.

Access audit

Getting there

Service providers may not be able to improve transport links or provision but it is useful to be aware of the situation and pass this information on to service users.

Information	Yes/No	Notes	Ideas on access
Public transport			
Is there a regular bus service?		Eg: No buses on Sundays.	Eg: Keep copies of accessible timetables (available from transport providers) to send out to service users.
Are the buses accessible?		Eg: Varies, some are but most on the route are old style buses.	
Is the stop nearby?			
How often do they run?			
Can you provide information on connections for the bus from different areas?			
Is there a regular train/underground/tram service?			
Is the station nearby?			
Is the station accessible?		Eg: The station has a lift.	Eg: Check how passengers need to access the lift.
How often do they run?			
Can you provide information on connections to this service from different areas?			
Dedicated transport			
Is transport to the service provided?			
Is it open to all?			
Can you book in advance?			Eg: You can book up to a month in advance.
Can you provide details of how to book?			
How much does it cost?			
How often does it run?			Eg: Review with current users how good they think the timetable/flexibility of the service is.

Access audit **Getting there** continued

Information	Yes/No	Notes	Ideas on access
Private transport Is there a recommended local taxi service or community transport scheme?			
Are the vehicles accessible?			Eg: Can the company provide accessible vehicles on request?
Can you provide further information on average fares?			
Private car Can cars stop near the entrance?			
Is there car parking on site?			
Are there dropped kerbs from the car park to the entrance?			
Are parking spaces wide enough for wheelchair access to side doors and is there room at the back for boot access?			
Is there car parking nearby?			
Is the parking area on level ground?			Eg: No, car park is on slope.
How much does it cost to park?			
If public, is the car parking long stay?			Eg: Car parking is restricted to 2 hours only.
Further information Is there someone service users can contact for further information?		Contact details:	

Date this form completed _____

Review date _____

Person responsible _____

Access audit

Local environment

Although service providers can not necessarily change the physical environment, they can make service users aware of any potential difficulties and what might be useful to avoid them.

Information	Yes/No	Notes	Ideas on access
Is there a steep hill or set of steps near the entrance?		Eg: There is a steep hill in one direction which can be avoided by arriving by a different route.	
Is the service based on a busy street?			
Is the road or pavement narrow?			
Does the street have even paving stones/surfaces?		Eg: The paving is good but to access the service you need to get across a small lawn.	Eg: Consider building path over the lawn.
Does the paving have dropped kerbs for easier access to pavement/road?			
Does the paving have textured surfaces to indicate crossings/entrances?			
Is the area considered a safe place to be in?		Eg: The area is safe but in the evening it becomes quite isolated.	
Is there someone service users can contact for more information?		Contact details:	

Date this form completed _____

Review date _____

Person responsible _____

Access audit

Entrances and exits

Information	Yes/No	Notes	Ideas on access
Are there steps leading up to the entrance? If yes, how many and how steep?		Eg: 3 steps, approx 20cm deep with a handrail on both sides.	Eg; consider installing a ramp over the steps.
Is the intercom/doorbell at a height that wheelchair users could use?			
Are any access ramps at reasonable inclines?			
Are any temporary ramps securely placed?			
Are ramp surfaces durable and non slip?			
Is the entrance easy to identify?		Eg: There is a prominent entrance sign with words and pictures	
Is the door easy to pick out from its surroundings?		Eg: The door is painted in contrasting colours to the surrounding wall.	
Are the entrance/exit doors automatic? If not, are they easy to open?		Eg: The entrance door is heavy and difficult to open.	Eg: Consider changing the door.
Is the entrance wide enough for modern wheelchairs and equipment?			
Are any glass panels around the entrance clearly marked?			
Is there someone service users can contact for more information?		Contact details:	

Date this form completed _____

Review date _____

Person responsible _____

Access audit

Inside the building

Information	Yes/No	Notes	Ideas on access
Steps and ramps			
Are there any steps immediately inside the building?			
Are there any sets of steps which lead to public areas?			
Are the ramps at reasonable inclines?			
Do any ramps used have handrails?			
Are ramp surfaces durable and non-slip?			
Are temporary ramps properly secured?			
Doors			
Are doors easy to open, eg, flush and not too heavy?			
Are doorways wide enough?			
Doors easy to identify – eg, in contrasting colours to the surroundings?			
Corridors			
Are handrails fitted along long corridors and in areas which may be difficult to walk across?			
Are corridors wide enough?			
Are corridors kept clear of obstructions?			
Are seats available in waiting areas and between areas, eg along long corridors?			
Floors			
Are floor surfaces even – eg not bunched up or heavy pile carpet or uneven surface?			
Are floors non-slip?			

Access audit **Inside the building** continued

Information	Yes/No	Notes	Ideas on access
Reception			
Is reception area big enough for wheelchairs/walking frames to fit around easily?			
Are seats available in waiting areas?			
Is reception desk at height useable for wheelchair users			
Is the reception area brightly lit?			
Does reception have loop system?			
Is the reception area welcoming?			
Toilets			
Are toilets accessible?			
Are accessible toilets well maintained?			
Is the key to any accessible toilet or changing area easily available?			
Are accessible toilets large enough for wheelchairs?			
Are there changing facilities for older children?			

Access audit

Inside the building: further access

Information

To support physical access to services it is important to develop accessible information resources and to plan publicity to inform people when access improvements are made. See page 65 for more details on developing information resources.

Information	Yes/No	Notes	Ideas on access
Signage on doors and around the building			
Is signage large enough?			
Is it in Braille?			
Does it have a supporting picture?			
Is it in contrasting colours?			
Is it in clear language?			
Are glass panels clearly marked?			
Are there welcoming statements and positive images around the building?			
Are stairs highlighted in different colours?			
Are loop systems and other equipment in good working order?			
Are pictures and posters on display inclusive?			
Are public areas well lit?			
Are flashing fire alarms fitted?			
Does the fire procedure include a safe area for people using wheelchairs?			
Services in accessible rooms			
Are light switches and switches at a suitable height?			
Is a Text phone available?			
Are the lifts large enough for wheelchairs?			
Are the routes to accessible/adapted areas wide enough?			
Is there access to all public areas?			
Are induction loops/flashing alarms fitted as standard?			

After the audit

Prepare a report.

- Using the information from the checklists it is useful to prepare a report on areas of concern and areas where things are working well. From this, services can form a clear overview of what further work needs to be carried out, give reasons for why it is important and decide on reasonable timescales for this. It is also a good idea to check with the local authority about highway regulations in the area and any restrictions on listed buildings you may be considering working on.

- Prioritise recommendations.

Once further work has been identified and reasonable timescales established, a list of priorities can be drawn up to form the basis of the action plan of improvements.

- Try and quantify how effective the alteration will be. Part of the prioritisation process should be around the impact an improvement will make. For example a ramp could make access possible for a whole new group of service users.
- Build in review times to monitor effectiveness of improvements. This is an ongoing process which will help services provide responsive and high quality services to disabled children and their families. What could have been good enough two years ago may not be good enough now. For example a toilet adapted for use by wheelchair users. Wheelchairs have changed considerably and can now require much more room.

Access planning

There is no formal planning duty under Part 3 of the DDA at the moment. However, Part 4 of the DDA requires schools and local education authorities to have access plans and accessibility strategies, which set clear targets to improve access over time and which are both regularly reviewed and inspected by the Office for Standards in Education (Ofsted). Although other services which are covered by Part 3 are not required to have action plans of this nature, they may wish to consider developing plans which will ensure that the service progressively works towards greater access and inclusion.

There is a wealth of experience to draw upon in developing action plans. The information in this section is drawn from good practice, guidance and other tools to help providers carry out their duties under the DDA effectively and as part of a wider programme of service development . The resources listed in Chapter 11 include a range of materials that will be useful in

developing accessible services.

If you are developing an action plan, you will wish to consider

- how to ensure the active involvement of disabled children, young people, their families and organisations of disabled people in planning and managing resources most effectively
- carrying out an access audit
- setting short, medium and long-term goals, eg, reviewing policies, staff training, building structure and refurbishment plans
- the production of high-quality information for service users
- clarification of any health or safety issues
- develop a risk assessment policy.

Many disabled children can overcome physical barriers with appropriate personal support. Whatever adjustments are made, it is important that they are made positively, with clarity about risk assessment and health and safety arrangements. Disabled children and young people (and their carers) have the right to be safe. It is important, however, that they are not excluded because of unsubstantiated assumptions of risk or health and safety issues. Hence both individual providers and local authorities need clarity about local protocols and sources of professional advice when there are disputes.

The Centre for Accessible Environments can provide further information and advice on access. Contact them on 020 7357 8182 or www.cae.org.uk

The government has revised the building regulations which cover access and facilities for disabled people. The document *Approved Document M, Building Regulations 1991, Access and facilities for disabled people*, 1999 update, is available to download free from www.safety.odpm.gov.uk/bregs/pdf/adm/adm.pdf. It is also available from the Stationery office for £7.95; telephone 0870 600 5522 or online at www.thestationeryoffice.com

The British Standards Institute (BSI) has produced a British Standard on working toward making buildings accessible to disabled people.

The publication *BS 8300: 2001 – Design of buildings and their approaches to meet the needs of disabled people – Code of Practice* can be ordered from them directly at a cost of £156 (£78 for BSI members). They can be contacted on 020 8996 9001, website www.bsi-global.com.

Action planning will not only maximise the use of resources in improving accessibility and inclusion, but it can take account of the size, core purpose and availability of financial and human resources in progressively removing barriers.

Action planning is an ongoing process which can help services, over a period of time, develop accessible and inclusive

provision for the benefit of all users.

Service providers should remember that improving access and inclusion for disabled children and young people will have other benefits, including avoiding discrimination against disabled employees and improving access for all members of the public.

Disability Discrimination Act

Part 3 and Part 4: working together

In considering the implications of the DDA for children's services, providers, planners and policy-makers need to understand the interface between Part 3 (Access to goods and services) and Part 4 (disability duties in education).

This section covers:

- the principles of Part 3 and Part 4
- the DDA guidance
- worksheet
- confidentiality.

The principles of Part 3 and Part 4 of the DDA

Part 3 of the DDA is concerned with access to, and inclusion in, all types of services that the public may use. Part 4 of the DDA was amended in order to provide the same access and inclusion in education provision. The amendments to Part 4 of the DDA were designed to sit within the existing education framework rather than to stand alone in the way that Part 3 does.

The DDA guidance

Part 3

... Part III of the Act is based on the principle that disabled people should not be discriminated against by service providers or those involved in the disposal or management of premises. Subject to limited exceptions, anyone who comes within either of these categories must comply with the duties set out in Part III ...

Part 3 COP, page 1, paragraph 1.1

Part 4

... The Special Educational Needs and Disability Act 2001 amends the Disability Discrimination Act Part 4 to prevent discrimination against disabled people in their access to education ... The duties make it unlawful to discriminate, without justification, against disabled pupils and prospective pupils, in all aspects of school life. The principle behind this legislation is that wherever possible disabled people should have the same opportunities as non disabled people in their access to education.

School COP page 1, paragraph 1.1

Both Parts 3 and 4 of the DDA are relevant for any provider of a service for children or young people. This section seeks to clarify the difference between Parts 3 and 4 so that service providers can decide what action to take in fulfilling the duties for their particular service whether that is a mainstream primary school, a nursery or a youth club.

Part 4 of the DDA applies to all schools, whether private or state-maintained; mainstream or special. The duties cover discrimination in admissions, the provision of 'education and associated services' (a broad term covering the whole life of the school) and exclusions. Part 4 covers education services from early years through to the school stages, post-16, higher and adult education.

The definition of 'education and associated services' is very broad. A range of after-school clubs, sporting and cultural activities and school trips (whether or not they are related to the curriculum) are all covered by Part 4. They are seen as an integral part of the life of the school.

Clubs, daycare, play or leisure, sporting or cultural activities, and trips arranged by a local authority department (other than education), community group or commercial provider are covered by Part 3.

Schools should remember that although all their *educational* activities are now covered by Part 4 of the DDA, they are also covered by Part 3 for activities which could be regarded as services to the public. Examples of such services could include the holding of a fete which is open to the public, governors' meetings which are open to the public and fundraising activities like jumble sales.

There has been some confusion about whether early years services come under Part 3 or Part 4 of the DDA. Part 3 of the DDA covers all early years providers which are not constituted as schools (eg, day nurseries, family centres, childcare centres, pre-schools and playgroups; childminders and other private, voluntary or statutory provision that is not established as a school). Some of these providers may be in receipt of an education grant but, if not constituted as a school, they come under Part 3 only.

In effect, all disabled children's services are now protected by the DDA. In most cases, disabled children will use a range of services, some of which will come under Part 3, some under Part 4.

Worksheet: Part 3 or Part 4?

The following case studies are based on situations which could occur across a range of services. In each case a disabled child is in a position to have some recourse under the DDA. It may be helpful to discuss each case with staff groups to raise awareness about the different Parts of the Act and discuss which part of the DDA your service is covered by.

Decide which of the following is covered by Part 3 or Part 4 of the DDA.

CASE STUDY A maintained nursery school has a policy of not admitting children until they are toilet trained. It refuses to admit four-year-old Abhay, who, because of a long-term medical condition still wears nappies.

The nursery needs to change its policy. Otherwise a blanket policy like this might discriminate against a disabled child who wanted to come to the school. It would discriminate if it refused to admit a child like Abhay who wasn't toilet trained and whose lack of toilet training was related to their disability.

The nursery school could consider a number of changes:

- take the particular circumstances of an individual child into consideration. It might ask the parents about Abhay's needs and discuss ways to accommodate them.
- change its policies to make it clear that disabled children would not be automatically excluded if they were not toilet trained for a reason related to their disability.
- decide to go beyond the Part 4 duties and drop its rule about all children being toilet trained prior to admission. Nursery schools and other early years providers normally have children attending who are not toilet trained for a variety of reasons and they make arrangements to accommodate them.

If a disabled child requires special assistance with toileting (eg, because they have an indwelling catheter or a health problem that requires special attention), the nursery might seek additional support through the local SEN network, for example from local child health or community nursing services.

Part 4 covers maintained nursery schools.

CASE STUDY An independent school provides education for high-achieving pupils. The parent of Rasul, a boy who meets these criteria apply for him to go to the school. Rasul is on the autistic spectrum. The school says they cannot admit a pupil with an autistic spectrum disorder.

The school is only obliged to accept pupils who meet their admission criteria. Rasul does meet the admission criteria for the school. This means under Part 4 of the DDA, the school may need to consider making reasonable adjustments to

accommodate his admission. The school needs to consider, with Rasul and his family, what reasonable adjustments they could make and if they are practical for the school to undertake.

Part 4 covers *all* schools.

CASE STUDY

Paul is 15 and would like to attend the music workshop his local youth club run once a month. The staff at the club have refused to allow Paul to attend as he has Tourette syndrome. The staff feel his facial tics and noises will distract the other young people.

The youth club could consider the following:

- Inviting Paul to a session at the club to see if he likes it and to assure staff his behaviour can be managed within the session
- Review the organisation of the music workshop to consider how it can be improved to include Paul – for example setting up the instruments and DJ equipment across a wider area
- Identify other young people to work with Paul when he attends to help him feel less nervous

Youth clubs – if run by the local authority are covered by Part 4 of the DDA, if run by other agencies then covered by Part 3.

CASE STUDY

Miranda is a pupil with cerebral palsy who attends a mainstream secondary school. She can walk short distances, and is provided with transport by the LEA – a bus to and from school. She wants to attend the after-school Spanish club, but the bus schedule does not allow for this. Her parents complain. The parents argue that the Spanish club is part of the school's activities, and that the transport arrangements ought to permit Miranda to stay.

Transport arrangements are the responsibility of the LEA rather than the school. However the LEA also must comply with Part 4 duties, so it will need to consider whether it can make any reasonable adjustments to their transport arrangements so that Miranda can attend the Spanish class on a regular basis.

Options might include arrangements for a later collection time on the night of the Spanish class or for longer-term variations in the transport contract to permit greater flexibility for a range of disabled pupils.

Action plan

- Find out which part of the DDA covers your service. Make sure you have the guidance and key documents.
- A named staff member should be responsible for keeping up to date with the law and letting others know.
- Develop policy on reviewing access regularly and constantly including the needs of disabled service users in planning (see Chapters 3 and 6 for ideas).

Confidentiality

What does the DDA say about confidentiality and disclosure?

Under the Disability Discrimination Act, disabled people have a right not to disclose their disability. If they choose not to tell the service provider, the service cannot necessarily be said to have acted unreasonably if it does not meet their needs. The service could say it has a 'lack of knowledge' in its defence.

The DDA Guidance

The School COP (7.13) states that a parent can ask the school to keep confidential the nature of, or the existence of, their child's disability. A request for confidentiality may also come from a child.

Under the Part 3 'reasonable adjustments' duty, the DDA says that schools should take into account any confidentiality request that they receive.

A request for confidentiality may limit what services can do to make reasonable adjustments. The DDA COPs say that, in considering what particular steps to take, services should think about the extent to which taking a particular step is consistent with keeping confidentiality, where it has been requested.

What this means in practice

When a child requests confidentiality, the school or service should take that request into account if it reasonably believes that the child understands what they are asking to be done and what the effect of that request might be.

Although the DDA places 'anticipatory duties' on all service providers, accurate information about any necessary adjustments, aids their ability to respond proactively to meet a disabled child's needs.

They may, for example:

- **establish an atmosphere or culture which is open and welcoming, so that pupils and parents feel comfortable about disclosing information about a disability**
- **ask parents, when they visit or during the admissions process, about the existence of, and the nature of, any disability that their child may have**
- **provide continuing opportunities to share information, for example when seeking permission to go on a school trip or at points of transition within the school.**

School COP page 73, paragraph 7.9

In the majority of cases, a school or other service will know that a child is disabled. They may receive information prior to admission or from the child, parent or other professional involved with the child. However, in some cases it may not be immediately obvious that the child is disabled. It will be in the interests of schools and other services to be proactive in seeking out relevant information.

DDA Part 3: risk assessment and management

Risk and the health and safety of children and staff are primary considerations for all services. The DDA does not overrule other legislation, like health and safety. It is possible, however, to meet health and safety requirements, complete risk assessments and still provide an inclusive and accessible service for disabled children and young people.

This section covers:

- the principle of risk management in children's services
- The DDA guidance
- good practice
- the changing population of disabled children
- checklist
- examples.

The principle of risk management in children's services

Health and safety issues within services for disabled children provoke particular concern. The DDA is not about using health and safety issues as a barrier but about looking at the 'reasonable adjustments' necessary in relation to meeting disabled children's needs. Most disabled children have no greater health and safety needs than their non-disabled peers, but some do. This section looks at the key needs and the adjustments needed to meet them.

The DDA Guidance

Before a service provider relies on health or safety to justify less favourable treatment of a disabled person, it should consider whether a reasonable adjustment could be made which would allow the disabled person to access the service without concerns for health or safety. Similarly, if health or safety is used to justify a failure to make a particular reasonable adjustment, the service provider should consider whether there is any alternative adjustment that could be made to allow the disabled person to use the service.

Part 3 COP, page 118, paragraph 7.13

Good practice

Services need to carefully consider and plan how they will manage the needs of disabled children who may use their services.

Risk can be scary – until you realise that you take risks working in children’s services all the time. New risks are scary but can be managed if staff are confident they have the right information and the right support. Taking on a child where risk is an issue should be a whole service decision not an individual one.

Staff training and awareness is crucial in this area. There is a need for a whole shift in culture in working with disabled children. Person-centred planning needs to be in place to underpin the development of service delivery.

eg Alex has spina bifida and is three years old. Alex’s mother would like her to go to the local playgroup but the staff are concerned as to how they will meet her needs. Alex uses continence protection and needs some transfer lifting from her wheelchair. The staff are initially very reluctant, until they meet Alex and realise that her enthusiasm and personality would be an asset to the group.

The staff agree with Alex’s mother that Alex will be changed once during her three-hour session. She will be changed more frequently if she opens her bowels. Alex will remain in her wheelchair except for story time, when she will join her peers on the carpet.

Alex’s needs were fully recorded and her mother agreed to accompany Alex for the first few stays. The playgroup also asked for support from their local moving and handling trainer and the Early Years Inclusion Officer. Local social services and health services can give details of this support.

Changing population of disabled children

The health needs of children are changing. Research by the Council for Disabled Children showed a significant increase in the numbers of children with special health needs, in both mainstream and special school environments. Within mainstream services, schools highlighted the number of children with allergic reactions leading to anaphylactic shock and the number of children taking behaviour-controlling drugs such as Ritalin. While there is no agreed national database of disabled children there is a growing consensus among paediatricians, social services managers and educationalists that the population of disabled children presenting for services now is radically different from that of ten years ago. In a report to the Department of Health (1999), Glendinning estimated that there were about 6,000 technology-dependent children in the UK. A study of tube-fed children (Townsend and Robinson 2000) by the Norah Fry Research Centre estimated that the number of

children fed by tube at home rose by nearly 60% between 1994 and 1996. See Chapter 11 for details of the report.

The changing needs of disabled children are set against changing expectations. New guidance on the management of challenging behaviour and legislation on moving and handling is set within an increasingly litigious environment and a cultural move towards eliminating risk. Services need to find the reasonable adjustments they can make in this environment to include disabled children positively in their services.

In most childcare settings, consistency of approach is important; for the management of risk, it is essential. Consistency of both approach and communication reduces risks significantly. The key in any service is to work on information and communication for all children. Information on a child is not helpful, for example, if it is kept in a locked office or a file within a service or organisation.

The most important element of all is that of attitude. When we look at services which succeed with children with complex needs and those which do not the crucial difference is one of attitude. Services choose, consciously or not, whether to adopt a 'can-do' approach. The DDA encourages a can do approach and adjustments made for disabled children can often benefit the group as a whole.

Checklist: written protocols

One way of building confidence is to build in written protocols. The protocols should operate at two levels, general and child specific. General protocols should include the service's:

- approach to disability and diversity
- approach to health and safety
- policy on medication
- policy on the management of difficult behaviour
- policy on transport and outings
- policy on working with parents
- approach to communication.

Child specific protocols should include:

- a healthcare plan for all children who need it drawn up with clinical input and agreed with parents
- a moving and handling plan for any child with limited mobility who will need hazardous lifting as part of their daily activities
- an individual behaviour management approach for all children who present behaviours which challenge, whether these arise from disability or not.

Examples risk assessment

eg Ross is a boy of 14 who has severe epilepsy. He would like to join the youth activity programme at the local leisure centre. A number of his friends go and he is keen to try out some new activities.

Ross's epilepsy is usually well controlled but very occasionally results in status epilepticus, a state of repeated and continuous seizure. This can only be controlled by the administration of rectal diazepam.

The leisure centre staff want Ross to join them but are very nervous about his condition. They set up a meeting which is attended by Ross, his family, the centre staff and the local epilepsy nurse.

The family, Ross and the nurse are able to explain the nature of Ross's epilepsy in more detail to the centre staff and explain how rare the status episodes are. They also agree that, given Ross's epilepsy has key triggers, these should be avoided.

They are also able to give the centre clear information about the signs and symptoms of status and explain that Ross is able to self-administer other types of medication.

The staff agree that Ross can attend and that all members of staff who work with him will have clear information on signs and symptoms of status. If Ross goes into status all agree that someone will dial 999 and an ambulance called.

eg Nishta is 8. She has profound cerebral palsy and requires help for all her daily needs. Nishta's mother would like her to attend the after-school club but staff are concerned about the level of her needs. Specifically, they are concerned that she needs to be fed by tube and needs lifting on a regular basis so that her limbs do not become too stiff.

The after-school club agrees to meet with Nishta's mother and her teacher to see how her needs could be met.

The school nurse explains Nishta's tube-feeding technique and agrees to train a member of staff at the club. The teacher shows the club the techniques used for lifting in school and agrees that the sliding sheets used in school can be used by the club when Nishta attends.

The after-school club is still concerned about their staffing ratio in meeting Nishta's needs and apply to the local EYDCP (Early years development and child care partnership) for extra staff funded by inclusion money. Extra finance is granted and a key worker is appointed for Nishta. The worker spends the day in school with her to ensure that they have a full picture of how her needs can be met.

Nishta settles in and staff describe the experience as 'daunting at first but worthwhile, now she is just Nishta, rather than the problem child'.

Beyond the DDA

This chapter looks beyond the legal requirements set out in the DDA and focuses on good practice which can help services plan to improve access and operate at a high level of excellence.

This section covers:

- joint planning and working
- supporting staff
- consultation with service users
- information about services
- service review
- potential costs for services.

Joint planning and working

For all services, working with others can lead to improved effectiveness and cost savings. When planning for improved access and inclusion for disabled children, organisations could come together to share premises or equipment, particularly if they have service users with similar needs (eg, transport to help them access services).

Many local authorities are entering a new system of planning and development and are making considerable progress in working toward pooled budgets, joint planning, shared space and equipment. For example, a primary care trust may allocate some funding for equipment to a local family centre play scheme to enable more disabled children to be included in this mainstream provision.

Some areas have developed joint planning teams which represent the interests of a wide range of services including health, voluntary groups, private agencies and social services. These joint planning teams are able to negotiate the best deal on resources both locally and those further afield.

Internally, services need to bear in mind the extent of DDA requirements. The Act covers all departments in organisations including human resources, finance, maintenance, information and publications as well as front line services. It is useful for organisations to have a central planning team to ensure all departments are working together on DDA related issues and planning to make the most effective changes and minimise cost.

Joint working examples

- Work across a local authority to offer free training to childminders and other early years providers as part of a programme to increase availability of childcare for disabled children.
- Set up a peer support scheme to pair up young people to go on trips together to the cinema, etc.
- Seconding staff to work with colleagues elsewhere and learn about their role and work with disabled children and pass on skills.
- Local authorities are well placed to offer free training to personal assistants employed through the direct payments scheme in caring for disabled children with complex needs. Training offered includes; manual handling, first aid, clinical skills and disability equality training.
- Develop schemes for children and young people with specific needs. For example the local authority and specialist voluntary agency providing a group for young people with Asperger's Syndrome and summer holiday activities for autistic children who are unable to access other services are available.

Checklist: joint planning and working

- How are your services currently meeting the needs of disabled children?
- Do you use and develop contacts with other services, especially links with community groups and those working with socially excluded groups to share knowledge, expertise and resources?
- Do departments across your organisation work together to ensure a consistent approach?
- Do you invite representatives from other organisations to come and give talks at staff meetings to raise awareness of local provision and expertise?
- Do you consider the needs of specific groups – eg children with an autistic spectrum disorder?

Supporting staff

Staff are integral to the success of improving services for disabled children. They need to be consulted and supported, and have access to high-quality training and resources.

Staff from every part of the organisation need to be involved in the planning and development of services, particularly staff working directly with service users who will be able to offer valuable insight into any current challenges to access and inclusion.

Staff will be expected to respond to a range of different needs from disabled children. They should be confident in carrying out their duties and supporting people to access services or in signposting them on to other organisations where needed. The following checklist contains suggestions on how services may support staff to do this.

Checklist: supporting staff

Have all staff completed disability awareness and equality training as part of their induction?

This would give staff some degree of awareness and understanding of the rights of disabled children who may use their service. This should be in addition to any standard, general equality training.

As well as adding to individual personal development, this training can help give staff the confidence to communicate with disabled children accessing their service in a positive way.

Has a staff skill audit been completed?

This gives everyone the chance to identify their particular skills in relation to working with disabled children and to identify areas they would like to learn more about.

Do staff have access to useful internal information?

It is useful to keep a list of who has what skills on a notice board or intranet that staff have access to.

Do staff have access to basic knowledge about equipment?

It is likely that each service has some equipment which is provided to improve access to services, like a text telephone. It is important that staff know how to use this equipment. Some of the activities, like learning how to use a loop system, take only a few minutes.

Do staff have access to reliable and accurate information sources and systems?

Staff should know where to go for support and further information for themselves and service users. They need to know how to access internal information and to have external information like:

- details of specialist national organisations which may be able to offer further support.
- contacts at local disability services and organisations for information and advice.
- information on local resources which is regularly updated

It may be useful to identify a lead person to signpost staff queries on DDA and disability issues.

Further training may be particularly useful for different staff groups. For example:

<i>Communication</i>	<i>Staff</i>
Stage 1 British Sign Language Makaton Bliss symbols	Reception, those doing direct work with service users.
<i>Physical support</i>	
Lifting and handling Administering medication Personal care	School staff, playgroups, nursery, college staff
<i>Equipment</i>	
Using a Textphone (Minicom) Using a loop system	All

Consultation with service users

The most effective way to ensure your service is accessible is to consult current and potential users and organisations representing them. By seeking these views and including them in development and planning, service providers reinforce their commitment to including disabled children in all aspects of their services.

Consulting disabled children who currently use the service and those who may use it in the future is a first step towards including them in ongoing service development and planning. Consultation can provide a huge amount of information on ways to improve access and inclusion. Services will need to consider the best way to consult with different groups of people.

Disabled children and their families can help in this process – for example by testing out local play and leisure services. Ask disabled children and young people to be involved in completing access audits and suggest improvements. Check out sources of practical help and support in the community. Review the full range of local services, including play, leisure, short-term breaks and community facilities.

Service users, their families and carers have a crucial role to play in guiding how access and service delivery can be improved.

Checklist: consultations with service users

- Listen to users needs and their views on current services.
- Include children with disabilities from all potential user groups, eg minority ethnic communities, young people and families with young children.
- Services need to adapt to users rather than users adapting to services.
- Include potential and current service users in the service planning process and include the views of families and carers.
- Review what is known about potential users needs and preferences and the local populations of potential users.
- Parents forums are a popular way for services to establish the most helpful ways to further develop services.
- Use different mediums to encourage disabled children to give their views via a website or by email or texting.
- Many resources already developed, like the Children's Society, *I'll go first* pack. See resources list in Chapter 11 for details.
- Involve disabled children and families in recruitment and tendering processes.
- Recruit disabled young person to carry out evaluation of service.
- Many councils with established youth parliaments are now looking at the meaningful inclusion of young people with disabilities, through providing support workers or operating a buddying system.
- Advocacy services can help disabled children put forward their views and achieve changes in their lives in a variety of forums.
- Allow more time for visits and meetings to facilitate participation by children and young people who find verbal communication difficult, to help support the understanding of all involved.
- Let the people you consulted see your findings and recommendations. Let them know what happens.

Longer-term consultation with service users can be developed as part of the wider ongoing access planning. Service users and potential service users with a range of needs need to be actively encouraged to give feedback on current provision and how this can be improved. There are many excellent resources outlining effective consultation methods. Chapter 11 has more details.

Information about services

The provision of information is identified time and time again by disabled young people, families and professionals as being crucial to providing effective services. Timely, high-quality and

relevant information can enhance the experience of service users and empower staff to provide a more responsive and flexible service. Listed below are some of the actions organisations have found effective in achieving this.

Checklist: information

- *Is information about the service readily available?*
For example, it's a good idea to have one person or team as the initial point of contact for new service users.
- *Is the service's information easy to understand and to translate?*
Provide clear information on services in a range of formats like large print, cassette tape and plain English.
- *Is written information accessible?*
Does general correspondence and information sent out from the organisation meet guidelines on things like minimum font size so people with a visual impairment can read it or have pictures to support understanding of the text?
- *Is your service mentioned in service information packs and in any local resources directories?*
Local authorities often produce packs for families with disabled children which are distributed widely across local areas.
- *Do you share resources?*
Producing joint information leaflets with other local services can be an effective way to advertise services across a range of networks.
- *Do you have an accessible website?*
Having documents available online means people can access them when they need them and view in a range of formats.

Checklist: printed materials

For many organisations, documents about services and general correspondence can be produced on a computer tailored to the individual needs of the service user. It is a good idea to produce general information in an accessible format in any case. The following are widely accepted guidelines which are recommended by a range of disability organisations for information including leaflets, letters, general correspondence, web pages.

- **Font type:** Use a sans serif font like Arial.
- **Font size:** Use 14 pt and above if possible; 18 pt and above is acceptable for large print materials – where possible check with service users.
- **Layout:** Use a clear space between paragraphs and columns to make them easier to distinguish and read.

- Design: Avoid pages of close text. This looks dull and is difficult to read. Pictures can make sense of the text and are useful for people who find written information difficult to understand.
- Avoid lots of design features and laying text across images. This makes reading difficult.
- Contrast: Use contrasting colours for text and background but make sure they are easy to read. Fluorescent colours and light shades on light backgrounds are very difficult to read.
- Paper: Avoid using glossy paper, as the reflection can make this difficult to read.
- Providing the same information on a web page means people can print off or change to a format they prefer.
- Recording the information on to cassette tape or CD means anyone who prefers audio can use it.

Other formats, videos with British Sign Language (BSL) or subtitles and publications in Braille will depend on the size of service, content of publication, local demand, population and resources.

Joint information leaflets with other local services can be effective.

Service review

It is important for services to review and evaluate any improvements they make to access and inclusion to ensure they achieve their aims and to plan the next set of changes.

A useful starting point may be to review the use of current services by disabled children. Does it reflect the number of disabled children in the community you serve who may benefit?

The following checklist contains some basic indicators on reviewing access to services for disabled children.

Checklist

Service review

Action	Current situation	Ideas/comments
Is there up-to-date information resources and DDA information available?		
Do new staff have disability awareness and equality training?		
Are staff trained to basic levels of understanding of disability issues – eg, what may or may not be helpful or supportive behaviour in welcoming disabled service users?		
Is consultation on development with all stakeholders carried out periodically?		
Do all staff know it is unlawful to discriminate against disabled people?		
What percentage of staff and volunteers have a disability?		
Is a periodic review of work across departments carried out to ensure everyone is working together and making best use of resources?		
Has a review of existing practices and policies been carried out to make sure they comply with the DDA?		
Are evaluation times to check the effectiveness of changes brought in to meet the DDA kept to?		
Has an access audit been commissioned, carried out and acted upon?		
Are services advertised and any service improvements advertised as they happen?		
Do you keep in touch with other organisations and share examples of good practice?		
Do all staff know how to use the Text phone/ Tynetalk call service?		
Are performance standards in place for departments?		
Do you examine ways to increase the flexibility of services – eg, look at times and places they are available?		
Do you hold regular user meetings/panels?		
Are you moving toward a service with a choice of communication access like telephone, Text phone, email and face to face, supported by a range of written and taped information?		

Potential costs for services

Meeting the requirements of the DDA will have an impact on resources and budgets. This needs to be accounted for in each new round of budget planning. Many of the changes the DDA requires will already be in place and many more have a negligible cost attached and little impact on services. For example, placing a notice in a window advertising help to access service or goods. Some general budget guidance on practices, policies and procedures are available from the Department for Work and Pensions, (DWP).

They are the Regulatory Impact Assessments, (RIA) which also includes examples of building improvement costs. The RIA relevant to Part 3 of the DDA is available from:

www.dwp.gov.uk/publications/dwp/2001/disdiscrimact/preface.asp
or call the Disability Rights Commission helpline on 08457 622 633. The RIA may be updated as the Disability Bill develops.

Some areas to consider in budget planning are:

- providing information on cassette
- installing a portable induction loop
- providing sign language interpreter
- disability equality training for staff
- advertising accessible services in local papers
- distributing information on your services to local disability organisations
- decorating public areas in colours which make getting around easier for visually impaired people
- keeping up to date with advances in technology. For example, improved integrated alarm systems for building access.
- all changes should be reviewed. Developing inclusive services is an ongoing process rather than a one-off exercise.

Training presentation

The following training presentation has been developed to provide a basic overview of Part 3 of the DDA, its main duties and what their impact may be on services.

The presentation may be useful to services wanting to give staff a starting point in understanding Part 3 of the DDA.

The series of slides, which begins on page 74, can be copied onto transparencies. The notes which begin on this page are designed to act as a commentary to each slide.

Slide 1

The Disability Discrimination Act Part 3

This presentation gives an overview of Part 3 of the Disability Discrimination Act – Access to Goods and Services. It covers the basic requirements of Part 3 of the DDA.

Slide 2

The DDA provides protection against discrimination of disabled people

The Disability Discrimination Act covers Wales, England, Scotland, Northern Ireland and the Isle of Man with small differences between areas which brings the DDA in line with existing country specific legislation.

- **Part 1** covers the definition of disability used in the DDA.
- **Part 2** covers employment.
- **Part 3** covers the provision of goods, facilities and services to the general public (whether paid for or not). It covers service providers across the public, independent and voluntary sectors.
- **Part 4** covers education. The Special Educational Needs and Disability Act (SENDA) amends Part 4 of the DDA by expanding the duties relating to disabled pupils and students.
- **Part 5** covers transport. The Government can set access standards for buses, coaches, trains, trams and taxis.

The DDA is a legal requirement. The accompanying Codes of Practice set out examples of good practice and offer further information on the requirements of the Act.

Slide 3

A history of disability discrimination

The DDA was formulated in response to the eventual recognition of the rights of disabled people.

Slide 4
Putting disability rights on the agenda

The Government set up the Disability Rights Task Force in 1997 to develop proposals to establish a Disability Rights Commission (DRC). There is a separate Act which established the Disability Rights Commission which came into force in 1999 and began work in 2000.

The Human Rights Act gives a wider context to disability rights and the SEN and Disability Act amended the requirements to Education.

A Disability Bill is currently being drafted which is likely to clarify some aspects of the DDA, including the current definition of disability, the use of transport and the existing exemptions. Check the DRC website for updates on this.
www.drc-uk.org

Presenter's note See the Appendix for details.

Slide 5
Who is disabled under the DDA?

The DDA covers all disabled children, young people and adults who meet the definition. The definition of disability used is a broad one. It does not however, overrule any other legislation. For example, a service provider is not required to do anything under the DDA that will result in a breach of legal obligations under any other legislation or enactment.

Presenter's note See page 90 for more information.

Slide 6
The key duties in provision of goods and services.

Any statutory, voluntary or private organisations who provide goods, facilities and services to members of the public – regardless of whether they are paid for or free – must carry out any reasonable adjustments to make services accessible to people with disabilities. Organisations will need to be able to demonstrate how they support access to services and what policies and standards are in place to facilitate this.

Presenter's note See page 12 for more information.

Slide 7
'Reasonable adjustments' in practice

Reasonable adjustments are things services can do to make their particular service more welcoming and accessible to disabled people. This slide shows examples of what a 'reasonable adjustment' could be.

Presenter's note See page 12 for further information on reasonable adjustments.

Slide 8
Louise has spina bifida

This is a case study example of how a service might accommodate the needs of this young woman effectively.

Slide 9
Refusing a service

A service which refuses to allow disabled people access or which offers a worse service to disabled people than to other people is acting unlawfully. The DDA describes this as a service which is 'unreasonably difficult' to use.

Part 3 of the DDA identifies services which are 'unreasonably difficult' to use as those which will most benefit from reasonable adjustments.

If reasonable adjustments are not made and the service provided to the public remains unreasonably difficult for a disabled person to use, this is likely to be seen as unlawful.

It is important for service providers to remember that any changes they make to provide a welcoming and positive environment is likely to benefit all children using the service and create an inclusive atmosphere.

Presenter's note See page 23 for further details.

Slide 10
What can you take into account in service provision?

In making a decision on how a service can be offered, service providers need to consider these things.

Presenter's note See page 11 for further details.

Slide 11
Physical access – from October 2004

From October 2004 service providers are required to consider whether they can:

- offer a reasonable alternative method of making the service available (this duty has been in place since 1999) – for example, relocating a service, providing personal assistance or using short-term solutions such as portable ramps
- remove the feature. For example removing a built-in cupboard which narrows a corridor or an ornamental wall which limits wheelchair access to the main entrance
- alter the feature so that it no longer creates a barrier – for

example, installing a hand or grab rail and using non-slip floor covering on narrow steps, re-locating or re-fitting toilet facilities, altering the lighting so that an uneven floor is no longer hazardous

- provide a reasonable means of avoiding the feature – for example, providing access by another entrance, offering access to other toilet facilities, relocating an activity in another room or on another floor.

As with other duties under the DDA, the key test will be what is reasonable in a particular situation.

Presenter's note See page 31 for further details on this.

Slide 12 ***Physical access***

An example of how a service provider can work with others to improve service access. The group providing the playgroup know the landlord does not have the resources to redecorate the hall so they apply for a small grant from the Community Fund. They are successful and are given the grant. The landlord agrees to help by doing the preparation work and cleaning. By involving the landlord and other groups who use the hall the playgroup have significantly improved the environment for all users and made it more accessible.

Changes to services do not have to involve a lot of time, resources and expense. They can be small, like allowing children to use the staff toilet if it is the only one available which is accessible to wheelchair users. Long-term planning and regular reviews can ensure services continue to develop inclusive practice as an ongoing work programme.

Slide 13 ***Partnership in planning***

There is a wealth of research to show that including service users, staff and partner organisations in the service development and planning process can produce effective and inclusive services.

Presenter's note See Chapter 11 for details of resources on consulting with disabled children and details of the MAPS report, which includes information on positive examples of partnership working, also page 61 for joint working checklists.

Slide 14 ***Other legislation and guidance related to disabled children***

The slide lists a sample of other legislation and guidance which affect services disabled children may use.

Slide 15

The role of the Disability Rights Commission (DRC)

The DRC produces a comprehensive range of publications, guides and Codes of Practice covering all aspects of the DDA. They also run a helpline service which can help with any aspect of the DDA.

The DRC provides other services such as conciliation service on Part3 cases and can support legal cases that further clarify the law.

Presenter's note See Chapter 10 for details.

Slide 16

Looking to the future

Details for the Employers' Forum on Disability can be found in Chapter 10.

The social and medical models of disability are outlined in Chapter 9.

The Disability Discrimination Act 1995 - Part 3

- Access to Goods and Services

- An Overview of Part 3 duties



The DDA provides protection against discrimination of disabled people in:

- ✎ Employment
- ✎ Access to goods and services
- ✎ Land and property
- ✎ Education
- ✎ Transport
- ✎ Disability rights in education are set out in the SEN and Disability Act 2001 which amends Part 4 of the DDA 1995

A History of Disability Discrimination

- Until the 1970s, disabled children were often 'hidden away' in institutions
- They were often excluded from education and employment
- The emergence of movements of disabled people and of parents began to create a more positive environment

Putting Disability Rights on the Agenda

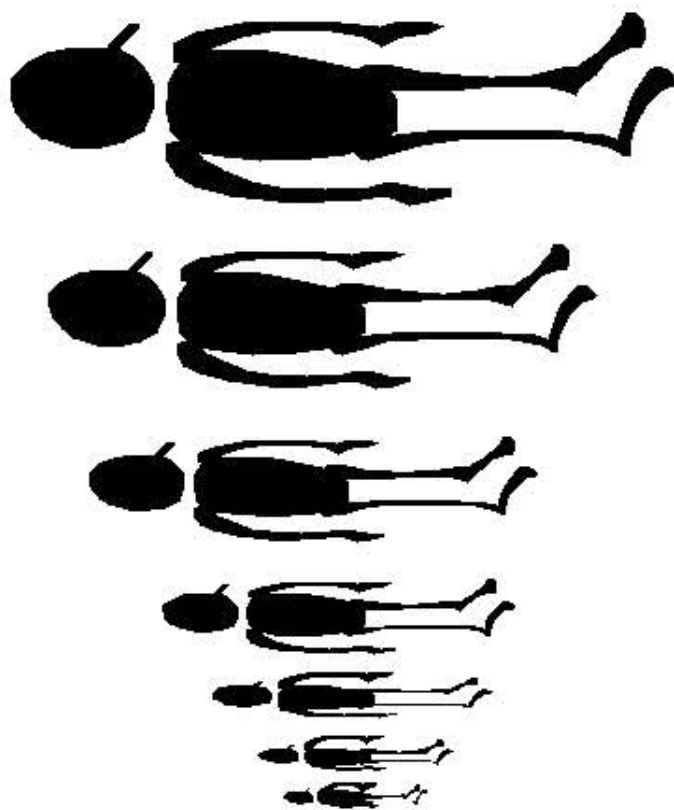
✧ The Disability Discrimination Act 1995

✧ Disability Rights Task Force 1997

✧ Disability Rights Commission 2000

✧ The Human Rights Act 2000

✧ The SEN and Disability Act 2001



Who is disabled under the DDA?

- ✦ A disabled person under the DDA is:
- ✦ *'a person who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'*
- ✦ *An 'impairment' can include a medical condition such as HIV or cancer, emotional, behavioural difficulties or dyslexia if they meet the criterion of 'substantial and long-term'*




The key duties in provision of goods and services

Making reasonable adjustments

 Service providers have to make reasonable adjustments for disabled people in the way they provide their services.

Refusing/offering a worse service

 It is unlawful for service providers to refuse to serve a disabled person or offer a lower standard of service or provide a service on worse terms to a disabled person for a reason related to their disability.

Changing physical features

 From October 2004 service providers may have to make reasonable adjustments in relation to the physical features of their premises to overcome physical barriers to access.

'Reasonable adjustments' in practice

- Disability Equality training for everyone (with clear policies on risk management, personal care, lifting and handling etc)
- Hiring or purchasing portable ramps or other low cost aids
- Ensuring that routine refurbishment plans include arrangements to improve access



Louise has spina bifida and wants to attend a holiday playscheme. The 'reasonable adjustments' could include:

- ✧ Training for personal support
- ✧ Relocating some activities to accessible rooms (loan of some equipment from local authority 'pool')
- ✧ Planning activities to ensure Louise can join in
- ✧ Permitting Louise to use the accessible staff toilet
- ✧ Planning flexible transport

Refusing a service

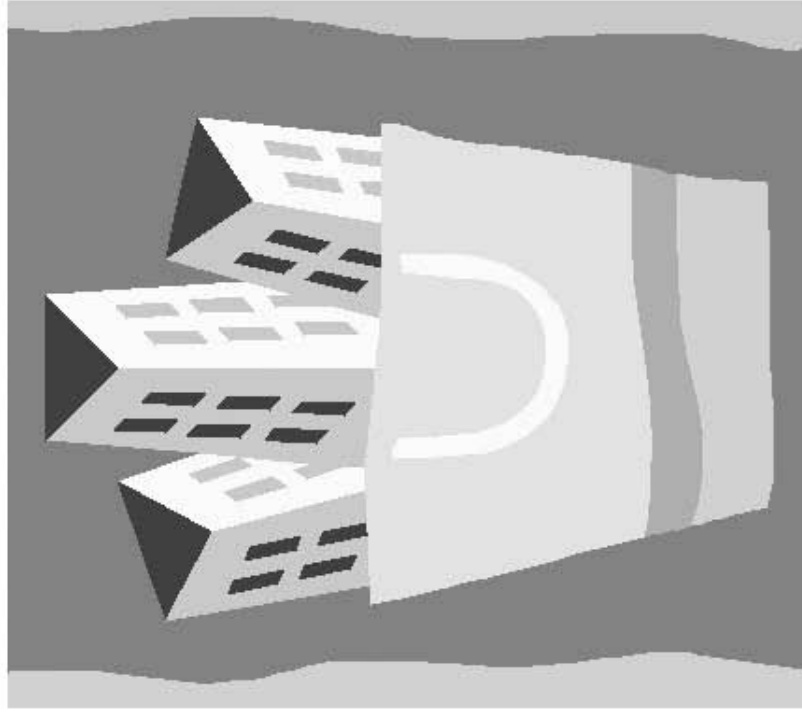
- ✖ Providers of a service must not:
 - ✖ Refuse a service
 - ✖ Offer a worse standard of service
 - ✖ Offer a service on worse terms
 - *Unless they can offer a justification*

What can you take into account in service provision?

- ✿ Health and safety issues
- ✿ The needs of the child
- ✿ Resources
- ✿ Practicality
- ✿ The interests of other service users
- ✿ *But the duties are 'anticipatory' and providers will be expected to demonstrate that they are planning ahead to improve access and inclusion*

● Physical Access - From October 2004

- ✿ Service providers will need to consider physical access and take the following action if needed:
 - ✿ remove the feature
 - ✿ alter the physical feature so that it no longer has that effect
 - ✿ provide a reasonable means of avoiding the feature



Physical access

- ✧ A rural community playgroup use the local church hall as a venue. There is an accessible toilet but the paintwork is dark and old.
- ✧ Landlord can't afford to decorate this year.
- ✧ They apply for a small grant
- ✧ Landlord agrees to pay for cleaning and preparation work
- ✧ They take advice from a special school for visually impaired children based nearby
- ✧ They talk to other groups who use the hall

Partnership in Planning

- ✦ **Not easy to achieve but organisations working in partnership have:**
- ✦ **More effective use of key resources**
- ✦ **Person centred approaches to planning and service delivery**
- ✦ **Re-direction of resources to promote more local inclusive services**
- ✦ **Responsive mainstream services with additional support**
- ✦ **Innovative ideas to improve communication with service users and their families**

● Other legislation and guidance relating to disabled children

- ✧ Carers and Disabled Children Act 2000 Direct Payments
- ✧ Children's National Service Framework
- ✧ SEN Strategy
- ✧ Valuing People White Paper
- ✧ Children Bill 2004
- ✧ SEN Code of Practice & Toolkit

The Disability Rights Commission

- Codes of Practice on Part III of DDA and on SEN and Disability Act

- Helpline and case work service - for disabled people and for providers

- Helpline: 08457 622 633



- Conciliation first - but enforcement powers afterwards

Looking to the future...

'Disabled people themselves have been the most pragmatic, effective and constructive change agents - the most important factor in change is that of attitudes and disability equality training can revolutionise the way services are offered by introducing a 'can do' rather than a problem-focused attitude.'

[Employers Forum on Disability]

Definitions of disability

This section sets out definitions of disability that are in the Disability Discrimination Act 1995 and other legislation.

Providers of services, education and responsible bodies should be aware that children and young people may be defined as disabled under other legislation and may be receiving services under that legislation in addition to any provisions made under the DDA.

The DDA

The Disability Discrimination Act 1995 states that :

An adult or child has protection from discrimination under the Act if he or she is a disabled person. A disabled person is someone who has a physical or mental impairment which has an effect on his or her ability to carry out normal day-to-day activities. That effect must be:

- **substantial (that is, more than minor or trivial); and**
- **adverse; and**
- **long term (that is, has lasted or is likely to last for at least a year or for the rest of the life of the person affected)**

Part 3 COP, page 9, paragraph 2.9

This definition does not include people who have:

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

Part 3 COP, Appendix, page 169

‘Impairment’ can include a medical condition such as HIV or cancer or emotional and behavioural difficulties or dyslexia if they meet the criteria of ‘substantial and long-term’.

The Part 3 Code of Practice (COP) states that as the definition of ‘disabled person’ continues to be the subject of ‘developing interpretation’ by the courts, service providers should prepare staff to focus on meeting the needs of each service user rather than trying to make judgements on individual levels of disability.

In education, there is the additional consideration of 'Special Educational Needs'. The Code of Practice for Schools states:

Pupils may have either a disability or special educational needs or both. The SEN Framework is designed to make the provision to meet special educational needs. The disability discrimination duties, as they relate to schools, are designed to prevent discrimination against disabled children in their access to education.

School COP, page 28, paragraph 4.10

The Disability Discrimination Act 1995 covers all of the United Kingdom. However, the Special Educational Needs (SEN) and Disability Act 2001 covers England, Wales and Scotland. Within this, the SENDA planning duties cover only England and Wales. Scotland has separate legislation. There are important differences within education and children's legislation across the nations and therefore differences in the legislative context within which the SEN and Disability Act will be implemented.

Definitions of disability under other legislation and guidance

Set out below are the definitions of disability as used in:

- Children Act 1989
- The Chronically Sick and Disabled Persons Act 1970
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Education Act 1996
- Together from the Start Guidance 2003.

Children Act 1989

The Children Act 1989 (England and Wales) does not use the same definition of disability as is used in the Disability Discrimination Act 1995. The Children Act brings together most public and private law relating to children in England and Wales. It describes 'children with disabilities' within a wider definition of 'children in need' and therefore eligible for a range of services and support from the local authority. Schedule 2 of the Children Act 1989 permits a local authority to assess a child's needs at the same time as assessments under different legislation (for example, the Education Act 1996).

Local authorities as providers of services are already covered by Part 3 of the Disability Discrimination Act with regard to provisions made for disabled children under Section 17 of the Children Act 1989. In that section, a child is described as being 'in need' if:

a he/she is unlikely to achieve or maintain, or to have the

- opportunity of achieving or maintaining a reasonable standard of health or development without the provisions for him/her of services by a local authority under this [Part] of the Act;
- b** his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- c** he/she is disabled.

‘Development’ is defined as physical, intellectual, emotional, social or behavioural development. ‘Health’ means physical or mental health.

The Children Act 1989 definition of disability mirrors the National Assistance Act 1948 definition, which states that:

A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.’

The National Assistance Act 1948 definition of disability is also used in:

- *the Chronically Sick and Disabled Persons Act 1970 (England and Wales)*
- *the Disabled Persons (Services, Consultation and Representation) Act 1986.*

Further information on the Children Act 1989 and its relationship to other legislation is provided in:

- *The Children Act 1989 Guidance and Regulations, Volume 6, Children with Disabilities* (1991), Department of Health and HMSO, London
- *Framework for the Assessment of Children in Need and their Families* (2000), Department of Health, Department for Education and Employment and Home Office, The Stationery Office, London.

Education Act 1996

The Education Act 1996 specifies the procedures to be followed by local education authorities (LEAs) with regard to the identification and assessment of children with special educational needs and any special educational provision arising from such assessment. The Act is accompanied by a Code of Practice (*Code of Practice on the Identification and Assessment of Special Educational Needs, 2001*).

Section 312 of the Education Act 1996 defines disability in the context of special educational needs as follows:

A child has ‘special educational needs’ for the purposes of this Act if he/she has a learning difficulty which calls for special education provision to be made for him.

A child has a learning difficulty if he/she:

- a has a significantly greater difficulty in learning than the majority of children or the same age or**
- b has a disability which prevents or hinders the child from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority**
- c is under five and falls within the definition of (a) or (b) above or would do so if special educational provision was not made for the child.**
- d A child must not be regarded as having a learning difficulty solely because the language or medium of communication of the home is different from the language in which he is she will be taught.**

The majority of disabled children will also have special educational needs. However, a minority may not, because:

- their disability does not prevent or hinder the child from using educational facilities generally provided in the area, and
- they do not have a learning difficulty as defined out in Section 312 of the Education Act 1996.

A disabled child does not need to be assessed as having a special educational need in order to be protected from discrimination under the Special Educational Needs and Disability Act 2001. The SEN and Disability Act 2001 does require education services to provide auxiliary aids and equipment. These would usually be provided following assessment under Part IV of the Education Act 1996.

Together from the Start – Practical Guidance for professionals working with disabled children (birth to third birthday) and their families

The Guidance includes the following working definition of disability:

Services will require a clear working definition that enables them to know how many children and families are likely to need their support. At the same time, the process of deciding whether a child fits a definition must not act as a barrier to the receipt of early support. An effective working definition for this age group therefore, may be based on the child's developmental needs and the likelihood that a child will benefit from the services that are offered.

Where a child's development is impaired, it is not always possible to know whether this represents a delay which can be caught up, or whether development may remain impaired. Nor will it always be possible to determine clearly whether any impairment will be long term, but we are clear that the need for early intervention remains. The following working definition of disability is used for the purposes of

this guidance and the associated Early Support Pilot Programme (ESPP):

A child under 3 years of age shall be considered disabled if he/she:

- i is experiencing significant developmental impairment or delays, in one or more of the areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development; or**
- ii has a condition which has a high probability of resulting in developmental delay.**

Services will wish to consider whether particular medical situations suggest a high probability of developmental impairment or delay, in order to identify simple pragmatic ways of deciding whether children should be considered as disabled. For example, using the above definition. Children born very prematurely may be considered as having such difficulties, until it becomes clear that such a child is not showing evidence of impairment. Children with severe sensory-neural hearing [loss] could be considered as disabled.

Together from the Start, page 7, paragraph 1.4

DfES Guidance issued May 2003, Reference number
LEA/0067/2003

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The medical model of disability

The medical model sees the disabled person as the problem. We are to be adapted to fit into the world as it is. If this is not possible, then we are shut away in some specialised institution or isolated at home, where only our most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronising attitudes. Usually the impairment is focused on, rather than the needs of the person. The power to change us seems to lie within the medical and associated professions, with their talk of cures, normalisation and science. Often our lives are handed over to them.

Other people's assessments of us, usually non-disabled professionals, are used to determine where we go to school, what support we get and what type of education; where we live; whether or not we can work and what type of work we can do and indeed whether or not we are born at all, or are even allowed to procreate. Similar control is exercised over us by the design of the built environment presenting us with many barriers, thereby making it difficult or impossible for our needs to be met and curtailing our life chances. Whether it is in work, school, leisure and entertainment facilities, transport, training and higher education, housing or in personal, family and social life, practices, and attitudes disable us. Powerful and pervasive views of us are reinforced in the media, books, films, comics, art and language. Many disabled people internalise negative views of themselves that create feelings of low self-esteem and achievement, further reinforcing non-disabled people's assessment of our worth. The medical model view of us creates a cycle of dependency and exclusions, which is difficult to break.

Medical model thinking about us predominates in schools where special educational needs are thought of as resulting from the individual who is seen as different, faulty and needing to be assessed and made as normal as possible.

If people were to start from the point of view of all children's right to belong and be valued in their local school we would start by looking at 'what is wrong' with the school and looking at the strengths of the child. This second approach is based on

the social model of disability thinking, which views the barriers that prevent disabled people from participating in any situation as what disables them. The social model arises from defining impairment and disability as very different things.

The social model of disability

Impairment and chronic illness exist and they sometimes pose real difficulties for us. The Disability Movement comprises those disabled people and their supporters who understand that they are, regardless of their particular impairment, subjected to a common oppression by the non-disabled world. We are of the view that the position of disabled people and the discrimination against us are socially created. This has little to do with our impairments. As a disabled person you are often made to feel it's your own fault that you are different. The difference is that some part, or parts, of your body or mind are limited in their functioning. This is an impairment. **This does not make you any less of a human being.** But most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and discriminatory practices develop which disable us. The understanding of this process of disablement allows disabled people to feel good about themselves and empowers us to fight for our human rights.

The Disabled People's Movement believes the 'cure' to the problem of disability lies in the restructuring of society. Unlike medically based 'cures', which focus on the individual and their impairment, this is an achievable goal and to the benefit of everyone. This approach, referred to as the 'social model', suggests those disabled people's individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as sexism, racism or heterosexism.

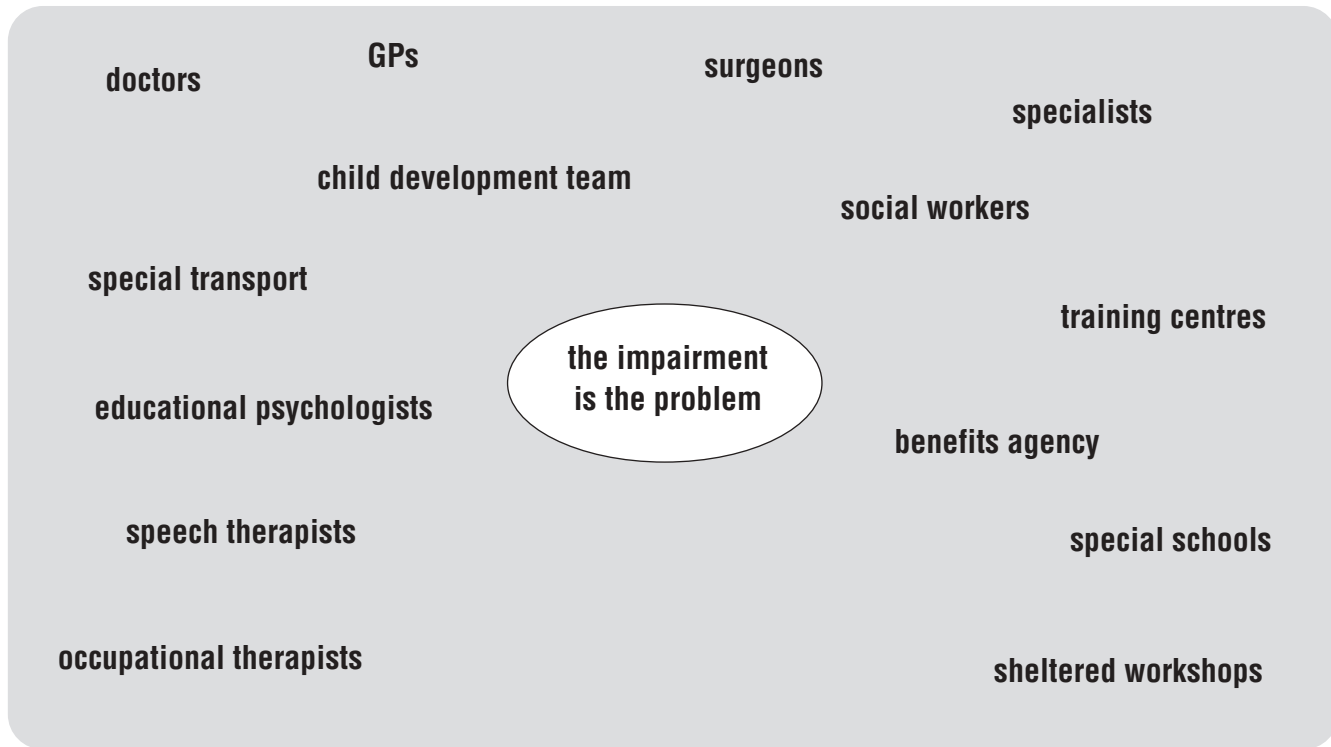
In addition to this, the obsession with finding medically based cures, distracts us from looking at causes of either impairment or disablement. In a worldwide sense, most impairments are created by oppressive systems – hunger, lack of clean water, exploitation of labour, lack of safety, child abuse and wars.

Clearly, this thinking has important implications for our education system, particularly with reference to primary and secondary schools. Prejudicial attitudes toward disabled people and, indeed, against all minority groups, are not inherited. They are learned through contact with the prejudice and ignorance of others. Therefore, to challenge discrimination against disabled people we must begin in our schools.

Our fight for the inclusion of all children, however 'severely'

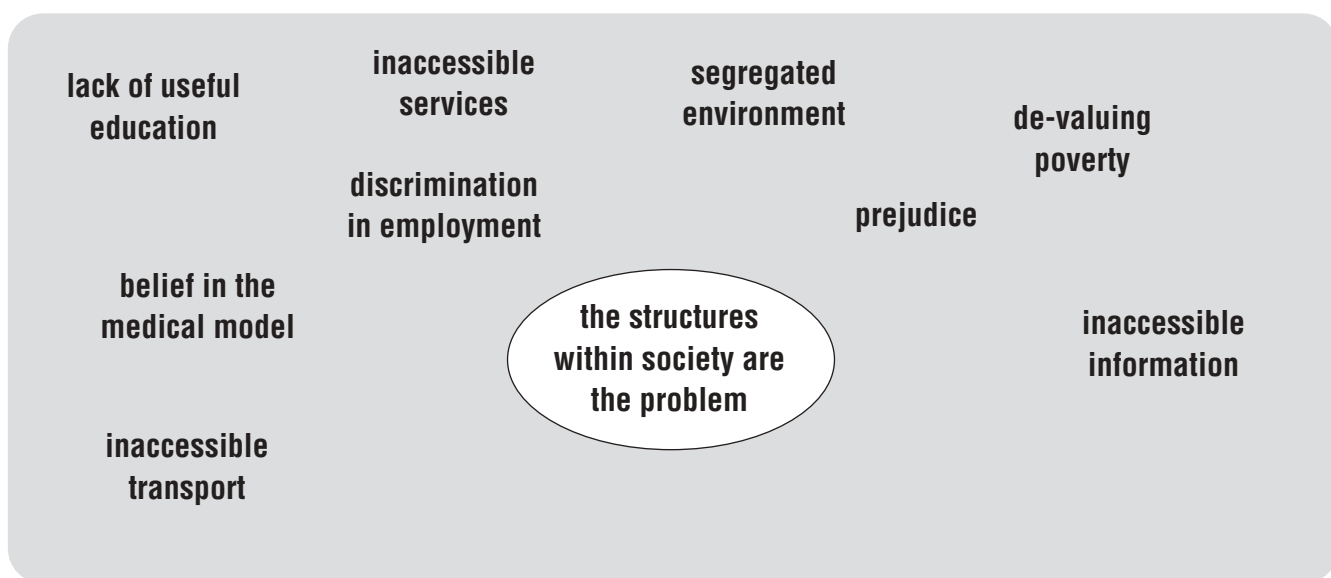
disabled, in one mainstream education system, will not make sense unless the difference between the 'social' and the 'medical', or individual, model of disability is understood.

The medical model



disabled people as passive receivers of services aimed at cure or management

The social model



disabled people as active fighters for equality, working in partnership with allies

There are two ways of viewing disablement:

<i>Medical model thinking</i>	<i>Social model thinking</i>
Child is faulty	Child is valued
Diagnosis	Strengths and needs defined by self and others
Labelling	Identify barriers and develop solutions
Impairment becomes focus of attention	Outcome-based programme designed
Assessment, monitoring, programmes of therapy imposed	Resources are made available to ordinary services
Segregation and alternative services	Training for parents and professionals
Ordinary needs put on hold	Relationships nurtured
Re-entry if 'normal enough' or permanent exclusion	Diversity welcomed, child is included
Society remains unchanged	Society evolves

Disability Equality in Education (DEE) is a rapidly expanding charity which was set up in 1996 based on the pioneering work of Richard Rieser and Micheline Mason. The foundation of their work is to promote inclusion in an education system that celebrates and embraces in differences of individuals.

Their work includes:

- training
- mentoring
- consultation
- support groups

For more information on the work of Disability Equality in Education please contact them at:

Unit GL
 Leroy House
 436 Essex Road
 London
 N1 3QP
 tel 0202 7359 2855
 fax 0202 7354 3372
www.diseed.org.uk

The Disability Rights Commission

How can the Disability Rights Commission help?

The Disability Rights Commission (DRC) is an independent body set up by the government to help secure civil rights for disabled people. Its duties are to:

- work to eliminate discrimination against disabled people
- promote equal opportunities for disabled people
- encourage good practice in the treatment of disabled people
- advise the government on the working of disability legislation.

What this means in practice

The DRC is a source of information and advice on issues around access to services for disabled children, young people and their families. They also provide a conciliation service and can act as an effective first point of contact for any queries or complaints.

The DRC has identified four core programmes for 2004 to 2007, these are:

- **towards equality in educational attainment and contribution to school and college life.**
- **greater employment equality: getting in, staying in and getting on**
- **goods and services: equal consumers, equal passengers**
- **equal health outcomes and choice; and support for independent living.**

A note on SENDA

Parents can take a case relating to disability in education to the SEN and Disability Tribunal or, in certain cases, to a local Admissions Appeal Panel or Independent Appeal Panel. Parents and schools can use the conciliation service provided by the Disability Rights Commission if both parties agree to conciliation. The SEN Regional Partnerships have produced a factsheet which lists contacts for disagreement resolution services. The factsheet is called 'case study 6' and is available from www.dfes.gov.uk/sen or on 0845 60 222 60, ref LEA/0115/2003.

There are proposals from Government to create a Commission for Equality and Human Rights. This commission would eventually take over from the existing commission including the DRC. For information on the progress of these proposals contact the DRC, details below.

Contacting the DRC

For more details, information on the DDA or copies of the **Codes of Practice** please contact the DRC on: helpline 08457 622 633 (voice and Textphone) or www.drc-uk.org.

Organisations

Advisory Centre for Education

Advises parents on state-funded education in England and Wales.
Tel **020 7354 8321** (2 to 5 pm), website **www.ace-ed.org.uk**

AFASIC

Aims to create better services and provision for children and young people with speech and language impairments. Have information and publications for families and professionals.
2nd Floor, 50–52 Great Sutton Street, London EC1V 0DJ
Tel **020 7490 9411**, fax **020 7251 2834**, email **info@afasic.org.uk**
website **www.afasic.org.uk**

Alliance for Inclusive Education

National network of individuals, families and groups working together to promote a single mainstream education system.
Unit 2, 70 South Lambeth Road, London SW8 1RL
Tel **020 7735 5277**, fax **020 7735 3828**, email **Allfie@btinternet.com**
website **www.allfie.org.uk**

Barnardo's

Runs a range of projects and provides useful publications.
Tanners Lane, Barkingside, Ilford, Essex IG6 1QG
Tel **020 8550 8822**, website **www.barnardos.org.uk**

British Council of Disabled People

Promotes full equality and participation of disabled people in society.
Litchurch Plaza, Litchurch Lane, Derby DE24 8AA
Tel **01332 295551**, website **www.bcodp.org.uk**

British Institute of Learning Disabilities – BILD

Provides information, publications, training and consultancy for individuals and organisations.
Campion House, Green Street, Kidderminster, Worcestershire, DY10 1JL
Tel **01562 723 010**, website **www.bild.org.uk**

Centre for Accessible Environments

Information and advice on design and accessibility of buildings.
Holds the Register of Access Consultants.
Nutmeg House, 60 Gainsford Street, London SE1 2NY
Tel **020 7357 8182**, fax **7357 8183**, email info@cae.org.uk
website www.cae.org.uk

Contact a Family

Provides support, advice, information and useful publications.
Holds an extensive database of organisations and family groups
who can provide information and support on a range of
disabilities and conditions.
Helpline **0808 808 3555**, website www.cafamily.org.uk

Dial UK

Network of disability information and advice services
Tel **01302 310123**, website www.dialuk.info

Disability Alliance

Publishes *Disability Rights Handbook*.
Universal House, 88–94 Wentworth Street, London E1 7SA
Tel **020 7247 8763**, website www.disabilityalliance.org

Disability Equality in Education

Promote inclusion in education through training, consultancy
and mentoring
Unit GL, Leroy House, 436 Essex Road, London N1 3QP
Tel **020 7359 2855**, email info@diseed.org.uk, website www.diseed.org.uk

Disability Law Service

Legal advice for disabled people
39-45 Cavell Street, London E1 2BP
Tel **020 7791 9800**, fax **020 7791 9802**

Disability Living Foundation

380–384 Harrow Road, London W9 2HU
Tel **020 7289 6111**, fax **020 7266 2922**
helpline **0845 130 9177** (this advice line is open Mon to Fri, 10am to 4pm)
email info@dlf.org.uk, website www.dlf.org.uk

Disability Matters

Supporting employers of disabled staff. Practical advice.
The Old Dairy, Tiebridge Farm, North Houghton, Stockbridge SO20 6LQ
Tel **01264 811120**, fax **01264 810889**
website www.disabilitymatters.com

Disability Now

Website of *Disability Now* magazine

Website www.disabilitynow.org.uk

Disability Rights Commission

There are many titles available from the DRC. They are available free to download from the website www.drc-gb.org or contact them on the helpline **08457 622 633**, faxback service **08457 622 611**, Textphone **08457 622 644**

Employers' Forum on Disability

Nutmeg House, 60 Gainsford Street, London SE1 2NY

Email efd@employers-forum.co.uk, website www.employers-forum.co.uk

Equality Direct

Information for employers.

website www.equalitydirect.org.uk

Foundation for People with Learning Disabilities

Incorporated to the Mental Health Foundation, see entry for details.

Kids (incorporating Kidsactive)

Working for children with special needs.

6 Aztec Row, Berners Road, London, N1 0PW

Tel **020 7359 3635**, website www.kids-online.org.uk

Mencap

Supporting people with learning disabilities

123 Golden lane, London EC1Y 0RT

Tel **020 7454 0454**, website www.mencap.org.uk

Mental Health Foundation

Research and practical projects to support people with mental health problems.

83 Victoria Street, London SW1H 0HW

Tel **020 7802 0300**, fax **020 7802 0301**

website www.mentalhealth.org.uk

National Association for Special Educational Needs (NASEN)

4/5 Amber Business Village, Amber Close, Amington, Tamworth, Staffs B77 4RP

Tel **01827 311500**, fax **01827 313 005**

website www.nasen.org.uk

National Children's Bureau

Promoting the interests and wellbeing of all children.

8 Wakley Street, London EC1V 7QE

Tel **020 7843 6000**, fax **020 7278 9512**, website www.ncb.org.uk

National Parent Partnership Network

Supporting the work of local parent partnership services.
8 Wakley Street, London EC1V 7QE
Tel **020 7843 6000**, fax **020 7843 6313**
website www.parentpartnership.org.uk

National Register of Access Consultants

Nutmeg House, 60 Gainsford Street, London SE1 2NY
Tel **020 7234 0434**, fax **020 7357 8183**, website www.nrac.org.uk

National Centre for Independent Living

Advice on independent living, direct payments and personal assistants.
Tel **020 7587 1663**, website www.ncil.org.uk

Parents for Inclusion

Parents supporting parents on inclusion issues.
Unit 2, 70 South Lambeth Road, London SW8 1RL
Tel **020 7735 7735**, fax **020 7735 3828**, helpline **020 7582 5008**
website www.parentsforinclusion.org

Royal National Institute of the Blind (RNIB)

Provide a range of access guides and information on producing accessible written information.
105 Judd Street, London WC1H 9NE
Tel **020 7388 1266**, fax **020 7388 2034**, website www.rnib.org.uk

SKILL

National Bureau for students with disabilities.
Chapter House, 18–20 Crucifix Lane, London SE1 3JW
Tel **020 7450 0620**, website www.skill.org.uk

Resources

Administration of medicine: UNISON guidelines for stewards and safety representatives

UNISON 2001, pamphlet providing guidelines on volunteering to administer medicines.
Single copies available free from UNISON Health and Safety Unit
tel **020 7551 1446**, email healthandsafety@unison.co.uk

After 16 – what's new?

Site for disabled young people offering information on rights and choices.
Website www.after16.org.uk

Arts for All?: the accessibility of arts and cultural venues for families with children with a learning disability.

Report from families with children with profound and multiple needs on how venues could become fully accessible and welcoming. Gives excellent insight into a family day out taking into consideration the needs of disabled children. April 2003
Tel **0808 808 1111**, website **www.mencap.org.uk**

Building a Culture of Participation

Report and handbook on involving children and young people in policy, service planning, delivery and evaluation.
DfES Publications, DfES/0826/2003,
tel **0845 622260**, email **dfes@prolog.uk.com**

Changing Our School: Promoting positive behaviour

How a school transformed itself and the behaviour of its pupils through inclusive methods.
Anderson, P and Highfields Junior School, Plymouth (2002), Acorn.

Children's National Service Framework

To learn more about the proposals for disabled children check:
www.nsfweb@doh.gov.uk or
www.doh.gov.uk/nsf/children/externalwgddisabled.htm

Circles of Friends

Colin Newton and Derek Wilson, 1999
A handbook describing techniques for setting up a 'circle of friends.'
Inclusive Solutions, tel **0115 955 6045**
Website **http://www.inclusive-solutions.com**

Consulting young people

Lists many initiatives on consulting with young people
Website **www.doh.gov.uk/integratedchildrenssystem**

Count us in!

Video, CD and booklet on making meetings better so that people with learning disabilities can really have a say.
Produced by Working with Words, St Mary's Church, Greenlaw Street, London SE18 5AR
Tel **020 8855 6644**, email **workingwithwords01@fsnet.co.uk**

Disability Equality In the Classroom: A human rights issue

Handbook for teachers. Includes thinking of disabled people about history, inclusion, current issues, language, images, and culture. Available from **www.diseed.org.uk**
Rieser, R and Mason, M (1992) *Disability Equality in Education*.

English Heritage: Easy access to historic properties

Guidance on adapting and altering listed buildings.

English Heritage (1995)

Website www.english-heritage.org.uk

Enhancing Quality of Life

Resource pack looking at options for young people with profound and complex learning disabilities.

Produced by University of Cambridge and SKILL.

Website www.skill.org.uk for more details.

Everyone including me

Video describing the experience of families with play, early years and childcare services. Looks at inclusive practice, the DDA and making services welcoming. Cost is £10 payable to Abingdon Welfare Fund.

Childcare Development Team, Oxfordshire County Council, Early Years and Childcare Service, The Charter, Broad Street, Abingdon, OX14 3LT

Fair and Reasonable: Disability Discrimination Act Implementation Kit

Pack developed to provide 'a self-paced learning kit for leaders of education sites'.

Department of Education, Training and Employment, South Australia (2000)

Website www.decs.sa.gov.au

Available from Curriculum Corporation, PO Box 77, Carlton South, Victoria 3053, South Australia

'I'll go First'

Children's Society Pack in two volumes giving advice and information on access from disabled young people.

Available from publishing@childsoc.org.uk, tel **020 7841 4415**.

For further information see www.the-childrens-society.org.uk

Making it Work

Training and resource pack for schools on the implementation of the Special Educational Needs and Disability Act

Website www.ncb.org.uk/publications

MAPS

Analysis of the Quality Protects Management Action Plans for disabled children's services 2002.

Council for Disabled Children.

Tel **020 7843 1900**, website www.ncb.org.uk/cdc

Passports: Frameworks for sharing information about a child with others
Nottinghamshire LEA SEN Inclusion Team

Nottinghamshire LEA SEN Inclusion Team

A pack with floppy disc that introduces the idea of 'passports' or child held information about themselves.

Val Parsons, Nottingham Inclusion Team, North Base, Meadow House, Littleworth, Mansfield, Nottinghamshire NG18 2TA, tel **01623 433 433**

Personal Assistants

The Rough Guide to Managing Personal Assistants

Tel **020 7587 1663**, website **www.ncil.org.uk**

Qualifications and Curriculum Authority

Information on planning for disabled students' needs.

Website **<http://www.qca.org.uk/ca/inclusion/index.asp>**

Register of Access Consultants

Advise organisations and conduct access audits.

Details from the **Centre for Accessible Environments**.

Telling Our Stories: Reflections on family life in a disabling world

Families with disabled children tell their own stories.

Murray, P and Penman, J, 2001, Sheffield: Parents with Attitude

Viewpoint

Software for young people

Tel **01422 825 862**, website **www.viewpoint-organisation.co.uk**

Widgit

Software designed to support learners with special educational needs.

Tel **01223 425558**, website **www.widgit.com**

CDC takes no responsibility for the conduct of, or information given by other organisations. We welcome any comments or additions you may have to this resources list

Website **info@cdc.org.uk**.

Appendix

Summary of the Draft Discrimination Bill – completed June 2004

The Draft Disability Discrimination Bill was published on 3rd December 2003. The current status of the Bill can be checked by contacting the Disability Rights Commission on 08457 622 633 or www.drc-uk.org

The Bill is made up of a series of clauses which, if accepted, will amend or extend the existing Disability Discrimination Act. A number of these clauses relate directly to Part 3 of the DDA. Of these, the list below are the clauses which are most likely to be included in the final Bill when it is presented to Parliament.

Public functions – extending the scope of the DDA

At the moment, some activities of public authorities are not considered to be ‘services’ under the meaning in the DDA. A new clause is likely to be proposed to change this so that public bodies make reasonable adjustments across its activities.

This means it will be unlawful for a public body to discriminate against a disabled person when carrying out most of its duties. Some functions will remain exempt. These include judicial acts and the making of acts of parliament.

Positive duty on public authorities

It is likely that the new Bill will contain a clause which will place a ‘positive duty’ on public authorities to consider the needs of disabled people in all of their decisions with a view to eliminating discrimination and harassment and promoting equality of opportunity. In other words, they will need to actively eliminate inequality from the way services are delivered.

Private clubs

Private clubs, with a membership criteria, are currently exempt from Part 3 duties, (unless they are hiring out their premises). It is likely that the new Bill will include a clause which will mean that private clubs with 25 or more members are likely to come under Part 3 of the Act. This means disabled people would have equal rights to membership and equal access to the club’s facilities.

Codes of Practice are likely to be issued on these areas of change.

Definition of disability

This is likely to be extended to cover the progressive conditions of HIV, some cancers and multiple sclerosis from the point of diagnosis rather than waiting for the effects of the illness to start.

The Regulatory Impact Assessments (RIA)

They will be updated to reflect any changes brought in by the new Bill. See page 68 for details of RIAs.

The Council for Disabled Children

The Council for Disabled Children (CDC) provides a national forum for the discussion, development and dissemination of a wide range of policy and practice issues relating to service provision and support for children and young people with disabilities and special educational needs.

Our membership is drawn from a wide range of professional, voluntary and statutory organisations. This includes families and representatives of disabled people. This ensures we have a good balance of interests and expertise.

This broad-based membership and our extensive network of contacts gives us a unique overview of current issues. It also assists us in promoting collaborative and partnership working amongst organisations and the development of quality services and support for disabled children and their families.

In each area of work we undertake, we work alongside a diverse range of professionals, statutory and voluntary organisations. We seek the views of disabled children, young people and their families in the most effective way for each project. We value the contributions of all our partners in supporting and developing the work of the Council.

The Council for Disabled Children is an independently elected, multi-disciplinary consortium operating under the aegis of the National Children's Bureau.

The National Children's Bureau

The National Children's Bureau (NCB) promotes the interests and well-being of all children and young people across every aspect of their lives. We advocate the participation of children and young people in all matters affecting them. Established as a charity for 40 years, NCB is extremely proud of its wide-ranging work and achievements.

One of the most important ways in which we make a difference is by sharing our knowledge and promoting discussion with policy makers and our network of members. Most local authorities in England are members of NCB and we welcome an increasing number of members from health authorities, voluntary organisations, educational institutions and other professional individuals.

Several Councils and Fora are based at NCB and contribute significantly to the breadth of its influence. We also work in partnership with Children in Scotland and Children in Wales and other voluntary organisations concerned for children and their families.

