

# **Lincoln College Oxford**

## **Disability Equality Scheme**

**December 2006**

### Table of Contents

- 1.0** Introduction
  - 1.1** Executive Summary
  - 1.2** Involvement of disabled people in the drawing up of Lincoln's Disability Equality Scheme (DES)
  
- 2.0** Context
  - 2.1** Social and Legal Context
  - 2.2** Institutional Context
  
- 3.0** Where we are now – Establishing Baseline Data
  - 3.1** Engagement of Disabled People
  - 3.2** Baseline Data on Disabled Students
  - 3.3** Baseline Data on Disabled Staff
  
- 4.0** Results of 'Engagement' of Staff and Students with Disabilities in DES Process
  - 4.1** Results from Student Engagement in DES process
  - 4.2** Results from Staff Engagement in DES process
  
- 5.0** Impact Assessments
  
- 6.0** Action Plan
  
- 7.0** Looking Ahead

### **Appendices**

Appendix A – The Definition of Disability

Appendix B – The General Duty

Appendix C – Disability Equality Scheme (DES) Questionnaire – sample

# **Lincoln College Oxford**

## **Disability Equality Scheme**

**December 2006**

### **Introduction**

#### **1.1. Executive Summary**

The College's Disability Equality Scheme (DES) has been produced by the College's Equality Committee, under the chairmanship of the College Bursar. Members of the College were consulted via a questionnaire which was sent to all Fellows, students and staff. The opinions and advice of disabled members of the College community were particularly sought, via the questionnaire, via meetings of the Equality Committee and via informal discussion.

The College is committed to providing every opportunity for disabled people to play a full part in the life of the College, as Fellows, students and employees. It is determined to remove barriers that might deter people of the highest ability from applying to, and flourishing at, Oxford University. This Disability Equality Scheme is an important development, for the institution and all its members, towards this objective.

This Disability Equality Scheme should be regarded as a work that is continually in progress. It is expected that it will be changed and added to over time. The Equality Committee will take the lead in this process, but all members of the College community are expected and are invited to contribute to making this an evolving set of practicable policies.

Consultation with College members has revealed that some people (both able-bodied and disabled) see many positive features in the College's attitude to and provision for disabled people. Indeed, arrangements for physical access have improved markedly in recent years, following the first Access Audit carried out in 2002-03. However, there are clearly some areas identified as being in need of improvement; and no doubt ongoing experience will reveal a need for additional new measures. The Action Plan attached to this DES directly addresses the nature of the College's response areas and the specific measures required, as well as ensuring that the existing policies, procedures and practices within the College are reviewed, with the involvement of disabled staff and students, to identify any further areas which can be improved as part of this ongoing process.

#### **1.2. Involvement of disabled people in the drawing up of Lincoln's Disability Equality Scheme (DES)**

The opinions and advice of disabled members of the College community were particularly sought, via the questionnaire, via meetings of the Equality Committee and via informal discussion.

## **2. Context**

### **2.1 Social and Legal Context**

The legal definition of disability is described in Appendix A. Under the Disability Discrimination Act (DDA) 1995 as amended by the Special Educational Needs and Disability Act (SENDA) 2001, the College has an anticipatory duty not to discriminate against disabled people on the grounds of their disabilities and to make reasonable adjustments to meet the needs of disabled staff, disabled students and other disabled users of facilities and services. In response partly to SENDA, partly to legislation for Equal Opportunities in the broadest sense, the College established an Equality Committee in November 2002.

The DDA 2005 builds on previous requirements by placing a positive duty on all public bodies, including Higher Education Institutions (HEIs), to eliminate discrimination and harassment and to promote equality of opportunity for people with disabilities. This is similar to the positive duty to promote race equality already introduced under the Race Relations Amendment Act, the major difference being that the DDA 2005 requires the College to adopt a proactive approach in involving and promoting the full participation of people with disabilities in all activities.

The Disability Equality Scheme is informed by the social model of disability, which requires that the 'barriers' or elements of social organisation that exclude people who have impairments should be identified and removed. Examples of such barriers include:

- inflexible organisational procedures and practices
- inaccessible information
- inaccessible buildings
- inaccessible transport
- discriminatory health and social support services

### **2.2 Institutional Context**

Lincoln College is one of 39 colleges which, with 7 permanent private halls, comprise the University of Oxford. The College defines its role in terms of its mission statement, as follows :

- Provide an exceptional residential education for high-ability undergraduates selected solely on academic grounds from a diversity of backgrounds;
- Maintain the most rigorous standards of undergraduate education provided by the College's Fellows, including tutorial-based teaching in the context of the Fellows' leading research in their respective fields;
- Promote and support to the highest levels of excellence post-graduate teaching and research;
- Through its Fellows engage in advanced and innovative research of international quality;

- Provide exceptional facilities and services and manage them effectively and responsively for the benefit of all members of College;
- Assist the collegiate university in the furtherance of its educational mission;
- Reach out to all those who form part of the College's wider community of members and friends, and to the public that helps support its activities both regionally and nationally;
- Enhance and pass on to posterity its inherited assets and values;
- Maintain and increase College resources, and to maximise their effective use in the pursuit of academic excellence through both teaching and research;
- Seek greater financial independence to enable it to develop its academic strategy, while remaining within the scope of the mission of the collegiate University as a whole.

This Disability Equality Scheme relates to all areas of the College's properties and to all services and facilities provided by the College.

### **3. Where we are now - Establishing Baseline Data**

#### **3.1. Engagement of Disabled People**

The engagement of disabled people was sought in the following ways

- via the questionnaire that preceded development of this DES
- via meetings of the Equality Committee: disabled members of the College community have been invited to membership of this Committee, and at the present time one has enthusiastically committed to do so
- via informal , off the record discussion

#### **3.2. Baseline Data on Disabled Students**

Since the establishment of the Equality Committee in November 2002 the College has maintained records on its students for Equal Opportunities purposes. Data from UCAS forms and from University admission (or matriculation) forms provides information on the gender, race and disabilities of both potential students (ie, those applying to the College) and student members of the College (ie, those who are admitted). Also kept are records of the awards made to students for academic merit and success, by gender, race and with reference to disability; records of disciplinary proceedings involving students; and records of student retention / suspension / withdrawal.

Among the areas where improvements could be made, two stand out and are addressed in the Action Plan. One is student access - that is, general information on the young people who are recipients of the College's message and who may or may not choose to apply for admission. The second is student support and evidence of absolute fairness in the College's application of its extensive hardship programme.

### **3.3. Baseline Data on Disabled Staff**

Since the establishment of the Equality Committee in November 2002 the College has maintained records on its staff for Equal Opportunities purposes. All newly-recruited staff are asked to complete an Equal Opportunities form stating their gender, racial background, residential status and disability (if any). This is voluntary: the compliance record is good, with about 75% of forms returned. This database enables analysis of staff in post and of staff turnover.

The College needs to address the question of people applying to it for employment but who do not go on to join as employees. This is addressed in the Action Plan: amendments to the College's HR documentation are required.

## **4.0 Results of 'Engagement' of Staff and Students with Disabilities in DES Process**

### **4.1 Results from Student Engagement in DES process**

Consultation with students has revealed a good deal of satisfaction with the College's overall approach too and support of disabled students. Points particularly highlighted are:

- Provision of specially-adapted accommodation
- Excellent support for dyslexic and dyspraxic students
- Accessibility of most parts of the College, with new ramps, handrails, etc – together with acknowledgement of the difficulties in providing this in ancient buildings
- Procedures for administering first aid and contacting emergency services
- Arrangements at interview and in College generally to assist hearing-impaired people
- Helpful attitude of staff

No feedback from students has been disregarded. Some specific areas are highlighted requiring further consideration:

- Access to College bar \*
- Access to Oakeshott Room (for lectures) \*
- Provision of information about funding for disabled students
- Access to College Office
- Difficulties with non-automatic doors in the Museum Rd properties
- Variety of accommodation for disabled people
- Attitudes to disabled students, not just of College officers and staff, but also of able-bodied members of the student community

(\* these items are already noted in the Access Audit and ongoing action plan)

These matters (and others, as they arise) are to be addressed by the Equality Committee and to be incorporated if appropriate into the DES Action Plan.

## **4.2 Results from Staff Engagement in DES process**

The questionnaire has to date elicited fewer responses from staff than from students. Areas noted as requiring further consideration are:

- Access to College bar in basement
- Access to College Office

In addition to the limited findings from the staff survey in the table above further analysis of the results of the survey will be helpful in determining priorities for the impact assessments which form the basis for ongoing work for the Disability Equality Scheme.

## **5.0 Impact Assessments**

The College intends to carry out equality impact assessments for all of its current and pending equality duties. The College appreciates the requirement that disabled staff and students must be meaningfully involved in the DES process, including impact assessments which focus on disabled staff and students. The College intends to carry out impact assessments via the Equality Committee with guidance and training from the central university (where available) and input from disabled staff and students. Impact Assessments will be carried out using the following seven suggested steps:

Step 1. Policies, procedures, plans and practices will be mapped. Following the feedback of staff and students with disabilities, areas highlighted will be prioritised for action with the direct input of the working party.

Step 2. Screening to determine priority. Screening will determine which functions are high, medium or low priority for full impact assessment.

Step 3. Consideration of Evidence. Those carrying out impact assessments must take into account the relevant quantitative and qualitative evidence gathered under the requirement of the disability equality duty. Gaps in this evidence base may need to be addressed by the commissioning of more evidence.

Step 4. Assess the likely impact. In assessing the likely impact of a policy, practice or procedure it is important not to focus on one particular impairment or disability but to be mindful of the variety of barriers that people with differing disabilities face. The Disability Rights Commission (DRC) suggests considering the following:

- Physical Impairments such as difficulty in using arms, mobility issues which mean using crutches or a wheelchair.
- Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment.
- Mental Health Condition, such as depression or schizophrenia.

- Learning disability / difficulty such as dyslexia or a cognitive impairment such as autistic spectrum disorder.
- Long standing illness or health condition such as cancer, diabetes, HIV, epilepsy or chronic heart disease.
- The DRC also suggests considering the following barriers during the impact assessment process:
  - Access to buildings, streets and transport vehicles
  - Written information and communication
  - Verbal or audible information / communication
  - People's attitudes to you because of your impairment, medical condition or disability
  - Lack of reasonable adjustments
  - Policies or procedures such as the fire evacuation procedure

Step 5. Explore options and make a decision. It will not always be possible to design functions in a way that satisfies everyone but a balanced decision must be made which positively promotes disability equality to the greatest degree possible.

Step 6. Identifying monitoring processes. Monitoring should take place to ensure that the policies, practices and procedures that have been adjusted in Step 5 have actually impacted on disabled people.

Step 7. Publish results.

## **6.0 Action Plan**

See Action Plan attached.

## **7.0 Looking Ahead**

As has been emphasized throughout this document, this DES is very much "working progress". Responsibility for development of this project rests with the Equality Committee, using all of the consultative mechanisms described above and reporting to the Governing Body of the College. By this means the College can be confident that it will have in place sufficient procedures and measures to ensure appropriate and supportive treatment of disabled people.

## **Appendices**

### **Appendix A:**

#### **The Definition of Disability**

A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. People who have had a disability within the definition are protected from discrimination even if they no longer have a disability. The term 'impairment' covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing. The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning difficulties. The DDA 2005 amended the definition of disability, removing the requirement that a mental illness should be 'clinically well-recognised'. A substantial adverse effect is something more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people. A long-term effect of impairment is one:

- which has lasted at least 12 months, or
- where the total period for which it lasts is likely to be at least 12 months, or
- which is likely to last for the rest of the life of the person affected.

Effects which are not long-term would therefore 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.

If an impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur; that is, if it is more probable than not that the effect will recur. For example, a person with rheumatoid arthritis may have an impairment that has a substantial adverse effect, but which then ceases to be substantial (i.e. the person has a period of remission). Normal day-to-day activities are those which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument or a sport to a professional standard or performing a skilled or specialist task related, for example, to a particular academic discipline, education or training course. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition. The test of whether an impairment affects normal day-to-day activities is whether it affects one of the broad categories of capacity listed in Schedule 1 to the Act. They are:

- mobility
- manual dexterity
- physical co-ordination

- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- perception of the risk of physical danger.

Someone with an impairment may be receiving medical or other treatment which alleviates or removes the effects although not the impairment. In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops, because the individual no longer has a disability. The sole exception to the rule about ignoring the effects of treatment is the wearing of spectacles or contact lenses. In this case, the effect while the person is wearing spectacles or contact lenses should be considered.

People with severe disfigurements are covered by the Act. 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. Progressive conditions are conditions that are likely to change and develop over time. Examples given in the Act are cancer, multiple sclerosis, muscular dystrophy and HIV infection. Where a person has a progressive condition s/he will be deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some 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 to be regarded as not amounting to impairments for the purposes of the Act. These are:

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

Disfigurements which consist of a tattoo (which has not been removed), non-medical body piercing, or something attached through such piercing, are to be treated as not having a substantial adverse effect on the person's ability to carry out normal day-to-day activities.

## **Appendix B:**

### **The General Duty**

There is a general Disability Equality Duty that applies to all public authorities, plus additional specific duties to support the majority of public authorities in achieving the outcomes required by the general duty. The basic requirement for a public authority when carrying out their functions is to have due regard to do the following:

- . promote equality of opportunity between disabled people and other people
- . eliminate discrimination that is unlawful under the Disability Discrimination Act
- . eliminate harassment of disabled people that is related to their disability
- . promote positive attitudes towards disabled people
- . encourage participation by disabled people in public life
- . take steps to meet disabled people's needs, even if this requires more favourable treatment. 'Due regard' means that authorities should give due weight to the need to promote disability equality in proportion to its relevance.

## Appendix C

### Disability Equality Scheme (DES) Questionnaire - sample

Lincoln College

November 06

#### DISABILITY EQUALITY SCHEME (DES) COLLEGE STAFF & STUDENT SURVEY

The Disability Discrimination Act (DDA) 2005 contains a 'positive statutory duty' on public bodies to promote equality of opportunity between disabled and other persons. Lincoln College has a Disability Equality Scheme (DES) which outlines how we aim to amend any policies, practices and procedures that are barriers to disabled people and how we will promote positive attitudes, equality of opportunity and encourage participation of disabled people in all areas of college life.

***Please take a few minutes to complete and return the following two page survey***

**Q1.** A Disabled person is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long-term impact upon their ability to carry out day-to-day activities. This excludes situations where sight can be corrected by glasses or contact lenses but does include other visual and auditory impairments and progressive and terminal illnesses. Having read this do you consider yourself to be covered by the definition?

Yes

No  (please go to Q3)

**Q2.** If you answered 'yes' to Q1 we would be grateful if you would please indicate the nature of your disability or long term health condition:

|   |  |   |
|---|--|---|
| 1. Dyslexia                               | 5. Personal Care Support                       | 9. Other disability/heart condition (please indicate) |
| 2. Blind / partially sighted              | 6. Mental Health Difficulties                  | 10. ASD or Asperger Syndrome                          |
| 3. Deaf / hearing impaired                | 7. An unseen disability e.g.diabetes, epilepsy | Additional Information:                               |
| 4. Wheelchair user/ mobility difficulties | 8. Two or more disabilities (please indicate)  |   |

**Q3.** Please share any examples of your experience of good practice within the college for disabled staff, students, visitors that you have experienced/witnessed:

**Q4.** Please indicate in which general sector you work.

|                   |  |                                 |  |                                |  |
|-------------------|--|---------------------------------|--|--------------------------------|--|
| Catering          |  | Accommodation                   |  | Library                        |  |
| Porter / Security |  | Maintenance / Gardens / Grounds |  | Administration / Accounts / IT |  |

**Q5.** Please indicate how accessible you would rate the following for yourself or for disabled staff generally:

✓ Accessible      x Not accessible/difficult      n/a not applicable

|                                     | ✓ | x | n/a |   | ✓ | x | n/a |
|-------------------------------------|---|---|-----|---|---|---|-----|
| Public transport to work            |   |   |     | General information about the college     |   |   |     |
| Signage, security and entry systems |   |   |     | General information about your department |   |   |     |
| Your workspace                      |   |   |     | Access to work funding                    |   |   |     |
| Work equipment                      |   |   |     | College Website                           |   |   |     |
| IT Provision                        |   |   |     | College Publications                      |   |   |     |
| Catering facilities                 |   |   |     | Training                                  |   |   |     |
| Washroom facilities                 |   |   |     | Work related meetings                     |   |   |     |

**Q6.** If you have answered 'not accessible/difficult' please could you explain why?

**Q7.** From your experience can you give any examples of disability good practice in other Oxford colleges or higher education institutions?

**Q8.** Do you have any further comments to make on the accessibility of services for College members with disabilities?

Thank you for completing this form. The information will be treated as confidential and used to guide policy and for statistical purposes only.

Please return your questionnaire to your head of department or direct to the Bursary.

If you would like to comment on this questionnaire, have confidential help in completing it, or need the information in an alternative format please speak to your head of department.

If you have a disability, family experience of it, or interest in disability provision for other reasons and would like to assist the college by commenting further on accessibility issues, please approach your head of department or Bursar.