



**HIGHLAND AND ISLANDS FIRE BOARD/
HIGHLANDS & ISLANDS FIRE & RESCUE SERVICE
DISABILITY EQUALITY SCHEME 2006-2009**

1. Foreword

The Highlands & Islands Fire & Rescue Service is dedicated to embedding fair treatment and dignity into our working environment and we value the contribution diversity brings to both the Service and the community.

I welcome the opportunity that this first Disability Equality Scheme gives me to help to illustrate our commitment to promoting equality of opportunity for people with disabilities. This Scheme is part of an overarching equality and diversity plan which sets out the vision which the Highland & Islands Fire Board and the Service have to eliminate unlawful discrimination and to promoting equality of opportunity for all. This Scheme will help to ensure that we develop robust policies and strategies that recognise and respond to the diverse and differing needs of our communities, as we work in partnership with other agencies towards achieving our key priorities as a Service. This Scheme will help us to build on the successes that we have achieved to-date which include: Establishing an Equality & Diversity Forum; Appointing Diversity Champions; Diversity Awareness training; Vocational Testing for operational Firefighters; Establishing a framework for our Disability Discrimination Act Review Group; Community Fire Safety work with Highland Deaf Services; Compliance with Positive about Disabled People; Mediation training; and ethnic and disability monitoring within employment.

Committing to diversity helps us all to provide a better service to our whole community and in so doing makes the Highlands and Islands a safer and better place to live, work, visit and invest in.

Brian Murray

Chief Fire Officer, Highlands & Islands Fire & Rescue Service

22 November 2006

The Members of Highland and Islands Fire Board, consisting of the Highland Council and the Island Councils of Eilean Siar [the Western Isles], Orkney and Shetland take pride in representing all our constituents in ensuring that the Highlands & Islands Fire & Rescue Service serves the community across the Highlands and Islands, and it is with pleasure that I endorse this first Disability Equality Scheme.

The Disability Discrimination Act 1995, as amended, was introduced in order to improve opportunities for people with disabilities. Although the legislation has been in place for over ten years there are still many barriers which prevent disabled people from fair and equal access.

Disability equality is not a marginal issue, estimates show nearly one in five people in Scotland has some form of limiting long term illness or disability. Through the Disability Discrimination Act 2005, we have a positive legal duty to promote disability equality and diversity and this Scheme summarises our approach to not only fulfilling our legal duty, but also demonstrates our strong commitment to becoming a diverse Service that is representative of our communities. This Scheme identifies our plans for: assessing the impact of what we do; how we have involved people with disabilities in the development of our Scheme; and how we will continue to involve people with disabilities as part of the ongoing review.

We want the Highlands & Islands to be a place where the needs of people with disabilities are met, their voices listened to and where they are treated fairly and with respect.

Drew McFarlane-Slack

Convener, Highland and Islands Fire Board

22 November 2006

2. Introduction

- 2.1 In the report 'Improving the Life Chances of Disabled People' (Strategy Unit, 2005) the Westminster Government set out its vision of disability equality: **'By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society.'**
- 2.2 New duties to promote disability equality recognise that public bodies have a significant impact on the lives of disabled people and will require the Highland & Islands Fire Board (HIFB) and the Highlands & Islands Fire & Rescue Service (HIFRS) to demonstrate their commitment to improving outcomes for people with disabilities. To achieve this we need to ensure that the services we provide make a positive impact on the lives of people with disabilities, that people with disabilities have a say in the decisions that affect them, and this is measured by increased confidence in our services.
- 2.3 This Scheme is one of a number of measures taken by the HIFB and HIFRS to meet our commitment to promote equality of opportunity for people in the Highlands & Islands. It should be read alongside our Diversity Strategy, Equal Opportunities Policy, Fairness at Work Policy and Race Equality Scheme (2005-2008), which may be revised and updated from time to time to reflect changes in legislation and best practice.

3. The Needs of People with Disabilities are Diverse and Important

- 3.1 In Highland, a large part of our community faces living with a disability or with a close friend or relation who is disabled. In fact, it is estimated that around 18% of people in Highland experience some form of disability. Because not all disabilities are visible, we may not be fully aware of people's needs and the barriers they face in daily life - these needs are as diverse as the kinds of disability faced.
- 3.2 Although we see the wheelchair symbol in a wide range of places, we need to remember that only around 5% of people with a disability use a wheelchair. One in four people in Scotland will experience mental illness in their lifetime. Some examples of disability include cancer, HIV AIDs, debilitating asthma, visual and hearing impairments, learning difficulties etc.
- 3.3 According to the Disability Rights Commission (DRC), people with disabilities do not have the same opportunities or choices as non-disabled people. Nor do they enjoy equal respect of full inclusion in society on an equal basis. The poverty, disadvantage and social exclusion experienced by many people with disabilities is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers. This is known as 'the social model of disability' (see para 6), and provides a basis for the successful implementation of the duty to promote disability equality.
- 3.4 Whilst many people have positive attitudes towards people with disabilities, some express pity, fear, lack of respect and sometimes even contempt. These attitudes are hurtful, can lead to discrimination and can also place unnecessary restrictions on people with disabilities.
- 3.5 For many people with disabilities environmental barriers play an even more important role in restricting opportunities than attitudes. Although these barriers may be unintentional, that does not make their impact any less significant. When buildings, services and employment practices are designed in a way that fails to take into account the particular circumstances of people, this excludes and disadvantages them. The same applies when budgets are set for a programme without adequately considering the additional needs of people with disabilities.

3.6 People with disabilities are ‘people’ first and ‘disabled’ second. Often their impairment only becomes a disability when met with the barriers of the outside world. Many would not call themselves ‘disabled’ and we need to treat individuals sensitively and with respect and dignity.

3.7 People with disabilities can continue to contribute in a valuable and meaningful way in the workforce and in the wider social community.

4. What is the ‘Public Duty’ on Disability?

4.1 In a way similar to the Race Equality Scheme, public bodies and any organisations contracted by or funded by public bodies are required by government to publish a Disability Equality Scheme. This Scheme has been designed to mirror the duty to promote race equality, but takes account of the important differences between race relations law and disability discrimination law. This Scheme will lay out how public bodies will go beyond merely complying with anti-discrimination legislation on disability and move to promoting disability equality, even where that involves treating people with disabilities more favourably than other persons. Other key differences include: wider coverage of the general duty; involving people with disabilities in the development of Schemes rather than ‘consulting’; and monitoring of progress made by public authorities at Ministerial level.¹

4.2 The Disability Discrimination Act 2005, hereafter referred to as ‘The Act’, sets out a general duty which will require every public authority in carrying out its functions to have due regard to:

a) the need to eliminate discrimination that is unlawful under the Act;

b) the need to eliminate harassment of disabled persons that is related to their disability;

c) the need to promote equality of opportunity between disabled persons and other persons;

d) the need to take steps to take account of disabled persons' disabilities, even where that involves treating disabled people more favourably than other persons;

e) the need to promote positive attitudes towards disabled persons; and

f) the need to encourage participation by disabled persons in public life.

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

4.3 The Act follows the Race Relations (Amendment) Act 2000 in providing that specific duties applying to certain public bodies can be prescribed in regulations. The purpose of imposing specific duties is to assist public bodies to comply with the general duty to promote equality. In meeting the requirements of the specific duties authorities must publish a Disability Equality Scheme and monitor various indicators, particularly in relation to employment and report annually on implementation. This will be achieved through the Service’s normal performance management channels.

¹ Only the Disability Equality Duty requires certain Secretaries of State, the National Assembly for Wales and Scottish Ministers to publish a report every three years that provides an overview of the progress made by public authorities.

5. **Definition of Disability**

- 5.1 The Act defines disability as “*a physical or mental impairment which has a substantial and long term adverse effect upon a persons ability to carry out normal day-to-day activities*” The definition applies to a wide range of disabilities (from people with Alzheimer’s and arthritis, to those with learning disabilities, depression, diabetes, cancer etc). Further details on the definition of disability can be found at **Appendix A**.

6. **The Social Model**

- 6.1 The social model of disability identifies “disabling barriers” rather than “impairment” as the problem to be tackled. Disabling barriers are the attitudinal, economic, and/or environmental factors preventing certain people from experiencing equality of opportunity because of an impairment or perceived impairment. It is society that disables a person not their impairment. By contrast the medical model focuses on impairment as being the cause of limited opportunities and life chances. The new duties follow the principles of the social model.

7. **Highlands & Islands Fire & Rescue Service**

- 7.1 HIFRS is tasked with providing a service to 1/6th the landmass of the United Kingdom – an area equivalent to Belgium in size and a population of approximately 280,000. Its Headquarters are based in Inverness with 1 whole-time Station in Inverness and 126 part-time Stations, based at specific locations across the Highlands and Islands. It has an industrial infrastructure which is spread across the large mainland area and covers numerous islands. Communications are difficult and many communities need to be almost effectively self sufficient, in the knowledge that support of any kind may be hours away. Protecting the people and economy of this area is therefore a demanding challenge that requires an innovative and caring response.
- 7.2 HIFRS provide a Fire & Rescue Service to the community including fire safety and community education.

The strategic aims of the Service are to:

- Ø Operate an integrated risk management approach for the delivery of services, covering both fire safety and operations;
 - Ø Provide a Service committed to the highest levels of quality, demonstrating best value and sound corporate governance;
 - Ø Ensure that the Service meets the requirements of health, safety, dignity and welfare, determined through full and inclusive consultation; and
 - Ø Support the development of our workforce so that their range of skills and abilities matches the needs of the Service and community, as identified by the Integrated Risk Management Planning process.
- 7.3 Our mission is to make the Highlands and Islands safer and better by promoting greater understanding and responsible attitudes towards fire safety and by providing a responsive, caring Fire & Rescue Service. In delivering against these priorities, we believe that creating the right organisational culture and values are critical for meaningful progress towards disability equality.
- 7.4 We will ensure that we develop robust policies and implementation strategies that recognise and respond to the diverse and differing needs of our communities when delivering against

our key priorities. We aim to ensure that this Disability Equality Scheme (DES) covers the needs of people with disabilities.

- 7.5 To demonstrate the importance of this Scheme, the strategic lead for equality and diversity lies within the remit of the Chief Fire Officer who has overall responsibility for equality & diversity issues within HIFRS. Our Equality and Diversity Forum, under the lead of the Assistant Chief Fire Officer, comprises of a cross-section of our workforce - including Fire Board representation. The Forum has specific responsibilities for supporting our equality and diversity activities, and our existing performance management processes will ensure that equality & diversity are mainstreamed within the Service. There is no doubt that everyone has a role to play in making HIFRS a welcoming and positive organisation where no discrimination exists or is tolerated.

8. A Partnership Approach

- 8.1 There is a well-established history of successful partnership working in the Highlands and Islands, with the four community planning groups in each constituent authority. This partnership of public, private and voluntary organisations increasingly works closely together to deliver services and improve the quality of life in Highland and Island communities. The partnerships are an important mechanism for working towards a future where all people in our communities are able to participate fully and benefit significantly from the area's growing economic, social and cultural progress.
- 8.2 As public and voluntary partners of the Highland Wellbeing Alliance (HWBA), we took a decision early on to work together to progress the Public Sector Duty aspects of the Act. Key personnel from each of the HWBA agencies and other strategic partners came together under the title 'Highland Wellbeing Alliance Equality and Diversity Strategy Group'. A full list of partners is available upon request.
- 8.3 This partnership collaborative approach was of particular benefit to the Highlands as one of the key features of the duty is the requirement for agencies to involve people with disabilities on the preparation of their individual Scheme(s) and thereafter to advise on the ongoing development and shaping of policies and practices.
- 8.4 By taking an agency by agency approach the same groups and individuals would be asked similar questions. Many of the multi-agency solutions to barriers would not present themselves and the efficiencies gained by collaborating would not be realised. We have also been able to share this work with our other community planning partners and with colleagues in other Fire & Rescue Services.

9. The Equality Journey

- 9.1 The first piece of disabilities equality legislation was passed in 1944 in response to the large numbers of people returning from the war who did not deserve to be excluded from society because of their injuries. The law required businesses of a certain size to employ a percentage of people who had registered as disabled. This 'tokenistic' approach was never truly successful in recognising the worth of people with impairments.
- 9.2 The next big step forward came with the Disability Discrimination Act (DDA) of 1995 which removed the idea of quotas and made it illegal to treat a person 'less favourably' due to their disability. Since then, there have been various amendments to the DDA to remove barriers to

people with disabilities enjoying the same opportunities as those without disabilities in regard to work, education, goods and services and property.

- 9.3 Our understanding of ‘disability’ has changed from very visible impairments such as visual and mobility disabilities, to now being defined as anything that impairs an individual’s ability long-term to carry out day-to-day activities. There is no longer a register of disabled people (although some visual impairments are still recorded), and conditions such as chronic asthma, arthritis, multiple sclerosis, cancer and HIV AIDs are now covered under the law.

10. Where We Are Now On Our Journey?

- 10.1 Being an equal opportunities employer is not just a “tick box” exercise for us. This Scheme will ensure that we strive towards recognising the challenges faced within the Service in relation to disability issues and embracing methods and practices to ensure that they are effectively tackled. We want to help create communities in which the full diversity of the public is appreciated so that their potential is released; communities in which people and agencies see beyond the label ‘disabled’ to the value of the person.

11. Involving People With Disabilities

- 11.1 A crucial aspect of the Disability Equality Duty is the emphasis on involving people with disabilities in the compilation of Disability Equality Schemes and their input in reviewing schemes, impact assessments and ongoing advice and assistance.
- 11.2 Taking forward the partnership approach, and in line with Community Scotland Community Engagement Standards, the HWBA Equality and Diversity Strategy Group jointly initiated contact with disability groups and associations. An initial request asked organisations to confirm their desire to be involved in the compilation of schemes and their preferred method of engagement. It was hoped that progressing in this way would ensure that involvement was focussed, efficient and transparent. A total of 183 groups, associations and charities were contacted. These ranged from local support groups to national disability organisations. A full list of those contacted along with the initial questionnaire is available upon request. Thirty two percent of those contacted responded positively. Further analysis of the responses demonstrated a preference for a questionnaire distributed by e-mail and post that could be routed through groups to individuals so that support was made available for completion if necessary. Some also requested focus groups/open meeting at a local venue with some preferring to be in groups of similar interests.
- 11.3 A multi-agency questionnaire was designed in line with the 10 priorities for change outlined by the DRC in ‘Putting disability at the heart of public policy in Scotland – Priorities for action’ asking about the views of disabled people and disability groups of life in the Highlands & Islands. These were distributed by e-mail and post to all those groups/individuals who requested this form of involvement. A copy of the full questionnaire is available upon request.

- 11.4 In tandem with the distribution of the questionnaire, independent consultants carried out a series of focus group events in October/November 2006. These were arranged across the Highland area and were attended by partnership group representatives. The focus groups were arranged by similar interest groups and/or localities where this was requested. Support such as British Sign Language interpreters, was arranged as required.
- 11.5 The questionnaire was circulated to HIFRS staff and elected members through an all user email. Managers were asked to draw the email to the attention of staff not on electronic systems. Staff were also asked if they, their friends or family would like to attend the focus groups with further information being made available to them on request.
- 11.6 Analysis of the outcomes of the questionnaire and focus groups, in terms of priorities, areas of partnership working and barriers will be available early in year 1 of the Scheme. A working group has been set up, which comprises of members of the Service's Equality & Diversity Forum, to develop an action plan which will be fed through the Service's performance management processes for inclusion into forthcoming Service Plan actions.
- 11.7 The HWBA Equality & Diversity Strategy Group will make arrangements in the first year of the respective Schemes, to inform the groups and associations that helped disseminate the questionnaires and took part in the focus groups. Details of the analysis of their views will be presented along with how this will impact on the individual Agency Schemes, as well as identifying future partnership activities.

12. What We Already Know About Disability Equality in Highlands & Islands

- 12.1 The 2001 Census information gives us some information with regards to the 'local' picture. However, it is acknowledged by the DRC² that this only gives us a partial picture as there is no single or gold standard measure or estimate of disability. The 2001 census does tell us that people with limiting long term illnesses (LLTI) make up 17.6% of Highland population and that the concentration of those with LLTIs rises sharply with age. This is in line with National Scottish figures. However, given the age demographics of the Highlands and Islands, we know that our area will likely shift towards an older distribution at a faster rate than the rest of Scotland. Factors to consider are that these figures may not include the number of people with HIV, cancer and multiple sclerosis which are now considered to be covered by the DDA, as amended. This is significant given that in 2004, in Scotland, 120,000 people were living with cancer.³
- 12.2 While ageing is inevitable, healthy ageing is something to strive for to enable people to extend their contribution to society across every stage of our lives, not an event that takes place in the last 10 or 20 years. Scottish Health at Work Initiatives, therefore are also relevant to the disability duty.
- 12.3 We also know that access to services is a general difficulty for particularly the most remote areas of the Service. With a very large proportion of the Service area designated as remote rural this has been demonstrated to have a significant impact particularly with regards to peoples' feelings of isolation. Some indicative statistics and their sources are provided in **Appendix B**.

² Disability in Scotland 2005-2020: 'A State of the Nation Report'.

³ Scottish Health Statistics 2004

12.4 In September 2005, HIFRS took part in a Scottish Fire & Rescue Service Cultural Audit Survey. This included questions relating to people's perceptions relating to disability, and details of these findings have been incorporated into the action plan at **Appendix C**.

13. Assessing the Impact of our Activities

13.1 Discrimination is usually not intended, it happens because a policy or function has not considered a wide range of different needs. Race and disability equality impact assessments are a legal requirement for all public bodies. It is a systematic way of finding out whether a policy, function or strategy will have an adverse impact for any particular group or sector of HIFRS' diverse community.

13.2 Action has already begun on assessing impact on people of different racial groups, under the Service's Race Equality Scheme. However, the Service recognises that more needs to be done to embed a systematic approach to carrying out equality impact assessments within the Service. Training in conducting impact assessments has already been undertaken, with further training being planned within the first year of the Scheme. Each department will look again at their list of functions and policies, decide which ones are most likely to have an impact on the lives of people with disabilities and then make a plan to assess for any adverse impact or missed opportunity to promote equality of opportunity. If any adverse impact is identified, the Service will consider how it can meet the general duties and whether the proposed function and/or policy needs to be revised.

13.3 An important part of this process is to gather information about the barriers which people with disabilities face and which prevent fair access to employment and services. This information is then used to inform the impact assessment. To support this approach it will be essential to listen to the views of people with disabilities.

13.4 HIFRS is currently working alongside its partners in the community planning groups and with other Fire & Rescue Services in the development and implementation of a common equality impact assessment tool.

14. Monitoring our Results

14.1 Monitoring is a vital component of the equality impact assessment process. Monitoring specific areas of our activity and service delivery can provide us with crucial information as to whether people with disabilities experience the same treatment or level of service and thereby enabling us to identify areas that need improvement or overhauling. Monitoring helps to identify:

- Ø Levels of usage - gives an indication of under or over representation from disabled groups.
- Ø Levels of satisfaction – ensure groups from all backgrounds are satisfied with the service we provide.
- Ø Levels of relevance – so that we are confident that our policies and services meet the real needs of our diverse communities.

Ø Levels of appropriateness – to ensure that our services and policies are culturally sensitive.

Ø We already have systems in place to monitor most of our employment functions and policies.

14.2 In order to ensure that we fully meet this duty, we will collect disability monitoring information for our relevant functions and policies in accordance with our performance management processes.

14.3 Collating disability monitoring data will be split between the functions concerned. Each function responsible for a relevant policy or service will collate the data. The Human Resources function will regularly monitor and report on the data through the normal performance management processes, as part of its general responsibilities in co-ordinating the action plan, whilst respecting any issues of confidentiality. In addition to the conventional record keeping and monitoring, we may also use the following:

Ø Research in the form of surveys (qualitative and quantitative), satisfaction surveys or one to one interviews which provide us with details of levels of access to certain services.

Ø Public consultation meetings and focus groups, monitoring impact of policies on different disability groups.

15. The First Action Plan

15.1 The action plan (**Appendix C**) builds on activities undertaken by the Service and is based on existing information and research held within the Service from various sources. The action plan will be revised in year 1 taking account of the analysis of the involvement exercise. While some information has been gathered in the preparation for this first Scheme, additional work will be undertaken during the first year to draw together robust information and evidence in relation to disability equality.

16. Arrangements for Gathering Evidence

16.1 There is no single measure or estimate of prevalence of disability and equalities monitoring of disability is not widely carried out beyond employment. A key challenge for the Service, working alongside our community planning partners, is to establish the diverse range of needs of people who have different types and levels of disability or impairment. There is currently a lack of clarity around definitions which affects both the presentation and analysis of statistical information in this area. It will therefore be important to develop a clearer picture of our community in order to establish a baseline in terms of current performance and to be able to set meaningful, challenging, but realistic performance improvement targets. This will be included in the action plan. Information and evidence will also be gathered as a result of undertaking impact assessments.

17. Using the Information Gathered

17.1 The Service will use the information it gathers to review the action plan and consider what additional steps may be required to promote disability equality. This will inform the development of the action plan and the preparation of subsequent schemes.

18. Publishing the Scheme

- 18.1 The Scheme will be published on HIFRS' and HIFB's websites. Reports on progress made against the Scheme's Action Plan will be incorporated within our Public Performance Report. Details of our full assessments, consultation and monitoring reports will be made available on request.

19. Public Access to Information and Services

- 19.1 We believe that the success of our initiatives depends on our ability to communicate with our community about services and employment. We will do our very best to ensure that the information and services we provide are accessible and appropriate to the needs of all disabled groups. We fully recognise that different communities and groups access information in different formats and expect services to be geared to meet their needs. We will regularly review our systems and processes to ensure that we identify any barriers that might prevent equal access to services and information. Where barriers are found, action will be taken to put in place appropriate solutions.

20. If We Get it Wrong...

- 20.1 HIFRS will do its best to meet the duties placed upon it under the Act and is fully committed to implementing the actions set out in this Disability Equality Scheme. However, we do recognise that we may get things wrong or that people may be dissatisfied with the way we are carrying out our duties. We therefore intend to make sure that our communities know that they have a right to complain about how we discharge our duties and are given the information about how to do this.
- 20.2 The Disability Rights Commission (DRC) has the responsibility for enforcing compliance with the general duties placed on the HIFB and HIFRS. If the Commission is satisfied that a public authority is failing to meet these duties, it has the power to issue a 'compliance notice' requiring the authority to provide details of its response to the notice including details of how it intends to meet the duty.
- 20.3 HIFRS has a complaints procedure which allows service users to make complaints, compliments and suggestions on any aspect of its services or policies. Details of the procedure are set out in our website. A complaint can be made in writing, by phone or by email to:

Head of Corporate Services
Highlands & Islands Fire & Rescue Service
16 Harbour Road
Longman West
Inverness
IV1 1TB

Tel: 01463 227000

Email: complaints@hifrs.org

DEFINITION OF DISABILITY

The Disability Discrimination Act (DDA) protects people with disabilities. The DDA sets out the circumstances in which a person is "disabled". It says a person is disabled if they have:

- a mental or physical impairment
- this has an adverse effect on their ability to carry out normal day-to-day activities
- the adverse effect is substantial
- the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of their life).

There are some special provisions, for example:

- If an impairment substantially affects a person's ability to carry out normal day-to-day activities, but doesn't any more, it will still be counted as having that effect if it is likely to do so again
- if it is a progressive condition, and it will substantially affect a person's ability to carry out normal day-to-day activities in the future, they will be regarded as having an impairment which has a substantial adverse effect from the moment the condition has some effect on their ability to carry out normal day to day activities.
- if a person is diagnosed as having cancer, HIV infection or multiple sclerosis they will automatically be considered as 'disabled'.
- if a person is registered as blind or partially sighted or certified as blind or partially sighted by a consultant ophthalmologist, they will automatically be considered as "disabled".
- people who have had a disability in the past but are no longer disabled are covered by certain parts of the DDA.

"Normal day-to-day activities"?

At least one of these areas must be substantially affected:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- understanding of the risk of physical danger.

Treatment

The DDA states that any treatment or correction should not be taken into account, including medical treatment or the use of a prosthesis or other aid (for example, a hearing aid). The only things which are taken into account are glasses or contact lenses. The important thing is to work out exactly how, an impairment affects an individual. For example, if, as a result of a hearing impairment, a person experiences difficulty hearing someone talking at a sound level which is normal for everyday conversations in a moderately noisy place, it would be reasonable to regard this as having a substantial adverse effect. Being unable to hold a conversation in a very noisy place such as a factory floor would not. If an impairment affects mobility, being unable to travel a short journey as a passenger in a vehicle would reasonably be regarded as having a substantial adverse effect. So

would only be able to walk slowly or with unsteady or jerky movements. But experiencing some minor discomfort as a result of walking without help for about 1.5 kilometres or a mile would not.

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

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

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

Certain conditions are not considered impairments under the DDA:

- tendency to steal, set fires, and physical or sexual abuse of others
- exhibitionism and voyeurism
- hayfever, if it doesn't aggravate the effects of an existing condition
- addiction to or a dependency on alcohol, nicotine or any other substance, other than the substance being medically prescribed.

Additionally, disfigurements consisting of a tattoo or non-medical body piercing are treated as not having a substantial adverse effect on ability to carry out normal day to day activities.

DISABILITY IN HIGHLAND AND SCOTLAND

In 2004 the DRC published a document Key Facts in Scotland which estimated:

- Nearly 1 million adults have a disability – about one in five of the population
- 180 000 people have serious sight problems
- 729 000 people have a form of hearing loss or deafness
- over 18 000 adults with learning disabilities
- One in four people will experience a mental health problem

Different estimates of the disabled population are collated for different reasons and it is not possible to point to one definitive source to estimate numbers of people with disabilities. Along with Community Planning Partners, HIFRS aims to draw together existing information on disability in the area. This will provide a baseline to develop and improve policy and services. It is an action for the partners to work to collate robust information on the number of disabled people in the Highlands & Islands. For this first scheme, some key sources of information are given below:

Long term Limiting Illness (LLTI): 2001 Census

	Total population	Population reporting a LLTI	a % of population with LLTI
Highland	208,914	38045	18%
Scotland	5,062,011	978376	20%

The 2001 Census figures are recognised as a key indicator of disability, but the definition is not the same as the DDA definition, it is not precise and is self-defining. Compared to other local authority areas, Highland has a lower than average percentage of reported long term limiting illness. There are local variations, for example the percentage of people reporting a LLTI in Badenoch and Strathspey is 17% but rises to 21% in Sutherland.

There is strong evidence of the age-related link to disability. While 5% of the 0 -5 age group has a reported LLTI it rises to 49% of the 65+ age group in Highland and 53% of the same age group in Scotland. Of those of working age (16 – 64) 15% in Highland are reported having a LLTI and 16% across Scotland.

Employment

Working age employment rate estimate for people with a disability in Scotland

In 2005, only 5 other local authorities had a higher employment rate for disabled people. Estimates show 55% of working age people in Highland with a disability were in employment, compared with a national rate of 46%. From the same period 81% of the total working age population in Highland were in employment compared to 78% in Scotland. The employment rate estimate for people with a disability living in the 15% most deprived areas in Scotland was 28% in 2005; nearly half that for the rest of Scotland (51%).

	Disabled working age		All working age	
	Proportion	Level	Proportion	Level
Scotland	46%	291,000	78%	1,235,000
Highland	55%	12,000	81%	52, 000

The Annual Population Survey in Scotland 2005

Benefits

Disability Living Allowance and Attendance Allowance; Department of Work and Pensions, February 2006

	Disability Living Allowance		Attendance Allowance	
	Recipients (to nearest 5)	% of total population	Recipients (to nearest 100)	% of total population
Highland	10475	5%	5900	16%
Scotland	306700	6%	140400	17%

Disability Living Allowance is a tax free benefit for children and adults who need help with personal care or have walking difficulties because they are physically or mentally disabled. Attendance Allowance is a tax free benefit for people aged 65+ who need help with personal care because they are physically or mentally disabled.

Sensory Impairment: Visual Impairment

According to the Scottish Executive National Statistics for 2006 the number of people estimated to be registered as blind or partially sighted is almost 37,000. Registering is voluntary and it is estimated that only around a third of people meeting the criteria are registered. Children are seldom registered. Currently 90% of blind and partially sighted people are aged 60 and over; one in five people over 75 has a sight problem.

	Highland	Registered Blind per 1,000 Pop	Scotland	Registered Blind per 1,000 Pop
Registered Blind	884	4.3	21,561	4.3
Registered partially sighted	634	3.1	15,435	3.1
Registered visually impaired	800	7.3	36,996	7.4

People registered blind and partially sighted, Oct 2006

Sensory Impairment: Deaf and hard of hearing people

Although accurate figures are unclear, research gives some information about people with hearing impairments. It is known that the number of people with more moderate degrees of loss is far greater than those with more severe losses. RNID figures suggest around 758,000 adults have some degree of hearing loss in Scotland.

This table gives estimated numbers of deaf and hard of hearing people in Scotland.

Level of deafness	16 to 60 years old	Over 60 years old	Total
Mild/moderate deafness	203,000	498,000	701,000
Severe/profound deafness	9,000	48,000	57,000
All degrees of deafness	212,000	546,000	758,000

RNID

Estimated Prevalence of Need in Highland Population

	% of population	Est. Highland Figure
Some form of hearing loss	14%	29260
A profound hearing loss	0.5%	1045
Use British Sign Language	0.10%	209
Need access to phone not using voice	0.76%	1588
Use a hearing aid	10.48%	21902

Highland Single Sensory Strategy 2005

Sensory Impairment: Deafblindness

Deafblind people are a minority group with high needs. Older people form the majority of this group. Precise figures for the incidence of deafblindness in Highland are not easy to obtain but a total of 200 has been indicated – this is probably an underestimate. The provision of services is challenged by small numbers scattered over a wide geographical area.

Highland Single Sensory Strategy 2005

Mental Health

Recent estimates suggest that between 40,000 and 50,000 adults within Highland are likely to suffer mental health difficulties at some point in their lives, about three-quarters of whom will consult their GP. About 15,000 will be identified as having a mental health problem. In any one year over 3000 people will be seen by specialist mental health services.

Mental Health (Care and Treatment) (Scotland) Act 2003, Highland Council and Highland NHS Board, Joint Implementation Plan

Learning Disability

"The Same As You?" A Review of Services for People with Learning Disability by the Scottish Executive in 2000 stated there is not enough detailed information on the number of people in Scotland with learning disabilities. It estimated 120,000 people in Scotland with learning disabilities, around 30,000 of whom would be in regular contact with authorities.

The most recent statistics estimate 22,473 adults with learning disabilities known to local authorities in Scotland, a national prevalence rate of 5.4 per 1,000 population aged 16 or over. This figure has grown by 24% from the 18,066 adults reported as known in 2003.

Highland: estimate of adults known to local authorities

	total	Adults known per 1,000 Pop'n
Highland	623	3.6
Scotland	22,473	5.4

Scottish Executive-Statistics Release, 2005, Adults with Learning Disabilities. Implementation of "The Same As You?", Scotland, 2005

DISABILITY EQUALITY SCHEME SUMMARY ACTION PLAN

The following personnel are responsible for the actions on the attached plan

Department Heads

Commander Operations Support	John Donaldson
Commander Community Risk Management	Trevor Johnson
Commander Development	Uisdean McLennan
Commander North	Alan Edwards
Commander South	David Gill
Human Resources Manager	Leonie Govan
Head of Corporate Services	Alex MacAllister
Head of Engineering & Supplies	Murray MacKay