

Where is HIV in Disability Equality Schemes?

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Acknowledgements

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Introduction

NAT (National AIDS Trust) was delighted when the Disability Discrimination Act 2005 recognised HIV as a disability from the point of diagnosis. As a consequence people living with HIV now benefit from the many protections from discrimination within the scope of the Act. In addition, they should also benefit from the Disability Equality Duty introduced in the Act. This places a duty on all public authorities to have a due regard to the need to:

- ⌘ promote equality of opportunity between disabled persons and others
- ⌘ eliminate discrimination and harassment
- ⌘ promote positive attitudes towards disabled people
- ⌘ encourage participation in public life
- ⌘ and take account of disabled people's disabilities.

This Duty, which covers some 45,000 public sector authorities, came into force in December 2006. There is also a Specific Duty which requires all listed public bodies to publish a Disability Equality Scheme, demonstrating how they intend to fulfil their general and specific duties. This scheme should include a statement outlining how disabled people were involved in the development of the scheme and how the organisation will assess the impact of its policies on disabled people. It must also include an action plan setting out practical ways improvements for disabled people will be made. Finally it should also provide details of how the organisation gathers information about the effect of its policies and practices on disabled people.

In response to the Duty, NAT produced *HIV and Your Disability Equality Scheme – A Practical Guide for Chief Executives, Board Members and Senior Managers*.¹ This resource assists public bodies in developing Disability Equality Schemes to promote disability equality in relation to HIV.

In 2008 NAT decided to look at whether public authorities' schemes have considered the needs of people living with HIV, and to identify any examples of good practice. This is particularly important with a new Equality Bill going through Parliament. This Bill will replace the Disability Equality Duty with a single Equality Duty covering race, gender, sexual orientation, age, faith or belief and disability.

It will be important for the findings from this review to feed into the development of any new Duty and related Statutory Code of Practice to ensure that the needs of people living with HIV are not forgotten.

How we went about this research?

NAT's review has three parts. The first consists of the analysis of 26 schemes where NAT considers one might reasonably expect HIV to be included, to see whether these public bodies are showing leadership in this area.

The second part takes a wider view; in July 2008 NAT sent a questionnaire to two hundred organisations to look at the processes organisations went through when preparing their schemes and whether the needs of people living with HIV were considered.

Finally, the third part looks at the findings of a report by the Disability Rights Commission (DRC), *Up to the Mark? How have Government Departments responded to the Disability Equality Duty?*.

¹ Available at www.nat.org.uk/document/187

NAT examined the schemes commended by the DRC to see whether public bodies that are seen to be good at considering disability issues also take into account HIV. The report ends with a series of recommendations.

What are the particular needs and concerns of people living with HIV?

NAT's guidance booklet *HIV and Your Disability Equality Scheme* outlines the needs and concerns of people living with HIV that public authorities should consider.²

Healthcare and treatment are an obvious concern. Employment practices and service delivery can have an impact on the ability of someone living with HIV to adhere to their course of anti retroviral therapy (ART) and, more generally, to access both regular and emergency healthcare. The vast majority of people living with HIV need only minor flexibilities in the workplace as reasonable adjustments but organisations need to have a clear and efficient system in place.

Respecting confidentiality and privacy is also vital given the stigma and discrimination still associated with HIV. The specific nature of this discrimination requires particular consideration and explicit mention of HIV in public bodies' workplace policies and training. The prevalence, impact and complexity of such stigma and discrimination meant that public bodies need to be ready to respond to discrimination cases (for instance hate crime or social isolation) and related impacts of homophobia, racism and xenophobia for people living with HIV who may face multiple discrimination. Public authorities also need to consider whether their employment or service delivery perpetuates or entrenches such discrimination.

² Available at www.nat.org.uk/document/187

Part one - Are the needs and concerns of people living with HIV being addressed in key public bodies' Disability Equality Schemes?

In the first part of this review, NAT looked at selected organisations where one might reasonably expect HIV to be included in their schemes, to see whether the needs of people living with HIV were considered. Twenty six organisations from across the country covering a range of policy areas were chosen.

These organisations have not been contacted and it should be acknowledged that those who do not explicitly mention HIV in their schemes (and indeed those who do) may have other means of addressing the needs of people living with HIV, such as a workplace policy. Links to the 26 schemes as viewed online in July and August 2008 are listed in Annex A.

Which organisations' schemes were reviewed?

As well as the obvious health-related choice of the Department of Health, NAT looked at the schemes of the Home Office and UK Border Agency as they are public bodies that deal with immigration (a significant number of people living with HIV from African and other BME communities are at some stage within the immigration process).

About half of all people with HIV live in London, so NAT hoped to see some leadership in relation to HIV from London bodies. This is why the London Assembly and Metropolitan Police and an acute Primary Care Trust, Guy's and St Thomas' Hospital NHS Trust have been included in this review. Lambeth Council and Newham Council were chosen as the Boroughs in London with high HIV prevalence rates.

The Scottish Government and Welsh Assembly Government together represent some eight million people, and NAT hoped to see HIV addressed in their schemes.

As the prevalence of HIV in the prison population is higher than in the general population, NAT looked at the schemes of the Scottish Prison Service and HM Prison Service (which covers England and Wales).

NAT also wanted to look at organisations within similar areas, to see whether there are any similarities or differences in the extent to which HIV is addressed in separate organisations that serve the same communities. Councils and NHS Trusts in three cities were chosen: Cardiff Council and Cardiff and Vale NHS Trust; Manchester City Council and Central Manchester Healthcare NHS Trust; and Glasgow City Council and NHS Greater Glasgow and Clyde.

These areas were chosen as they are parts of the country where asylum seekers are 'dispersed'.³ Other dispersal areas include Birmingham and Leeds, so NAT looked at West Midlands Police and West Yorkshire Police, as well as Greater Manchester Police.

A recent NAT investigation uncovered cases of discrimination in schools, with children living with HIV being excluded from primary and secondary schools. NAT therefore decided to look at schemes from a secondary school in south west London (chosen at random and not connected to the reported cases of discrimination), and further education colleges in cities in England, Scotland and Wales.

The final organisation NAT looked at was the Equality and Human Rights Commission, the new public body established in 2007 that brought together race and gender equality agencies with the former DRC, which championed the Disability Equality Duty.

³ Dispersal occurs when asylum seekers are moved to areas outside the South East until their asylum application is decided.

About the schemes

The review revealed that of the 26 schemes, 15 were Disability Equality Schemes and 11 were single Equality Schemes.⁴ Fifteen of the twenty six schemes specifically mention HIV and eleven do not. Notably HIV is mentioned in two thirds of the Disability Equality Schemes (10 out of 15 in this sample) and in just under half of the single Equality Schemes (5 out of 11).

All 26 contain elements that could be seen to address the needs of a person living with HIV as defined as a disabled person. However it became clear that in most cases further references to HIV need to be included if the schemes are to fully address the specific needs of people living with HIV.

Where is HIV included?

The review went on to look at the context in which HIV is mentioned. Of the 15 schemes that make reference to HIV, six include it only in a section on the definition of disability under the DDA 2005.

Three organisations include HIV in several parts of their scheme; the Department of Health, Lambeth Council and the Greater London Authority's London Assembly.

The Department of Health mentions HIV in reference to gender, sexual health and in a section about multiple strands of their Equalities Scheme – sexual orientation, gender, ethnicity and age - though HIV is not included in the section on disability.

Lambeth Council includes HIV in the definition of disability, when describing some of the service users of Adult and Community Services ('adults with chronic ill health (including HIV)'), and within their monitoring form from consultation events.

The London Assembly's scheme has the most substantial HIV content. Its scheme aims to address issues for a wide range of people, including those "with hidden impairments and those with HIV/AIDS". It is the only one of these 26 organisations whose scheme was published before the DDA 2005 came into force, and includes a section on 'HIV in London' with information about issues such as prevalence, medical care, support and counselling, and overcoming barriers. There are references to HIV throughout the scheme, and it is the only organisation to acknowledge that people "might not automatically identify themselves as disabled people, but who nevertheless face discrimination in their everyday life because of their impairment".

The remaining six organisations make reference to HIV in a variety of ways:

- The Home Office includes it once in reference to harassment and discrimination.
- The Scottish Government acknowledges HIV once in the Health and Wellbeing section of their Scheme: 'disabled people are not a homogenous group. There are many types of disability, including physical or sensory impairments, mental health conditions, learning difficulties and long term health conditions such as HIV. There are also gender, ethnicity and other dimensions'.

⁴ Single Equality Schemes are where public authorities have developed one scheme to cover gender, disability and race rather than developing individual schemes for each strand. In addition, some public authorities have included areas such as sexual orientation and religion and belief in their single schemes. At the moment there is no legal requirement for schemes to cover these areas, but they will be covered by the single Equality Duty in the current Equality Bill going through Parliament (Royal Assent expected in 2010).

- The UK Border Agency mentions HIV in relation to their work on dispersal of asylum seekers living with HIV. It is not mentioned specifically in relation to other areas of its remit, or to its staff, but the scheme does state that they will not discriminate on grounds of ‘disability’ or ‘any other factor irrelevant to a person’s work’.
- Manchester City Council also covers HIV in relation to its services: ‘home based and welfare rights support is provided to people living with HIV as well as support services for young people who have a parent with HIV’.
- Newham Council mentions HIV in the ‘about Newham’ part of its scheme, noting that ‘the number of people reporting HIV in Newham is about 60% higher than the London average, which again is much higher than in England as a whole’. There are no further references.
- The Metropolitan Police mentions ‘hidden disabilities’ several times, but HIV is mentioned only in reference to its workplace policy, and in reference documents.

Those who do not mention HIV

Eleven organisations have not included references to HIV within their schemes. NAT has concerns that some schemes refer to a range of disabilities, conditions or impairments but do not include any reference to HIV. This misses the opportunity of making staff and service users aware that HIV is covered by the terms of the scheme.

The Scottish Prison Service does not mention any disabilities in their Scheme, however a statement on ‘What is a disability’ notes that “disability, for the purposes of the [Disability Discrimination] Act, is defined as ‘*a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities*’”. Whilst this wording is taken from the DDA, it is only part of the definition of disability and its meaning for people living with HIV is lost by including it in isolation from other important aspects of the Act.

Cardiff and Vale NHS Trust, the Equality and Human Rights Commission, Guys and St Thomas’ and Manchester PCT do not mention HIV, but do not specifically refer to other disabilities either.

Conclusion to part one

NAT was disappointed by the findings of this review. Many of the public authorities that would be expected to consider HIV, failed to do so. Despite this, there were some excellent examples of good practice, (for example the London Assembly’s scheme), which show how effective the Disability Equality Duty can be in helping public authorities meet the needs of people living with HIV.

It is significant that whilst the Disability Equality Schemes reviewed here made limited references to HIV, the single Equality Schemes were even less likely to consider HIV. This is concerning given the Government’s introduction of a new Equality Bill with a single Equality Duty covering race, gender equality, disability, sexual orientation, age and belief. Whilst NAT supports the extension of the duty to these strands (particularly as many people living with HIV face multiple discrimination), it is vital that there is proper guidance to ensure that HIV is not overlooked.

Part two – A snapshot of HIV and Disability Equality Schemes

NAT wanted to get a snapshot of how public authorities consider the needs of people living with HIV when preparing and writing their schemes. In July 2008 a questionnaire was devised and e-mailed to two hundred organisations; 45 in Wales, 65 in Scotland and 90 in England.⁵ Sixty nine organisations responded, giving a response rate of 34.5%.⁶ Eighty three percent of the organisations that responded to the questionnaire had a Disability Equality Scheme - the remaining 17% had a single Equality Scheme.

Organisations that received the questionnaire included local authorities, police forces, police authorities, fire and rescue services, primary care trusts, strategic health authorities, government departments and other public sector bodies. A range of organisations were targeted both in terms of location and also size.

The results of this study in no way claim to be a comprehensive overview of all schemes, but aim to give a snapshot of the situation in the public authorities that responded as at August 2008.

Organisations were asked questions about their schemes under the following headings:

Preparing your Disability Equality Scheme⁷

The questionnaire asked organisations whether they looked at any statistics and/or demographic profiles about people in their area living with HIV when preparing their scheme. Almost three quarters (74%) answered no. Those that had considered statistics or demographic profiles had gathered this information in several ways, for example public health reports. Encouragingly, one Primary Care Trust looked at several sources of information including the NHS Patient and Public Involvement process and a local GUM clinic.

Similar results emerged when organisations were asked if they had sought guidance on how to include the needs of people living with HIV when preparing their scheme. Only a third had sought advice. Sources included NAT's booklet, advice from health professionals as well as local HIV support organisations and the DRC. One council commissioned a local disability group to develop a programme of local involvement sessions, with a session on hidden impairments including HIV.

The DDA 2005 requires public bodies to involve disabled people in preparing a scheme. In the questionnaire, NAT tried to find out the extent to which disabled people had been involved in preparing schemes, including people living with HIV. Encouragingly all respondents had done at least one thing to involve disabled people in the process, with most having done several. Work specifically related to HIV was limited with only one organisation reporting running a focus group for people living with HIV. However, twelve respondents (out of 69) had taken advice from organisations representing people living with HIV.

NAT recognise that it can be complex to involve people living with HIV as many would not describe themselves as disabled and are not members of wider disability groups. It became clear through the survey that some organisations had thought about HIV but faced this and other challenges when preparing their scheme. It is for this reason that it is particularly important that public authorities receive support and guidance on including people living with HIV (particularly with the move to single Equality Schemes).

⁵ Including 68 organisations in Wales and England that were known to have been sent a copy of NAT's booklet on HIV and Disability Equality Schemes.

⁶ An example of the questionnaire is available on request.

⁷ It is a legal requirement under the Disability Discrimination Act 2005 to involve disabled people in the development of a scheme.

Some organisations had tried to include people living with HIV but faced challenges in identifying people locally: one Council in Wales that set up monitoring and review groups stated that “we were unable to secure any further representation on HIV – in [the region] we did not have at that time any group working on HIV that could help us access people”.

One of the reasons that NAT believes that some specific reference to HIV should be included in Disability Equality Schemes, is that most people affected by HIV in the UK are from two already marginalised and disadvantaged groups, and may already experience discrimination in the form of homophobia or racism.⁸ NAT asked whether the issue of multiple discrimination had been considered when schemes were prepared. Ninety one percent of respondents said that it had been. However when asked whether a reference to multiple discrimination had been included in the scheme, the result dropped to 50%.

Good practice example: Dundee City Council

Amongst the organisations that returned surveys, Dundee City Council appeared to have the most extensive and varied consultation arrangements. The Council has a history of consulting well, and also followed guidance provided by the Disability Rights Commission.

To involve disabled people (including those living with HIV) in the preparation of their scheme, they did the following:

- Took advice from organisations representing disabled people
- Ran focus groups with disabled people
- Took advice from organisations representing people living with HIV
- Requested written submissions from disabled people
- Organised questionnaire issued in person, by email, and by post to groups and individuals
- Engaged with the newspaper and radio to publicise a request for response across the city
- All staff email bulletin to reach employees and family members
- Trade Union representation contacted for views
- Questionnaires distributed to groups representing children and young people through a public event
- Building good practice examples such as working with Dundee Access Group and other partners
- Involved over 40 expert groups in the process, covering a wide range of disability issues
- 10 Black and Ethnic Minority groups were contacted for views on the scheme
- Individual services users were involved through Community Councils across the city and through the Dundee Civic Forum
- Sought the views of ‘hard to reach’ people through such user facilities as Housebound Library Service Users.

Inclusion of HIV within schemes

With so many different aspects of disability it would be unrealistic to expect organisations to relate every aspect of their scheme to a particular disability or condition. However, in *HIV and Your Disability Equality Scheme*, NAT give three reasons for the need to consider HIV:

- many people are unaware that HIV is a disability under the DDA 2005;
- many people affected in the UK are from two already disadvantaged groups; and
- HIV-related discrimination has such a distinct and complex nature.

⁸ Figures released from the Health Protection Agency reveal that HIV is disproportionately affecting men who have sex with men and Black Africans, groups that already face discrimination. 2,700 gay and bisexual men were newly diagnosed with HIV in 2006, the highest number ever. Across the UK 1 in 20 gay and bisexual men are now living with HIV. Black Africans accounted for almost half of all new diagnoses in 2006 and black Caribbeans accounted for 3.2 per cent. Source: Health Protection Agency (2007) *Testing Times*, www.hpa.org.uk/infections/topics_az/hiv_sti/publications/AnnualReport/2007/HIVSTIs_AR2007.pdf.

It is therefore concerning that almost two thirds (65%) of the organisations that responded to our questionnaire reported having no reference at all to HIV in their scheme. Examples given where HIV is mentioned include: staff training; workplace policies; ensuring services do not discriminate against disabled service users; appropriate provision of services; consultation with service users; legal definition; and promoting positive attitudes to disabled people.⁹

NAT asked organisations to rate how well they felt their scheme met the needs of people living with HIV. The majority of people who replied to this question (44%) considered their scheme to be 'average', followed by 30% who thought theirs was 'fair'. Only 19% considered their Scheme to be 'good', and 7% thought their Schemes were 'poor'. None of the respondents rated themselves 'excellent'.

The DDA 2005 requires organisation to monitor disability in the workplace. The questionnaire asked whether organisations include HIV within this process. Only 15% of those said yes. Eighty percent chose the option 'no', though many added further information such as "we ask if people have a long term health condition including HIV, cancer, multiple sclerosis and have statistics for this group". Five percent of organisations said that they do not monitor their performance. Clearly the question of how public authorities monitor the impact of their schemes, especially if they include multiple strands, needs to be considered by the Government and ECHR.

Reviews and amendments

Schemes can last up to three years, but should be reviewed annually. NAT wanted to know whether respondents had amended their schemes and whether any amendments would be relevant to people living with HIV. Only 36% of organisations had reviewed and amended their Schemes. Of these, about a third (35%), felt the amendments were relevant to people living with HIV.

The wider Disability Equality Duty

NAT was keen to discover whether the introduction of the Disability Equality Duty has prompted organisations to take steps, in addition to the publication of a scheme, to improve the lives of people living with HIV. Five requirements of the general Duty were considered.

Promote equality of opportunity between people living with HIV and others

Fifty eight percent of respondents felt the Duty had had a positive impact in this area. Examples included:

- Running HIV specific initiatives to ensure people living with HIV remain healthy and independent
- Employing patient liaison officers to run workshops on HIV issues
- Making reasonable adjustments for employees living with HIV
- Consulting widely to find out the issues which concern people living with HIV, addressing these concerns and sharing good practice

Eliminate unlawful discrimination against people living with HIV

Almost two thirds (64%) felt the Duty had assisted with the elimination of discrimination. Training emerged as a key issue, examples included:

- Awareness training to help people understand HIV discrimination
- Policies and procedures which provide guidance for staff in this area
- Working with police and community safety teams to stop bullying and harassment of people living with HIV and all forms of hate crime

⁹ Of the 44 organisations that did not mention HIV, 10 did not mention any disability.

Eliminate harassment of people living with HIV that is related to their disability

Encouragingly 61% felt their organisation was taking steps to eliminate harassment of people living with HIV. One organisation was working with the police “to dispel myths” that fuel harassment.

Promote positive attitudes towards people living with HIV

Fifty seven percent reported that the Duty had prompted them to do this. One organisation explained, “we support many organisations that work with and promote equal opportunities and positive images of people living with HIV, including [two HIV organisations] that provide information, treatment and advice to those living with HIV and their families”.

Encourage participation by people living with HIV in public life

Just over half (55%) had taken steps to do this. These included two Councils, one of which “hold[s] regular liaison groups that are attended by people living with HIV and their families and carers The liaison groups feed into directorate and Council wide strategies”.

Good practice example: Islington Council

Islington Council developed its Disability Equality Scheme with significant resident and staff involvement.

A local disability organisation was commissioned to develop a programme of local involvement sessions, which helped shape the scheme priorities. As part of this, sessions were held with residents including some living with HIV. The sessions included translators and interpreters for people whose first language is not English. Advice was also sought on how to ‘reach’ residents living with HIV.

Islington Council’s scheme contains references to HIV in a variety of contexts. It acknowledges that non-disclosure of an impairment can occur for a number of reasons, including not wishing to be identified as disabled or fear of consequences of disclosure (a fear common to those living with HIV).

The action plan includes specific actions on HIV issues, for example adult social services established an HIV forum for residents living with HIV, who are consulted and involved in development and evaluation of services. It also sets out actions to ensure disability harassment is addressed; for instance, in the Council’s complaints and suggestions process, confidentiality is maintained for all complainants.

The council developed a programme of disability equality training for all staff which places disability equality within the context of equality and diversity, and includes examples of multiple discrimination. HIV was included specifically in the procurement process for the organisation that provides training.

Islington also have a ‘Dignity for All’ workplace policy which is committed to equality for everyone. You can expect to be treated with respect at all times, regardless of your age, colour, disability, gender, faith, religion, nationality, race, sexuality, marital status, HIV or other health status.

Conclusion to part two

The overall trend identified by NAT’s questionnaire was that organisations have not paid sufficient attention to the needs of people living with HIV when preparing and reviewing their Disability Equality Schemes. However, as illustrated by the case study above, there were encouraging examples which highlight the positive impact the Duty has had. It will now be important to ensure that any single Equality Duty does not result in a ‘watering down’ of the efforts taken to meet the needs of disabled people because of the additional responsibility of meeting the needs of additional equality areas.

Part three - Do Schemes that are good at considering disability issues also take into account HIV?

The DRC report, *Up to the Mark? How have Government Departments responded to the Disability Equality Duty?*, provides an early assessment of the performance of Government Departments in relation to the Disability Equality Duty.¹⁰

Four Departments were commended by the DRC in their report. NAT looked at the schemes commended in the 2007 report to see if Departments judged to be good at considering disability equality more generally had taken into account the needs and concerns of people living with HIV.

The Departments commended by the DRC were:

- The Department for Communities and Local Government (DCLG)
- The Department for Education and Skills (DFES)
- The Department for International Development (DFID), and
- The Department for Work and Pensions (DWP).

The areas where the Departments were judged to have done well included: involving disabled people in the production of the scheme; the involvement being reflected in the resulting action plans; evidence gathering; and having strong action plans.

DFES was replaced by a new Department for Children, Schools and Families in June 2007 and has a new single Equality Scheme. It is also recognised that DCLG, DFID and DWP have updated their schemes through annual reports since they were first published. NAT also acknowledge that the Departments may have workplace policies on HIV.

Was HIV specifically included in the scheme?

It was disappointing that only two Departments specifically mentioned HIV. The DFES makes reference to hidden disabilities and specifically to HIV within the section on 'defining disability'. However, DFES ceased to exist in June 2007, and NAT was disappointed to note that HIV is not mentioned in the single Equality Scheme for the Department of Children, Schools and Families which replaced it.

DFID makes reference to HIV twice; once when outlining its overseas work on the Millennium Development Goals and then again in the annex of 'legal definitions of disability from the Disability Discrimination Act 1995 and 2005'. The fact that the scheme states that HIV comes under the requirements of the DDA ensures that there are numerous elements of their scheme which could be seen to address the needs of people living with HIV.

Disappointingly, neither the DCLG nor DWP included a reference to HIV in their Schemes.¹¹ Both schemes mention hidden disabilities once, but not HIV specifically. 'The DDA 2005 definition of disability' appears several times in the DCLG action plan and an Annex provides a summary of the DDA - but the scheme does not actually provide the definition. NAT is therefore delighted that this has since been remedied, and the 2008 annual update to the scheme has a definition of disability and includes HIV.

¹⁰ The DRC's report makes clear that when it was published in 2007 it was too early to assess the implementations of the schemes (which had only been required to be published since December 2006). However it makes an important point that "strong schemes provide the indispensable foundation for strong promotion of disability equality".

¹¹ It is of note that whilst the DCLG makes one reference to mental health but no other disabilities, the DWP Scheme mentions several other disabilities and impairments.

NAT looked at the four original schemes to see whether concerns of people living with HIV around confidentiality and privacy, reasonable adjustments, addressing stigma and discrimination, and multiple discrimination were considered. A brief analysis of how each of the Schemes addresses these issues is given below.

Confidentiality and privacy

Issues around declaring a disability were identified by both the DFES and DFID schemes. Both identified “under-declaration of disability” as a key issue. DFES recognised that they were “not yet good enough at managing colleagues with an impairment [and] need to increase knowledge and understanding to remove barriers”. DFID were exploring why low levels of their staff declared a disability and reconsidering their approach to disability monitoring, including the way they defined the question and the information provided about how the data would be used.

DWP provide all staff and their dependants with access to a 24-hour independent and confidential counselling and advice line. A key function of the helpline is to enable any individual who does not feel confident in using DWP policies to seek confidential advice and support.

Reasonable adjustments

NAT were pleased to see a commitment to reasonable adjustments in all four schemes. DCLG’s scheme covers the need to “occasionally work from home”. They also make a commitment to clarify the difference between disability-related absence and sickness absence for all staff; this particularly important for people living with HIV who have to attend regular medical appointments. Another positive measure was the Department’s commitment to transfer reasonable adjustments when staff change jobs. This should cover flexible arrangements that have previously been agreed for someone living with HIV, making it easier for them to advance in their career. Similarly, the DFES scheme mentions the development of a disability ‘passport’ to ensure staff members are able to move from job to job seamlessly, without having to go through an unnecessary reasonable adjustment process again. DFES also have a reasonable adjustments fund “designed to allow disabled people equal access and opportunity in the workplace” and trained HR helpline staff to provide a fast and efficient service when a request for an adjustment is made.

DFID also have a reasonable adjustment policy for employees with a disability “to ensure they have the same opportunity to carry out their work as effectively as a non-disabled member of staff”. DWP’s process focuses on equipment. The sorts of adjustments that would better address the needs of people living with HIV do not appear to have been considered (for example, privacy to take medication and flexibility to attend scheduled and emergency appointments). However, the scheme does note that the DWP “support[s] staff who need adjustments to their environment, or work, so that we can retain their skills by enabling them to remain at work, or return to work.”

Addressing stigma and discrimination

DCLG’s scheme recognises the importance of promoting positive attitudes to disabled people. Their scheme states that “negative attitudes to disabled people often arise from ignorance.” Positive attitudes can be fostered and encouraged through appropriate disability awareness training, which helps to dispel myths about disabilities such as HIV. The DCLG’s Scheme has elements related to training that address some of the needs of people living with HIV. For example there was a reference to training which includes ‘invisible disabilities’.

Encouragingly, DFID's annual staff survey which is included in their scheme reveals that 94% of disabled staff – compared to 80% of staff without a disability – would be confident to report harassment or bullying in the area where they work. It is of note that DFID makes reference to the social model of disability; this recognises the social barriers that cause problems for disabled people. The scheme gives examples of possible barriers, one being 'prejudice and stereotypes'. This is particularly relevant to people living with HIV who may experience stigma through people's prejudices towards HIV. DFID states that it is "working to identify and remove the barriers that exclude people who have impairments, both employees and service-users...as defined by the social model".

Bullying of disabled children in schools was identified as a priority by disabled people involved in the creation of the DFES Scheme. NAT hopes that work on this issue will include people living with HIV, helping to bring an end to the stigma and discrimination teachers and children living with HIV may face.

Priorities for the DWP established through involvement of disabled customers included training and awareness. For example more staff training for specific conditions ("staff to be better equipped to deal with mental health issues"). Extending this to include a better understanding of issues around HIV would be helpful. The Department have developed a mandatory training package on the new disability and gender equality duties which includes modules on what it means for a member of staff, managers and someone providing services to customers. This is an area which, if HIV were included, could help to reduce stigma and promote positive attitudes.

Multiple discrimination

None of the Departments made reference to multiple discrimination in their Schemes, a point that was also noted in the *Up to the Mark* report ("no consideration by any Department of the interaction between equality dimensions e.g. age and disability"). This indicates a need for guidance in this area.

Conclusion to part three

There were elements in all four schemes that could potentially address the needs and concerns of people living with HIV. Overall however, substantive references to HIV were lacking.

The particular nature of HIV-related stigma and discrimination differentiates HIV from other conditions and it needs to be specifically addressed. Even those Departments commended by the DRC for their overall approach to schemes, need to do significantly more if the needs and concerns of people living with HIV are to be fully addressed.

Recommendations for how the Government, the EHRC and wider public authorities can ensure the needs of people living with HIV are considered, particularly with the move towards single Equality Schemes and an Equality Duty, are given in the next section.

Recommendations

The findings from each part of the review led to the following recommendations:

- All schemes should be required to include the full DDA 2005 definition of disability.
- The EHRC will be tasked with developing a Statutory Code of Practice for the Equality Duty. This should include information about:
 - ⌘ how to meet the needs of people living with HIV in Equality Schemes;
 - ⌘ how to ensure schemes consider multiple discrimination issues; and
 - ⌘ how to monitor the impact of schemes on the various communities included in the scheme (including people living with HIV).
- The Equality Act 2006 sets out in Section 32 the power of the EHRC to take compliance action if a public authority has failed to comply with a Duty. The powers in Section 32 of the Equality Act 2006 should be amended by the Equality Bill to cover any new single Equality Duty and to require the EHRC to monitor how Equality Schemes are meeting the needs of all those covered by the scheme, including people living with HIV.
- The DDA 2005's specific duty regulations introduced a new duty on certain Secretaries of State, Scottish Ministers and the Welsh Assembly Government to publish a triennial report giving an overview of progress made by public authorities in their policy sector in relation to disability equality. This duty to publish Secretaries of States' reports should be retained in the Equality Bill (and related regulations); such reports should include explicit consideration of people living with HIV in their progress reviews.

Annex A - Links to schemes included in this report, as viewed online in July/ August 2008:

Cardiff and Vale NHS Trust

http://www.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/INTERNET_HOME_PAGE/THE_TRUST/EQUALITY/EQUALITY/SINGLE%20EQUALITY%20SCHEMEF.PDF

Cardiff Council

http://www.cardiff.gov.uk/content.asp?nav=2872,3259,5022&parent_directory_id=2865&id=3955&d1p1=1

Department for Communities and Local Government

<http://www.communities.gov.uk/documents/corporate/pdf/154187.pdf>

Department for Education and Skills

<http://www.dcsf.gov.uk/publications/des/disability.shtml>

Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075463

Department for International Development

<http://www.dfid.gov.uk/news/files/draft-des.pdf>

Department for Work and Pensions

<http://www.dwp.gov.uk/aboutus/equalityschemes/pdf/dwp-full.pdf>

Edinburgh Telford's College

<http://www.ed-coll.ac.uk/content.asp?ArticleCode=3>

Equality and Human Rights Commission

http://www.equalityhumanrights.com/Documents/Corporate_info/equality_scheme2008/Equality_Scheme_2008_09.pdf

Glasgow City Council

<http://www.glasgow.gov.uk/NR/rdonlyres/9C929B47-329F-4F1B-96F0-61FC2A070E0B/0/DESfinalNov06.doc>

Greater Manchester Police

[http://www.gmp.police.uk/mainsite/0/7DEF19D3124EAFD5802573FE0056C94E/\\$file/Disability%20Equality%20Scheme%202006-2009.pdf](http://www.gmp.police.uk/mainsite/0/7DEF19D3124EAFD5802573FE0056C94E/$file/Disability%20Equality%20Scheme%202006-2009.pdf)

Guy's and St Thomas' NHS Foundation Trust

http://www.guysandstthomas.nhs.uk/resources/about_us/equality_and_diversity/singleequalityscheme.pdf

HM Prison Service

<http://www.homeoffice.gov.uk/documents/ho-equality-scheme-0507/ho-equality-hmps.pdf?view=Binary>

Home Office

<http://www.homeoffice.gov.uk/documents/ho-equality-scheme-0507/ho-equality-overall.pdf?view=Binary>

Lambeth Council

<http://www.lambeth.gov.uk/NR/rdonlyres/D622D57E-E03E-40B1-B6D1-6C1012A224A7/0/LambethDisabilityEqualityScheme20062009.pdf>

London Assembly

http://www.london.gov.uk/mayor/equalities/docs/disability_equality_scheme.pdf

Manchester City Council

http://www.manchester.gov.uk/site/scripts/download_info.php?downloadID=60&fileID=5321

Manchester Primary Care Trust

http://www.manchesterpct.nhs.uk/pct/equality_and_diversity/equality_schemes_0609.html

Metropolitan Police

http://www.met.police.uk/dcf/files/equality_stm/MPSEqualitiesScheme_full_3.pdf

National Assembly for Wales

<http://new.wales.gov.uk/caec/publications/equality/descheme/deschemee.pdf?lang=en>

Newcastle College

http://www.ncl-coll.ac.uk/downloads/disability_equality_scheme.pdf

Newham Council

<http://www.newham.gov.uk/Services/EqualityAndDiversityPolicy/AboutUs/DisabilityEqualityScheme.htm>

NHS Greater Glasgow and Clyde

[http://www.equalitiesinhealth.org/test/publications/Equality_scheme_pdf_\(full_version\).pdf](http://www.equalitiesinhealth.org/test/publications/Equality_scheme_pdf_(full_version).pdf)

Raynes Park High School

http://www.raynespark.merton.sch.uk/PDF/DES_Final.pdf

Scottish Government

<http://www.scotland.gov.uk/Resource/Doc/224255/0060553.pdf>

Scottish Prison Service

<http://www.sps.gov.uk/Default.aspx?DocumentID=f1eff820-6cfc-4a91-b42b-185e65e1a29d>

Swansea College

http://www.swancoll.ac.uk/Webpages/About_Policies/Disability_Equality_Scheme_2006.pdf

UK Border Agency

<http://ukba.homeoffice.gov.uk/aboutus/workingforus/equalityanddiversity>

West Midlands Police

<http://www.west-midlands.police.uk/disability-equality-scheme/des.pdf>

West Yorkshire Police

<http://www.westyorkshire.police.uk/files/docs/WYP%20Equality%20Scheme%202008-2011.pdf>