



Promoting Disability Equality

Disability Equality Scheme and Action Plan 2nd Edition

December 2009 – 2012

This Equality Scheme is in 12 point font to improve accessibility under the requirements of the Disability Discrimination Act (DDA)

Contents

1. Foreword	<i>page 2</i>
2. Introduction.....	<i>page 3</i>
3. Highlands & Islands Fire & Rescue Service	<i>page 4</i>
4. The needs of people with Disabilities are Diverse and important	<i>page 6</i>
5. What is the “Public Duty” on Disability?	<i>page 7</i>
6. A Partnership Approach	<i>page 8</i>
7. The Equality Journey	<i>page 9</i>
8. Definition of Disability	<i>page 10</i>
9. The Social Model	<i>page 11</i>
10. Where are we now on our Journey.....	<i>page 12</i>
11. Involving people with Disabilities.....	<i>page 16</i>
12. What we already know about Disability Equality in the Highlands.....	<i>page 17</i>
13. Assessing the Impact of our Activities.....	<i>page 18</i>
14. Monitoring our Results.....	<i>page 19</i>
15. The Action Plan.....	<i>page 20</i>
16. Information gathering.....	<i>page 21</i>
17. Publishing the Scheme.....	<i>page 22</i>
18. Public Access to Information and Services.....	<i>Page 23</i>
19. If we get it wrong.....	<i>page 24</i>

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 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 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
November 2009

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 Highlands & Islands Fire & Rescue Service (HIFRS) to demonstrate the 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 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, the Race Equality Scheme (2008-2011) and the Gender Equality Scheme (2007-2010), which may be revised and updated from time to time to reflect changes in legislation and best practice.

3. Highlands & Islands Fire & Rescue Service

3.1 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.

3.2 HIFRS provide a Fire & Rescue Service to the community including fire safety and community education.

The four strategic aims of the Service are:

- **Prevent** Operate a managed approach to reduce the risk in the communities we serve.
- **Prepare** Provide a well-equipped, skilled and motivated workforce able to work safely and whose composition and purpose reflects the risk and diversity in the communities we serve.
- **Respond** Respond promptly and effectively to fires and other emergencies.
- **Resource** Provide a service committed to the highest levels of quality, delivering value for money and demonstrating public accountability.

3.3 Our fourteen strategic objectives in priority order are:

		Prevent	Prepare	Respond	Resource
01	Develop solutions from the IRMP sustainability review	✓	✓	✓	✓
02	Operational Assuredness	✓	✓	✓	✓
03	Further develop incident command skills		✓	✓	✓
04	Introduction of Firelink communications system		✓	✓	✓
05	Succession Planning		✓	✓	✓
06	Retained availability management		✓	✓	✓
07	Implementation of approved restructure		✓		✓
08	Fire Scotland Act Part 3 – Legislative Fire Safety	✓			
09	Flooding response		✓	✓	✓
10	Single status				✓
11	Introduction of the Integrated Personal Development System (IPDS)	✓	✓	✓	
12	Information management / document control		✓		✓
13	Risk review	✓	✓	✓	✓
14	Information Technology (IT) Provision		✓		✓

- 3.4 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.
- 3.5 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.
- 3.6 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.

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

- 4.1 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.
- 4.2 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.
- 4.3 According to the Equality & Human Rights Commission (EHRC), 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 section 9), and provides a basis for the successful implementation of the duty to promote disability equality.
- 4.4 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.
- 4.5 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.
- 4.6 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.
- 4.7 People with disabilities can continue to contribute in a valuable and meaningful way in the workforce and in the wider social community.

5. What is the 'Public Duty' on Disability?

5.1 Public bodies and any organisations contracted by or funded by public bodies are required by government to publish a Disability Equality Scheme. 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

5.2 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.

5.3 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.

6. **A Partnership Approach**

- 6.1 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 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.
- 6.2 As public and voluntary partners of the Highland Community Planning Partnership (HCPP), 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 HCPP agencies and other strategic partners came together under the title 'Highland Community Planning Partnership, Equality and Diversity Group'. A full list of partners is available upon request.
- 6.3 This collaborative approach was of particular benefit to the Highlands and Islands 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. 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.

7. The Equality Journey

- 7.1 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.
- 7.2 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.
- 7.3 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.

8. Definition of Disability

- 8.1 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**.

9. The Social Model

- 9.1 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.

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.

10.2 Progress on Disability Equality since 2006 and future action

HIFRS’s first Disability Equality Scheme outlined a number of areas where the principles of disability equality would apply. This section outlines each area reporting on progress to date. Future Actions are visible on the revised Action Plan 2009-2012.

Action Plan 2006-2009	Progress to date
1 TO ELIMINATE UNLAWFUL DISCRIMINATION	
<p>1.1 Prioritised plan for Equality Impact Assessment (EIA) of existing functions/policies</p> <p>1.1.1 <i>Screen functions and policies for relevance to disability equality. Set priorities for equality impact assessments (EIA).</i></p> <p>1.1.2 <i>Complete report of multi-agency involvement of people with disabilities. With partners, report feedback to organisations and individuals involved in the preparation of the Schemes. Identify priority areas for action, including opportunities for partnership action.</i></p>	<p>All departments have undertaken a review of the existing policy documents and updated them as appropriate, including equality impact assessments.</p> <p>The Highland Community Planning Partnership (HCPP), Equality & Diversity Group, has produced a report on Disability Equality Duty “Working with Individuals and Disability on life in the Highlands” in 2007.</p>
<p>1.2 All new and revised policies, where relevant to disability equality, include outcome of EIA</p> <p>1.2.1 <i>Agree EIA template through Service decision making process.</i></p>	<p>An EIA template has been agreed and has been in use since November 2007.</p>

<p>1.2.2 <i>Ensure staff undertaking EIA are informed and understand the requirements</i></p> <ul style="list-style-type: none"> a) <i>staff guidance completed</i> b) <i>training for relevant staff</i> c) <i>EIA undertaken according to priority timescale</i> 	<p>All appropriate staff have been trained by Angela Webb of HMI in November 2006 and in August 2008 by IODA.</p>
<p>1.3 Personnel required to undertake EIA have the appropriate support, contacts and sources of information.</p> <p>1.3.1 <i>In association with partner agencies, develop a central register of information on disability</i></p> <p>1.3.2 <i>Extend this central register to incorporate information gathered in cross-department working eg Community Fire Safety Activities.</i></p> <p>1.3.3 <i>District Managers to set up contact links with local disability groups and individuals, and feedback any issues through the appropriate Service channels.</i></p> <p>1.3.4 <i>Develop a process to record details of local engagement</i></p> <p>1.3.5 <i>Implement ongoing involvement with people with disabilities, as part of the review of the Scheme.</i></p> <p>1.3.6 <i>On receipt of DRC impairment criteria, ensure employment monitoring includes desegregated data.</i></p>	<p>Ongoing</p> <p>Ongoing</p> <p>District staff attends various local forums including ones which are directly linked to Fire Safety and provide guidance appropriate to the individual groups needed.</p> <p>The departmental plan reflects all partners in addition to the Service Partnership Register. A further review of the Partnership register has been completed. CRM has an interactive recording mechanism for community engagement activities drafted and our Performance Manager is looking at ways to integrating it with the Service Intranet.</p> <p>The Service recently presented to the Highland Strategic Working Group on Sensory needs. A project is currently being undertaken to produce a safety DVD encompassing BSL sign language.</p> <p>Disability is monitored as part of the wider monitoring in the recruitment, promotion, transfer, disciplinary, grievance and dismissal process.</p>

<p>1.4 Diversity Awareness Training</p> <p>1.4.1 <i>Continue to deliver staff training on diversity awareness. Plan a roll-out program to deliver diversity awareness training to remainder of the Service</i></p> <p>1.4.2 <i>Identify and plan a refresher training program, and how training will be delivered to new starts post the current round of training</i></p>	<p>There is an ongoing training programme for all full time and retained staff</p> <p>A refresher programme has been identified through the Fire Service College in Gullane, and this will be in place using e.learning modules by 2009/2010.</p>
<p>2 TO ELILMINATE UNLAWFUL HARASSMENT</p>	
<p>2.1 Record and Monitor incidents of harassment and discrimination of people with disabilities</p> <p>2.1.1 <i>Ensure related policies are updated and revised and communicated across the Service.</i></p> <p>2.1.2 <i>Identify any further training requirements that are required, and timetable accordingly.</i></p> <p>2.1.3 <i>Further widen the scope of the Racist Incident Multi-Agency Strategy with our partners to include all hate incidents/crime.</i></p>	<p>All related policies are updated and revised. No incidents of harassment and/or discrimination of people with disabilities have been reported.</p> <p>Ongoing</p> <p>HCPP has launched the Hate Incident reporting system in March 2009 www.hatefreehighland.org</p>
<p>3 IMPROVE ACCESSIBILITY OF THE SERVICE</p>	
<p>3.1 Identify barriers to access and plan rectification program where appropriate</p> <p>3.1.1 <i>Review progress of DDA compliance plan of built environment through performance management process.</i></p> <p>3.1.2 <i>Develop access compliance audit through relevant access panels.</i></p>	<p>Identified resources are in the capital plan, the rolling program starting with DDA improvements to HQ in 2007/2008. Resources are identified for the next 2 financial years.</p> <p>Ongoing</p>

<p>3.1.3 <i>Ensure that the review of the Service website considers accessibility requirements for people with disabilities</i></p> <p>3.1.4 <i>In partnership with other Public Agencies continue to develop our interpreting and translation service ensuring that the needs of people with disabilities are met.</i></p>	<p>Our new website with Level AA conformance (Priority 1 and 2 checkpoints) went online in June 2009.</p> <p>Access to translation and interpreting service is provided for via Control for operational crews, HQ and District Officers. Control procedures are being developed to deal with requirements of deaf people.</p>
<p>4 TO PROMOTE EQUALITY OF OPPORTUNITY</p>	
<p>4.1 Ensure staff are aware of their responsibilities in line with the provisions of the Disability Discrimination Act (DDA)</p> <p>4.1.1 <i>In association with Occupational Health Advisor ensure reasonable adjustments are appropriately identified and implemented and develop guidance for line managers about making reasonable adjustments.</i></p> <p>4.1.2 <i>Incorporate the provisions of the Disability Equality Duty in the Service's Diversity Strategy and related documents.</i></p>	<p>Management guidance for the implementation and support of a Disability Discrimination Review Group has been approved by SLT and is under consultation with the Unions at present time. Training on the guidance and reasonable adjustments for managers will be in place with an Access to Work Adviser and a representative of a Disability Group beginning of 2010.</p> <p>All appropriate documents are sign-posted to the Disability Equality Duty.</p>
<p>5 ANNUAL REPORTING</p>	
<p>5.1 Open and transparent publication of outcomes</p> <p>5.1.1 <i>Publish Action Plan results in Public Performance Report</i></p> <p>5.1.2 <i>Research and consider other ways of publishing results/outcomes from Action Plan through the media and Service website</i></p>	<p>Action plan results are referred to in the Public Performance Report.</p> <p>Ongoing</p>

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 A questionnaire was designed asking about the views of disabled people and disability groups of how HIFRS can improve the Disability Equality Scheme. These were available on our website www.hifrs.org and were distributed by e-mail and post to all groups/individuals involved in disability issues. A copy of the full questionnaire is available upon request. Following groups/organisations have been consulted:

Inverness Access Committee	Ross & Cromarty Access Panel
Badenoch & Strathspey Access Panel	Lochaber Disability Access Panel
Caithness Access Panel	Sutherland Access Panel
Nairn Access Panel	Skye & Lochalsh Access Panel
Alzheimer Scotland	Attention Deficite Hyperactive Disorder
Badaguish Outdoor Centre	Badeonoch & Stratyspey Transport Co.
Caithness Deaf Care	Crossroads (Badenoch & Strathspey) Care Attendant Scheme
Crossroads (Caithness) Care Attendant Scheme	Crossroads (East Sutherland) Care Attendant Scheme
Crossroads (Inverness) Care Attendant Scheme	Dachaidh Community Respite Care & Support Scheme
Deaf Action	Deaf Communication Project
ENABLE	FALCON Project
Glengarry Centre National Schizophrenia Fellowship (Scotland)	Highland Developmental Co-ordination Disorders Group (HDCD)
Health & Happiness	Highland Deaf Education Service
Highland Disability Sports	Highland Visible Voices
Inverness Hard of Hearing/Lipreading Club	Key Housing Association Ltd
Lochaber Community Care Scheme	Lochaber Deaf Care
Lochaber Transport Forum	Options for Independence
People First	Profound and Multiple Impairment Service (PAMIS)
Scottish Deaf Association	Scottish Huntington's Association
Skye & Lochalsh Association for Disability	Skye & Lochalsh Mental Health Association
Sutherland Autistic Support Group	National Schizophrenia Fellowship (Scotland)
Volunteering Highland Ltd	Leonard Cheshire Disability
Job Centre - Access to Work Adviser Highlands & Islands	Equalities Group - Shetland Islands Council
Orkney Equalities Forum	Western Isles Diversity and Equality Steering Group

11.3 The questionnaire was also 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 and staff was also asked to forward the questionnaire to their friends or family if they would like to express their views.

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 18.14% of Highland and Islands 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 also covered by the DDA.

	Highlands & Islands	Highlands & Islands %	Scotland
Total population	279,649	100.00%	5,062,011
Limiting Long term Illnesses	50,727	18.14%	20.31%
Percentage of economically inactive people who are permanently sick/disabled	47,507	16.99%	21.25%
Percentage of households with one or more carers resident	43,840	15.68%	16.84%

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'.

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. 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 The Service embedded a systematic approach to carrying out equality impact assessments within the Service. Training in conducting impact assessments has been undertaken. Each department reviewed their policies on the impact on the lives of people with disabilities and assess for any adverse impact or missed opportunity to promote equality of opportunity.
- 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.

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:

- Levels of usage - gives an indication of under or over representation from disabled groups.
- Levels of satisfaction – ensure groups from all backgrounds are satisfied with the service we provide.
- Levels of relevance – so that we are confident that our policies and services meet the real needs of our diverse communities.
- Levels of appropriateness – to ensure that our services and policies are culturally sensitive.
- 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 coordinating the action plan, whilst respecting any issues of confidentiality. In addition to the conventional record keeping and monitoring, we may also use the following:

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

15. The 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 annually 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 to draw together robust information and evidence in relation to disability equality.

16. Information gathering

- 16.1 The Service will use the information it gathers by actively involving individuals/groups involved in disability issues 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.

17. Publishing the Scheme

- 17.1 The Scheme will be published on our website www.hifrs.org . Reports on progress made against the Scheme's Action Plan will be incorporated within our Public Performance Report and in the annual reports which are published on the HIFRS' website.
- 17.2 The Scheme and the Annual reports are also available paper format, large print or Braille upon request to:

Manuela Flueckiger
Equality & Policy Adviser
Highlands and Islands Fire and Rescue Service
Headquarters
16 Harbour Road
INVERNESS
IV1 1TB

01463 227 000
people@hifrs.org

18. Public Access to Information and Services

- 18.1 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.

19. If We Get it Wrong...

- 19.1 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.
- 19.2 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 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 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 being 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 kilometers 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 (now EHRC) 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. For this second scheme, some key sources of information are given below:

Long term Limiting Illness (LLTI): 2001 Census

	Total population	Population reporting a LLTI	% 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

The working age employment rate estimate for people with a disability in Scotland was 47.1% in 2007. In 2007, four out of the 32 local authority areas had an employment rate estimate for people with a disability below 40.0%: Glasgow City (31.3%), Clackmannanshire (31.8%), Inverclyde (35.9%) and North Ayrshire (38.7%). The employment rate estimate for people with a disability living in the 15% most deprived areas was 26.2% in 2007; more than half that for the rest of Scotland (53.0%). People with a disability in accessible rural and remote rural areas had the highest employment rates at 58.9% and 59.8% respectively. This compares with an employment rate of 41.1% for disabled people in large urban areas.

In 2007, the employment rate for people with a disability living in the Highlands & Islands Enterprise area was 62.0%, considerably higher than the rate for the rest of Scotland (45.9%).

The Annual Population Survey in Scotland 2007

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	709	3.3	19,959	3.9
Registered partially sighted	528	2.4	15,957	3.1
Registered visually impaired	1,237	5.7	35,916	7.0

People registered blind and partially sighted, Oct 2008

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 who 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 (September 2007) estimate 22,875 adults with learning disabilities known to local authorities in Scotland, a national prevalence rate of 5.4 per 1,000 populations aged 16 or over. This figure has grown by 1.76% from the 22,473 adults reported as known in 2005.

Highland: estimate of adults known to local authorities

	total	Adults known per 1,000 Pop'n
Highland	839	4.8
Scotland	22,875	5.5

Scottish Executive-Statistics Release , Adults with Learning Disabilities. Implementation of "The Same As You?", Scotland, 2007

HIGHLANDS & ISLANDS FIRE & RESCUE SERVICE

DISABILITY EQUALITY SCHEME ACTION PLAN - DECEMBER 2009-DECEMBER 2012

1: CORPORATE					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
1.1 Method of consulting and publishing information	Head of People Services	Dec 2009 – Nov 2012	Consult with local Disability Groups to seek their advise as how the Service can increase links with Disability Groups		
1.2 Impact Assessment (existing policies and procedures)	Department Heads	Dec 2009 – June 2010	Carry out outstanding impact assessments to ensure that current functions and policies do not discriminate.	Operations CRM People Services Operations Support Corporate Services	

1.3 Impact Assessment (new policies and procedures)	Department Heads	Dec 2009 - Nov 2012	Ensure new staff undertaking EIA are informed and understand the requirements of EIA		
1.4 Personnel required to undertake EIA have the appropriate support, contacts and sources of information.	Head of People Services	Dec 2009 - March 2011	Develop a contact database for personnel undertaking EIA's		
1.5 Open and transparent publication of outcomes.	Head of People Services	Dec 2009 – Nov 2012	Publish the Action Plan results online annually and provide results in paper format, large print or Braille upon request	The Action Plan is updated monthly on our website.	

2: SERVICE DELIVERY					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
<u>2.1 Community Safety</u>					
2.1.1 Community Safety Information	Head of Community Risk Management	Dec 2009 – Nov 2012	Review printed material on an ongoing basis and ensure that they meet the needs of the community		
2.1.2 Community Safety Checks	Head of Community Risk Management	Dec 2009 – June 2010	Provide fire safety advise to communities in relations to disability through local support groups/associations.		

2.1.3 Community Safety Information	Head of Community Risk Management	Dec 2009 – Nov 2012	Engage with statutory partner organisations on media campaigns raising awareness to people with disabilities.		
2.1.4 IRMP	Head of Community Risk Management	Dec 2009 – Nov 2010	Extend the existing IRMP Questionnaire to analyse all 6 strands (Race, Gender, Disability, Age, Religion and sexual orientation)		
2.1.4 Partnership register	Head of Community Risk Management	Dec 2009 – Nov 2010	Develop and implement a process to record details of local engagement	CRM - An interactive recording mechanism for the community engagement activities has been drafted.	October 2009

2.1.5 Ongoing Involvement	Head of Community Management	Dec 2009 – Nov 2010	Implement ongoing involvement with people with disabilities, as part of the review of the Scheme.		
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2: SERVICE DELIVERY					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
<u>2.2 Operations</u>					
2.2 Contact links with Disability Groups	Head of Operations	Dec 2009 – Nov 2012	District managers to set up contact links with local disability groups and individuals, and feedback any issues through the appropriate Service channels.		

3: SERVICE SUPPORT					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
3.1 <u>Service Support</u>					
3.1.1 Complaints	Head of Corporate Service	Dec 2009 – Nov 2012	Ensure complaints are monitored by ethnicity and data analysed to recommend improvements. Introduce a system to report, record and monitor baseline information to ensure that process is fit for purpose.		

3: SERVICE SUPPORT					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
3.2 Training					
3.2.1 Training Course Material	Head of People Services	Dec 2009 – July 2010	Review all training courses, documentation and materials and consult on simplicity and plain English to meet the needs of the community	All L&D documents being assessed and prioritised into subject areas for allocation to all L&D personnel for assessment/ amendments and EIA.	
3.2.2 Staff training	Head of People Services	Dec 2009 – Nov 2012	To ensure that all staff receive awareness training in Equality & Diversity		
3.2.3 Training	Head of People Services	Dec 2009 – Nov 2012	Introduce a rolling refresher training program for all HIFRS staff		
3.2.4 HIFRS Trainers	Head of People Services	Dec 2009 – Nov 2010	All training staff involved to be trained in Equality & Diversit		

3.2.5 Further Training	Head of People Services	Dec 2009 – Nov 2012	Identify any further training requirements that are required and timetable accordingly	Members of the DDA review group and Managers will be trained on reasonable adjustments according to the DDA by the Access to Work Adviser for the Highlands & Islands and the Service Manager of Leonard Cheshire Disability before the end of the financial year 2009/2010	
3.2.6 Monitoring	Head of People Services	Dec 2009 – Nov 2010	Monitor through analysis applications (successful and unsuccessful) for training and development opportunities. Setup monitoring/reporting system		
3.2.7 Joining Instructions	Head of People Services	Dec 2009 – Nov 2012	Review joining instructions in the context of the DDA on an ongoing basis to make sure instructions stay in line with the changing requirements of the community		
3.2.8 External Training Providers	Head of People Services	Dec 2009 – Nov 2012	Ensure External Training Providers Policies are in line with HIFRS Equal Opportunities Policy and the Disability Equality Scheme		

3: SERVICE SUPPORT					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
3.3 <u>Human Resources</u>					
3.3.1 Recruitment & Selection	Head of People Services	Dec 2009 – March 2010	Set up a minimum of 4 positive action initiatives per year to support the recruitment of a more diverse workforce		
3.3.2 Recruitment & Training	Head of People Services	Dec 2009 – Nov 2012	Ensure that all staff included in the Recruitment and Selection process are trained in Recruitment and Equality & Diversity		
3.3.3 Monitoring	Head of People Services	Dec 2009 – March 2010	Extend the existing monitoring system to analyse by Race, Gender, Disability, Age, Religion and sexual orientation		
3.3.4 Equal Opportunities Policy	Head of People Services	Dec 2009 – March 2010	Implement the updated Equal Opportunities Policy		

3.3.5 Consultation	Head of People Services	Dec 2009 – Nov 2010	Identify groups to be consulted, establish contacts and methods of consultation. Circulate the Disability Equality Scheme and Action Plan for consultation making them available in an appropriate range of formats as necessary		
3.3.6 Record and Monitor incidents of harassment and discrimination of people with disabilities	Head of People Services	Dec 2009 – Nov 2012	Ensure related policies are updated, revised and communicated across the Service		
3.3.7 Ensure staff are aware of their responsibilities in line with the provisions of the Disability Discrimination Act.	Head of People Services DDA Review Group	Dec 2009 – Nov 2012	In association with Occupational Health Adviser ensure reasonable adjustments are appropriately identified and implemented and develop guidance for line managers about making reasonable adjustments	Guidance for Managers is approved by SLT and is under consultation with Unions at present. Training on reasonable adjustments for Managers will be in place with the Access to Work Adviser for the Highlands & Islands and the Service Manager of Leonard Cheshire Disability by the end of the current financial year.	

3: SERVICE SUPPORT					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
<u>3.4 Risk Management/ Health & Safety</u>					
3.4.1 Accident investigation	Head of Operations Support	Dec 2009 – Nov 2010	Accidents to be monitored by disability and data analysed to recommend further improvements	An interim measure is in place, but this specific action is part of much broader H&S revitalisation strategy currently being developed.	
3.4.2 HIFRS premises	Head of Corporate Services	Dec 2009 – Nov 2012	Further improve procedure for public use of HIFRS premises to ensure the specific needs of the community/disability groups are addressed. Identify barriers to access and plan rectification where appropriate		
3.4.3 Access compliance	Head of Corporate Services	Dec 2009 – Nov 2010	Develop an access compliance audit by involving the relevant access panels.		

3: SERVICE SUPPORT					
Objective	Lead	Predicted Timescale for completion	Detail of actions to be undertaken	Progress to Date	Completed
3.4 <u>Operations Support</u>					
3.5.1 Hate Incidents	Head of Operations Support/Head of People Services	Dec 2009 – Nov 2012	Implement the system to report, record and monitor Hate Incidents in partnership with the Highland Community Planning Partnership Equality & Diversity Group	The HCPP Hate Incident reporting system went online in March 2009 www.hatefreehighland.org . Monitoring of the recorded incidents will be ongoing.	March 2009
3.5.2 Translating and Interpreting Services	Head of Operations Support	Dec 2009 - Nov 2012	In Partnership with other Public Service Agencies continue to develop our Interpreting and Translation Service ensuring that the needs of people with disabilities are met.	Translation and Interpreting Service access provided for operational crews, control, HQ and District Offices. Developing Control procedures to deal with requirements of the deaf.	