

DISABILITY RIGHTS BULLETIN

KEEPING OUR MEMBERS UP TO DATE

OCTOBER 2016

Exclusive to members, our Disability Rights Bulletin covers issues relating to independent living, learning and career opportunities, welfare rights, disability equality and more.

We also keep members up-to-date on our activities aimed at mobilising disabled people's leadership and control.

DISABILITY RIGHTS UK

We are the leading charity of its kind in the UK. We are run by and for people with lived experience of disability or health conditions.

Our key decisions are made through our members who elect the Board of Trustees: and by our Senior Management Team.

We work with our members to influence national policy on independent living, benefits, education, employment, transport, human rights and other issues – shaping policy through direct experience and expertise.

We also work with our local individual and organisation members to empower and to influence local policy and services.

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DISABILITY RIGHTS UK – WHAT WE STAND FOR

Our strategic plan for 2016-2019 sets out the future we want, how we will work with our members and partners and how we will make an impact.

Our vision

Equal participation for all

Our mission

We are disabled people leading change

Our priorities

- Independent living: getting a life
- Career opportunities – getting work, education and skills
- Influencing public attitudes and behaviours: seeking a sea change in perceptions of disability and tackling hostility, bullying and hate crime.

To read more about our [strategic plan](#), visit our website.

Disabled people leading change



News

Adult social care is approaching tipping point warns CQC

The sustainability of adult social care “is approaching a tipping point”, according to the Care Quality Commission (CQC).

In its annual State of Care report, the CQC finds that most health and adult social care services in England are providing people with safe, high quality and compassionate care. But with pressures rising on demand, access and cost, the CQC says that the sustainability of this is in doubt.

Among the report’s findings are that:

- almost half (49%) of adult care services rated ‘requires improvement’ by the CQC failed to achieve a higher rating at re-inspection.
- of those services rated ‘inadequate’ that were re-inspected, nearly a quarter did not improve;
- half of services rated as ‘requires improvement’ that were re-inspected (904 out of 1,850) had no change to their rating and in 153 cases (8%) the care had become inadequate;
- whilst, until recently, the growth in demand for care for people with greater care needs had been met by a rise in the number of nursing home beds, this bed growth has come to a halt in the last 16 months; and
- profit margins are reducing – both due to pressures on fees that funders of care are able or willing to pay and cost pressures that include the impact of the national living wage – with some large providers starting to hand back home care contracts that they think are uneconomic and undeliverable.

The CQC concerns about the sustainability of the adult social care market are based on the evidence of inspections, information received through CQC’s market oversight function, and a variety of external data. The data shows that:

- although three quarters of ASC services that were initially rated ‘inadequate’ improved following re-inspection, nearly a quarter of re-inspected services were not able to improve their ratings. Half of services rated as ‘requires improvement’ that were re-inspected (904 out of 1,850) had no change to their rating. In 153 cases it found that the care had become inadequate;

- a five-year period of steady increase in the number of nursing home beds – going from 205,000 beds in 2009 to 224,000 beds in March 2015 – has now stalled, with numbers remaining static since that time; and
- there are examples of providers starting to hand back contracts as being undeliverable; local authorities warn of more to come. This is due to pressures on fees that funders of care are able or willing to pay, and cost pressures that include the impact of the national living wage (introduced in April 2016);

In addition:

- in 2015, Age UK estimated that more than a million older people in England were living with unmet social care needs (such as not receiving assistance with bathing and dressing); a rise from 800,000 in 2010; and
- the number of older people receiving local authority-funded social care fell 26% from more than 1.1 million in 2009 to around 850,000 in 2013/14. Also, 81% of local authorities have reduced their real-term spending on social care for older people over the last five years.



Speaking at the launch of the report, CQC CEO David Behan, said: *“It is hard to improve services that are struggling. It is not just about money – it is about good leadership, collaborating with others, and the ability to learn when things go wrong. In the services we re-inspected in adult social care, some of those characteristics weren’t there.”*

He added that the failure of services to make improvements quickly enough was one of five factors that suggested the adult social care market was “approaching a tipping point”. The other four factors, which are supported by evidence from the CQC’s inspections and market oversight data, as well as a variety of external sources, are:

- residential and domiciliary care services are starting to hand back “undeliverable” contracts to local authorities due to cost pressures.

- the steady increase in nursing home beds – from 205,000 beds in 2009 to 224,000 in March 2015, has now stalled, with numbers remaining static since that time;
- the increase in the number of people living with unmet social care needs – Age UK estimates this has risen from 800,000 in 2010 to over a million in 2015; and
- the decline in the numbers of older people receiving local authority-funded social care, which has fallen by 26% since 2009.

Mr Behan warned:

“I have worked in health and social care for 38 years and I cannot recall a time where those five factors have occurred together.”

“We do not know when this ‘tipping point’ is going to happen but if we did not flag this risk to sustainability in the future we would be failing in our responsibilities.”

He then outlined that the fragility of the adult social care system is also now beginning to impact on the performance of NHS care. The increase in A&E attendances, emergency admissions, and delayed discharges he added, were all directly linked to social care pressures.

He concluded:

“While there are no easy answers or quick fixes, what distinguishes many of the good and outstanding services is the way they work with others – hospitals working with GPs; GPs working with social care, and all providers working with people who use services.”

“Unless the health and social care system finds a better way to work together, I have no doubt that next year there will be more unmet need, less improvement and more deterioration.”



The CQC [State of Care 2015/2016](#) report is available @ www.cqc.org.uk

DR UK response to the CQC State of Care report

The new CQC report paints an alarming picture of demand increasing but the number of people supported decreasing, a fragile service provider market, and limited progress in those services found to be in need of improvement.

To this picture must be added what is happening in local authority social care departments (currently not subject to inspection by CQC) where resources are being stretched, budgets are being cut, and restrictions are being placed on how people can meet their support needs.

Every day we hear from disabled people who are no longer receiving any support or who have had their support budgets cut to such an extent that they are imprisoned in their own homes unable to get out and about and socialise in their local community.

Not only does this state of affairs fly in the face of the Government’s obligations under the UN Convention on the Rights of People with Disabilities; it is totally counter-productive.

Disabled people who receive no support or inadequate support are unable to enjoy family life, go to college or university, to hold down a job, or contribute their talents to their local communities.

Liz Sayce, CEO Disability Rights UK says: “We need a radically better system that supports disabled people to have a life. The current system is a waste of people’s potential. More financial resources would certainly help but on their own would not result in a better system. What is also needed is to build on the areas of good practice highlighted in the report and to work in genuine partnership with disabled people to develop a system that gives us real choice and control in our everyday lives so that we can achieve our full potential.”

Two thirds of London boroughs reduce support for former ILF recipients: new Inclusion London research

There is postcode lottery of support for former Independent Living Fund (ILF) recipients across local authorities, according to a new research report by Inclusion London.

The new report – One Year On: Evaluating the Impact of the Closure of the Independent Living Fund – seeks to evidence the impact of the closure with a focus on the situation in London. It brings together statistical analysis from Freedom of Information (FOI) requests sent to all 33 London boroughs with findings from a survey sent out to London Deaf and Disabled People's Organisations (DDPOs) as well as qualitative evidence provided by former ILF recipients concerning their experiences of transfer to Local Authority (LA) support.

The analysis revealed a number of themes emerging:

- a postcode lottery for former ILF recipients across Local Authorities;
- the detrimental impacts of the ILF closure on former ILF recipients, ranging from distress and anxiety to removal of essential daily support. the lack of consistent practice across different local authorities regarding referrals for Community Health Care funding;
- limitations of the mainstream care and support system and failings in the implementation of the Care Act;
- the value of the model of support provided by the ILF; and
- the importance of Deaf and Disabled People's Organisations for making Deaf and Disabled people aware of and supported to exercise their rights.

Inclusion London make a number of recommendations as a result of these findings including:

- to establish a national, needs-led system, independent of local authorities to administer independent living support, free at point of delivery and paid for through taxation;
- this system should build on the learning from the Independent Living Fund and be a key strategic mechanism for ensuring disabled people's rights under the UNCRPD are fully and consistently realised across the country;

The ILF was a DWP funded discretionary scheme which helped disabled people who had both day and night care needs and who were getting the high rate care component of Disability Living Allowance. Those helped under the scheme were able to receive a joint ILF/local authority funded care support package to help them live independently in the community rather than in residential care.

The scheme was shut permanently on 30 June 2015 and was helping nearly 17,000 disabled people with the highest support needs to live independently.

The Government had decided that it should be scrapped, promising instead that nine months' worth of non-ring-fenced funding would be transferred to councils in England and to devolved governments in Wales and Scotland, to cover the period from its closure last summer to April 2016. The Scottish government has since set up its own ILF for existing recipients in Scotland, while the Welsh government has set up a ring-fenced, local authority-run grant scheme that will run until at least March 2017.

- for an independent living task force to be set up, led by disabled people and social care service users to be at the heart of developing ideas for the establishment of a national system; and
- for adequate investment in independent living support to enable Disabled people to have the support we need in all areas of our lives and to be able to recruit, employ and offer job security to Personal Assistants with the skills and experience required.



[One Year On: Evaluating The Impact Of The Closure Of The Independent Living Fund](#) is available @ www.inclusionlondon.org.uk



Dramatic fall in numbers placed in ESA support group

Disabled people placed in the support group following a new ESA claim fell by 42% in the three months up to March 2016, according to latest DWP statistics.

For assessments completed during November 2015, 57% of claimants were placed in the support group. But by February 2016 that had dropped by 24% points to just 33%.



Ken Butler, Disability Rights UK's welfare rights adviser said: *"The dramatic fall in the number of disabled people being placed in the support group is very disturbing. There has been no recent statutory change to the work capability assessment descriptor scheme.*

In addition, there has been no healthcare professional or decision-maker guidance publically issued by the DWP that would account for the fall in support group numbers.

I suspect that the reduction is related to more restrictive assessment of whether someone meets the provisions of ESA regulation 35 (substantial risk to physical or mental health if found not to have a limited capability for work-related activity)."

Earlier this year the DWP was reported to be considering abolishing regulation 35.

He added:

"My concern is instead that it may effectively be trying to do the same thing by issuing 'secret' guidance to Maximus, which carries out WCAs on behalf of the DWP, which restricts support group recommendations."

The number of claimants placed in the ESA support group because of regulation 35 has seen a fall from 9,500, for claims that started in April 2015, to just 3,000 for claims that began in December 2015.



The view that new DWP restrictive guidance is responsible for the fall in support group numbers, is supported by Ben Baumberg Geiger, Senior Lecturer at the University of Kent. In a detailed statistical analysis – The return of the stricter WCA? – he concludes: *"The guide to healthcare professionals notes that "the Revised Substantial Risk Guidance was issued by the DWP in 2015 and implemented early 2016", so we should just be about to see the impact of it now. And we do.*

From claims begun in June 2015 to December 2015, people allocated to the Support Group due to Regulation 35 dropped from 30% of completed assessments to merely 12%. In contrast, Support Group allocations for other reasons stayed basically the same (reducing from 26% to 24% of claims).

To my mind this is all pretty convincing – it has become harder to get allocated to the Support Group from the start of 2016, because the DWP has made it harder for assessors to make judgements on the grounds of a risk to people's health."

The latest DWP statistics also reveal that that in July 2016, of the 13,200 mandatory reconsiderations of fit for work assessment outcomes just 4% resulted in a revision. However, [60% of ESA fit for work appeals are successful](#).

[ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: September 2016](#) is available @ www.gov.uk

[The return of the stricter WCA?](#) is available @ www.rethinkingincapacity.org

The [DR UK factsheet on the ESA work capability assessment](#) is available @ www.disabilityrightsuk.org

Government to abolish ESA reassessments for those “with the most severe health conditions or disabilities”

The government has announced that it is to abolish “pointless” employment and support allowance (ESA) reassessments for those with lifelong, severe health conditions with no prospect of improvement.

The changes will only apply to claimants who have already been placed in the ESA support group or equivalent universal credit (UC) group.



On 11 October 2016, the Work and Pensions Secretary Damian Green said: *“When people claim ESA and/or UC due to a health condition or disability they are required to take part in Work Capability Assessments (WCA) on an ongoing basis to confirm their eligibility.*

This includes people with the most severe health conditions or disabilities, even though we already know from their initial WCA, and from healthcare professionals, that, short of medical advances, their condition is unlikely to improve.

On 1 October, I announced that that we will stop reassessing people with the most severe health conditions and disabilities.

This change will apply to people who have already been placed in the ESA Support Group or UC Limited Capability for Work and Work Related Activity categories following a WCA and who have the most severe health conditions and disabilities (defined as claimants with severe, lifelong, often progressive and incurable conditions, with minimally fluctuating care needs, who are unlikely to ever be able to move closer to the labour market and into work). “

Mr. Green also said that whilst IT changes to implement the change may not be completed until the end of 2017, “in the meantime we will be working to ensure these people are not reassessed unnecessarily.”

In addition, he committed the Government to consulting stakeholders as guidance on the new measure is developed:

“Over the coming months we will work with key stakeholders, including disabled people, disability charities, our health assessment provider, the Centre for Health and Disability Assessments, medical professionals and others to develop a set of criteria, set out in guidance, to switch off reassessments for those that are eligible.”



Commenting on the ESA retesting change Sue Bott Disability Rights UK’s Deputy CEO said: *“We welcome the news that people with long-term health conditions will no longer have to go through repeated assessments for ESA. We have long argued that such assessments are a waste of money and put disabled people with progressive conditions through unnecessary stress.*

However what is really needed is a complete overhaul of ESA alongside an improvement in support for disabled people who are looking for work.

The cut of £30 a week for those placed in the work activity group announced as part the last budget needs urgent attention by the new Secretary of State.”

Disabled children are almost twice as likely to be the target of crime as non-disabled children says EHRC

Disabled children are almost twice as likely to be victims of crime as non-disabled children, according to a new report from the Equality and Human Rights Commission (EHRC).



But, the EHRC report also suggests that the levels of disability hate crime in England and Wales have fallen in the years between 2007 and 2014. However, the apparent drop in disability hate crimes relating to property – such as burglary and car crime – is more significant than for personal crimes, such as assault, where the evidence of any fall is much less clear.

The EHRC research found that **22%** of disabled young people in England and Wales aged 10 to 15 had been the victim of crime in the previous 12 months, compared to **12%** of non-disabled young people of the same age.



EHRC Chair David Isaac has called the findings “a wake-up call”: *“This report asks us to face some hard truths. After the huge success of the Paralympic Games, young disabled people were looking forward to a far brighter future than any previous generation.*

These findings are a wake-up call that there is still much more that needs to change. We cannot hope to create a more inclusive society for future generations while disabled children continue to live in a climate of fear of victimisation.”

The EHRC report also found that people with mental health issues and social or behavioural impairments also experienced high levels of crime.

For people aged 16 and over with social or behavioural impairments, such as autism, attention deficit disorder or Asperger’s syndrome, 35% had been the victim of a crime in the previous year, as had 30% of people with mental health conditions, such as depression.

Mr Isaac said: *“People with mental illnesses and social or behavioural impairments experience some of the greatest misunderstanding and mistrust in society. In spite of progress on perceptions towards people with ‘visible’ disabilities, hostility towards mental health issues remain widespread. What our research today confirms is that, in contrast to the commonly held prejudice linking criminality to poor mental health, people with mental illnesses are in fact more likely than average to be a victim of a crime.”*

EHRC find that disabled people are also significantly more likely to worry about crime than non-disabled people, including those with so-called ‘hidden’ disabilities. Half of people with ‘social or behavioural’ impairments, impairments that affect ‘memory’ or relate to ‘learning, understanding or concentrating’ were found to worry about being the victim of crime.

However, the EHRC analysis also suggests that although efforts by campaigners to raise awareness of disability hate crime have led to a sharp increase in the number of crimes reported to police, the overall level of disability hate crime may have fallen between 2007 and 2014.

The figures in the new report – taken from the Crime Survey for England and Wales – describe the number of disability hate crimes actually experienced by disabled people.

One table in the report shows that the number of incidents of disability hate crime affecting adults in England and Wales fell from an average of 77,000 per year during the period 2007/2008 to 2009/2009/2010 to an average of 56,000 per year during the period 2011/2012 to 2013/2014.

The report also shows that an apparent drop in disability hate crimes relating to property – such as burglary and car crime – is more significant than for personal crimes, such as assault, where the evidence of any fall is much less clear.



Commenting on the EHRC report, Stephen Brookes MBE, DR UK ambassador and Co-ordinator [Disability Hate Crime Network](#) said: *“The EHRC report was based on the National Crime Survey, but I question the relevance of it simply because of the EHRC failure to contact, include or consult with ULDPO’s who see a very different situation of regional response. This would have made the report of far more relevance to what we need in terms of real action in creating consistency from all key stakeholders.*

In our case in the North West, we have seen a massive increase in reporting, which now, for an example in just one centre, Disability Equality North West, runs at about 7 to 9 cases every month, and this has been consistent for over two years. It is also reflected in two other reporting centres across the county BUT, the success we have achieved is important to put into context as we have reached that important level of gaining confidence of disabled people in reporting what have been usually described as ‘lower level’ incidents.

So for every month of reporting we see a reduced need for police action in terms of charging, as many incidents are picked up and acted on before they escalate to the higher level, which historically has been the case, and why the original barrier to reporting of the fear by the victim of the whole legal process was a serious problem.”



Katharine Quarmby a co-ordinator of the [Disability Hate Crime Network](#) welcomed the EHRC report: *“I welcome the continued focus of the Equality and Human Rights Commission on disability hate crime, and this report in particular. I think the statistics from the Crime Survey showing a (self-reported) small fall in disability hate crime are interesting. They are in line with a general small fall in hate crime across England and Wales.*

If the figures are correct, they may well bear testament to a number of policies finally bearing fruit: disabled people’s organisations campaigning for awareness of such crimes and for a ‘zero tolerance’ of hate crime, which is gaining traction in the wider population; the criminal justice system accepting that hate crime exists and that it is unacceptable; and, finally, British society turning its back to some extent on old attitudes of hatred and discrimination.

This is not to say that the reports we are still receiving of disability hate crime (and of other hate crimes) are in any way to be disbelieved.

“We all know that the disability benefit rhetoric agenda has been toxic. But if the figures are true, then many British people are rising above it. This has to be a good thing. But while there are still disability hate crimes in Britain, and in the world, we still have work to do.”

The EHRC [Crime and Disabled People](#) report is available @ www.equalityhumanrights.com

Disability Confidence Training

Register your interest in our next course

This is an ideal course for HR professionals or individuals who have management or leadership roles. It will focus mainly on increasing awareness and knowledge about supporting disabled people as staff members, volunteers or people gaining work experience.

Training from the experts

The course runs from 10am to 4pm at our office in London.

Lunch and refreshments are provided.

The cost of the full-day course is £99 + VAT per person.

[For more information](#) visit our website

To book a place contact chelsey.french@disabilityrightsuk.org



Disability Rights UK AGM and Conference – 7 November 2016

Equal participation for all – together we can be stronger.

Come and debate with us at our AGM and Conference in London on 7 November on how we can work together for equal participation.

We will discuss:

- bringing together all our different experiences – of different impairments and health conditions, different regions, communities and more;
- uniting to ensure our rights are sustained and advanced, in the context of Brexit;
- learning from each other's user-led initiatives in different areas;
- learning from other countries and sectors: for instance, in Australia disabled people campaigned with allies for significant investment in independent living – and won; and the LGBT communities have in 20 years achieved a sea change in attitudes and policy.

You will also hear from speakers including new Ministers (invited) and disabled people sharing local and national experiences of influencing change.

In 2016 DR UK launched a new strategy, based on disabled people working together – locally and nationally, across our different experiences – to achieve Equal Participation for All.

We have three priorities which will be touched on in the event:

- independent living: getting a life;
- career opportunities: getting work, education and skills;
- influencing public attitudes and behaviour.

To express an interest in the event please contact Nicholas Ash (giving your membership number) @ members@disabilityrightsuk.org



The essential guide for all disabled people

Our handbook provides in-depth information and guidance on the entire benefits system. It's the only plain English, user-friendly benefits guide designed for both claimants and their advisers. It has the answers you need to provide advice or claim what you're entitled to.

£33.50 including P&P. £18 for people claiming benefits

Keep your handbook up to date all year

Published bi-monthly, our *Handbook Updater* contains page-by-page updates on changes to the benefits system since publication, as well as significant recent case law and a timetable of future benefit changes.

£5.00 for a one year subscription

[Order your copy now](http://www.disabilityrightsuk.org) @ www.disabilityrightsuk.org

New NHS Workforce Disability Equality Standard and 'disability an asset' social action programme initiatives



The July meeting of the Equality & Diversity Council (chaired by Simon Stevens) agreed for the NHS and key delivery partner Disability Rights UK to work towards a mandated Workforce Disability

Equality Standard (WDES) from April 2018 and a social action programme to make 'disability an asset' in the NHS (DAA). Bernd Sass, coordinator of DR UK's Health and Care Voluntary Sector Strategic Partner Programme provides an update.

Following several requests, I am trying to describe what may work to improve understanding of different needs locally and how disabled staff groups may be supported to drive improvements for and by themselves under 'disability as an asset'.

We are regularly in touch with disabled NHS staff, e.g. at development sessions with local delivery partners for 'making disability an asset', member events and (hopefully increasingly) our online forum @ <https://crm.disabilityrightsuk.org/forums/nhs-disability-asset-network>.

The key to bottom-up initiatives is that they cannot be prescribed, but rather depend on good environments that allow people to have space to question and imagine what they do now, or could do differently together. Reasonable adjustments for individuals usually improve on the back of collective initiatives.

People can respond differently to the language that is being used as referred to further in this [infographic](#) @ www.nhsemployers.org.

There are several barriers to sharing that one has lived experience of disability as an NHS professional to begin with. In situations with very low (or non-existent) rates of self-declaring disability, it has helped to invite an ambassador to write a blog or a brief comment / snapshot in a staff newsletter, about their personal take on being a disabled NHS professional (anonymously if required): how does disability impact and what ways have they found to improve the situation.

Things should naturally progress from there - as long as the NHS Trust in question is prepared to embrace the user-led initiative and support it constructively. For example, by releasing appropriate staff time and agreeing an upfront commitment to shared and improved outcomes.

Later, it helps to join the initiative up with patient projects. This is to ensure that the different ways of peer-modelling disability as an asset, really tie in with patients themselves, and with what patients feel matters to them, their treatment, support and whole life, for example, conveying a serious diagnosis or building up trust and rapport more generally.

Think about what you can do to help positive experiences of disabled NHS professionals (and hence of patients) grow and share what works with us and others.

For more information please get in touch with Bernd.Sass@disabilityrightsuk.org



Taking Charge

A practical guide to living with a disability or health condition

Do you have a physical or mental health condition? Have you just been given a life-changing diagnosis? Is your health starting to worsen in later life?

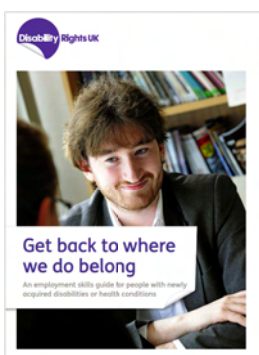
Our guide will help you ‘take charge’ of the services and support that provide choice and control to help you lead an independent life.

Taking Charge includes:

- What you have a right to expect from health and social care services, in education, at work, at home, travelling around or in your free time
- Resources and equipment that can help you live independently
- What to do if you don’t get what you need or experience discrimination
- Inspiring stories from people who have made their rights work in practice

£13.99 inc P&P

[Order your copy](http://www.disabilityrightsuk.org) @ www.disabilityrightsuk.org



Get back to where we do belong

An employment skills guide for people with newly acquired disabilities or health conditions

When you’re diagnosed with a long-term health condition, have an accident, or your condition worsens, you may be worried about whether you can keep working or get back to work. You may need new skills – either to learn how to work differently, or to find new opportunities.

The guide includes:

- Advice about using coping strategies and developing resilience in the face of change
- Information on what to expect from employers
- Advice and signposting on careers, education and training opportunities
- An overview of welfare benefits you might be able to claim, and links to further information available on our website
- Personal stories from people writing about their own experiences, the challenges they faced and how they tackled them.

“This document should find its place on every employer’s and manager’s desk, or better, in their pocket.” Professor Dame Carol Black, Expert Adviser to the government on Health and Work, Chairman of the Nuffield Trust, Principal of Newnham College Cambridge

Free to download

[Download a PDF](http://www.disabilityrightsuk.org) from: www.disabilityrightsuk.org

DR UK project updates

Get Out Get Active programme goes live

October 2016 saw the launch of the new Get Out Get Active (GOGA) programme. The initiative runs for over three years (2016-2019) and within 18 localities across the UK.



GOGA supports disabled and non-disabled people to enjoy being active together. Funded by Spirit of 2012, all partners are focused on getting some of the UK's least active people moving more through fun and inclusive activities. Developed to get some of the UK's least active people moving more, GOGA will concentrate on fun and inclusive activities delivered over three-years.

The English Federation of Disability Sport (EFDS) is the lead GOGA partner, teaming up with an extensive range of organisations to help reach people who have the greatest need to get out and get active.

Disability Rights UK is a national delivery partner of GOGA. All home nation disability sport organisations are backing the programme along with organisations such as Volunteering Matters, Women and Sport, Sporting Equals and Age UK.

Recently, one hundred people involved in GOGA met in Manchester for the first group conference to start the programme's journey.

Debbie Lye, Chief Executive for Spirit of 2012 said: *"Get Out Get Active launches today after months of careful planning. It's a very ambitious initiative designed to increase physical and mental wellbeing by supporting physically inactive people around the UK to improve their health."*

We want to make getting active appealing, accessible, fun and inclusive for people of all ages and abilities.

Disability Rights UK sits on the GOGA project steering committee to help ensure co-production with disabled people and reflect our priorities and values. This includes linking to our own [Get Yourself Active](#) project which encourages disabled people to take control of their care packages through 'personal budgets' and benefit from physical activity.

We will also work with all GOGA partners to develop peer mentoring programmes to increase the number of disabled people participating in physical activity and volunteering. This will involve a 'flagship' project in London and broader support to the GOGA programme by working with Volunteering Matters to incorporate peer mentoring within all the volunteering activities involving disabled people in England.

Get Yourself Active



[Get Yourself Active](#) is a partnership led by Disability Rights UK, funded by Sport England and delivered by [Leicester Centre for Integrated Living](#) and [Cheshire Centre for Independent Living](#).

Leanne Wightman, Get Yourself Active Project Manager organises our work with the health, social care and sports sectors to develop better opportunities for disabled people to get active: "We believe that it is your right as a disabled person to be active in a way that is right for you and using your personal budget to do this if you wish".

Visit our [website](#) for news, information, resources and links to help you and those around you get active. Or contact leanne.wightman@disabilityrightsuk.org



Spirit of 2012 is funding Get Out Get Active in response to overwhelming evidence that inactive people need encouragement and support to take those first steps into active, healthy lifestyles.”

Inclusion will be at the heart of the programme through activity and volunteering. Working together, the partners aim to increase the number of people who are able to access and enjoy local opportunities.

GOGA aims to:

- reach 16,500 individual participants, at least 40% of whom will remain active;
- deliver over 30,000 sessions through 550 different activities;
- recruit, train and involve over 2,000 volunteers; and
- improve confidence and competence through 500 training sessions.

This could be achieved through local authority or independent provision, sports clubs or perhaps volunteering. Providers want to motivate people by tapping into their values and the things that matter most to them. This includes building friendships, maintaining health, having fun and progressing in life.

Importantly, a large proportion of the investment is for monitoring and evaluation, assessing the impact and allowing for more organisations to learn from the outcomes.

Almost one fifth of the UK’s population are disabled people, so should have every opportunity to be as active as non-disabled people, yet they are half as likely to be as active as non-disabled people. Physical activity can make a fundamental difference to everyone’s quality of life, increase independence and benefit the economy.

Physical inactivity has unsustainable health, economic and social impacts on individuals, families, communities and local services in England including one in six deaths (equal to smoking) and an annual cost to society of £7.4 billion.

Seven in ten disabled people want to be more active, representing a huge and ‘untapped’ market. Over six in ten (64 per cent) of disabled people would prefer to take part in sport and physical activity with a mix of disabled and non-disabled people.



Further information on GOGA, its locations and who is involved is available @ www.efds.co.uk/GOGA

Read the latest Get Yourself Active project update!



Get Yourself Active is all about finding ways to help you get active and feel physically and mentally well. The project is run by DR UK, funded by Sport England and we are working with our partners [Leicester Centre for Integrated Living](#) and [Cheshire Centre for Independent Living](#).

Take a look, get to know the Get Yourself Active team, find out about the funder Sport England and see how Kung Fu changed Martin’s life.

Read more @ www.disabilityrightsuk.org/how-we-can-help/get-yourself-active

Good practice in supporting disabled learners: new DR UK toolkit of resources

Disability Rights UK is developing a toolkit of resources for education providers to showcase good practice in supporting disabled learners to make the transition to internships and paid employment.

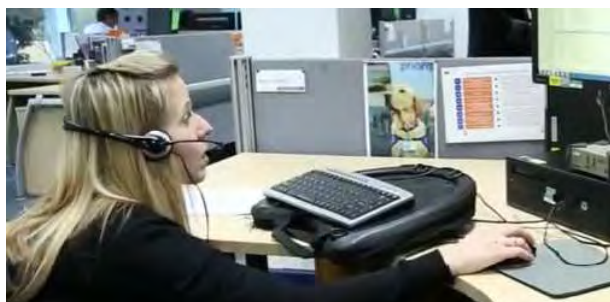
Two videos are available made in partnership with National Star College and Seevic College in 2016.

Good practice in supporting disabled learners:

This film shows two former interns (now employees) at EDF Energy. They talk about their work, the support provided by their job coach and the way adjustments were made to overcome any barriers. They also describe the positive impact of working, earning, and being able to make choices about their lives.

The job coach talks about his role, in particular the importance of ongoing dialogue between employer and the interns, matching to appropriate job roles and finding paid employment afterwards. The employer explains the benefits of the changes the company made, including the voluntary pairing (buddy) scheme of a visitors' centre to be more inclusive.

[Watch the video](#) @ Good practice in supporting disabled learners. The [full text from the video](#) and a PowerPoint presentation highlighting [Key learning points](#) are available @ www.disabilityrightsuk.org



Rebecca Andrews, PMO and Portfolio Assistant at EDF Energy

The learning materials include information about:

- Finding the right work placement
- Job sharing
- Barriers and solutions – examples of adjustments
- Access to Work
- Progression to paid employment
- Part-time hours
- Positive impact of work for interns
- Benefits for employer

Good practice in supporting disabled learners at

Seevic: This film shows former interns and an apprentice from Seevic College, talking about their work and the support provided by the college and their employers. The college shares good practice examples such as the taster sessions they run, the role of the job coach and how they support the transition to paid employment.

[Watch the video](#) @ Good practice in supporting disabled learners at Seevic. A PowerPoint presentation highlighting [Key learning points](#) is available @ www.disabilityrightsuk.org



Personal Independence Payment (PIP)

A step-by-step guide to claiming the new benefit

PIP is a new benefit for people who need help taking part in everyday life or who find it difficult to get around. It replaces disability living allowance for people between the ages of 16 and 64 inclusive.

Our free guide includes:

- What is PIP and when it's being introduced;
- What happens to people already on DLA;
- The qualification criteria and new points-based assessment;
- How to claim, including step-by-step instructions on completing the claim form and helpful tools and tactics.

Free to download

[Download your copy](#) @ www.disabilityrightsuk.org

DR UK Leadership Academy Programme: now recruiting year three delegates and mentors



Our Leadership Academy Executive Katrina Morris provides an update on our Leadership Academy Programme (LAP) now in its third year.

A fundamental tenet of DR UK's attitude to leadership is that disability provides leaders with a 'unique advantage'. People with lived experience of disability and long term health conditions, need to work differently, and often think differently. Unlocking barriers provides access to a broader pool of talent and provides access to unique talents.

Our Leadership Academy Programme (LAP), is a programme designed specifically for junior/ middle level managers, who want to progress in their careers and have a disability or a long-term health condition. [We are now recruiting](#) for year three of the programme.

What makes DRUK's LAP different from most internal company training?

For employees it means that they:

- have the benefit of learning away from their place of work, which gives a reflective edge to the programme;
- are able to speak about any difficulties and so on, that they might have internally in a safe and confidential setting;
- gain knowledge from various employees from different business's which can help with perspective; and
- have an ongoing network/alumni to continue to glean information, have access to exceptional key note speakers and have a safe place to share information and establish long term relationships with others outside of their place of work.

"Since completing LAP, I have successfully secured a new job in Internal Audit. By completing the programme, I learnt how to embrace my disabilities rather than using them as an excuse and have found a new level of self-confidence. I met lots of amazing people and gained a greater understanding of people and their issues; which has helped me in social and work relationships."

[Alison Burford Internal Auditor Internal Audit](#)

LAP delivers significant returns for employers:

- the upskilling of existing staff and the acquisition of transferable skills that can be shared with colleagues;
- enhanced performance from high potential employees with disabilities;
- retention and development of staff with an acquired disability;
- a greater and more diverse source of leadership talent;
- better staff retention and loyalty; and
- building an organisational culture that incorporates best practice on diversity and inclusivity enables all employees to contribute their best and plays a key role in the demonstration of corporate social responsibility.

"I found the whole LAP process to be very refreshing. Prior to the course commencing, we all received clear instructions and information about what was expected and what we were expected to commit to. The staff were very friendly and responded readily to any queries or issues. The actual course and contents were carefully thought out, and again, given to us by email prior to attendance. Very useful indeed, as we then knew what to expect on the day. One of the key learning elements was to learn from the other candidates' experiences. For my part, it has made me a more rounded individual and better adapted to the challenges of leading a diverse workforce in the future."

[Mark Korad Foreign and Commonwealth Office](#)

This programme is a great way for companies to meet their disability confidence mark and to ensure that they have 'disability' very much addressed as a part of their diversity good practice.

Finally, whilst other training programmes may not preclude employees with disabilities from taking part, this programme is 'generic leadership' with a high focus on the differences and opportunities that disability and health conditions bring to this type of leader.

It establishes realistic and tried methods of addressing concerns, fears and reservations, enhances current skills and how to approach and overcome obstacles and identifies ways in which they can improve and have growth, as new leaders for their place of work.



Whether you are an employee wishing to find out more about the programme or an employer wishing to consider the training as a part of your inclusion practices to find out more go to www.disabilityrightsuk.org/how-we-can-help/leadership.

There you can view a video of accounts from our previous participants and full details about the Programme itself.

Or feel free to contact our LAP Executive @ katrina.morris@disabilityrightsuk.org.

"I found being a mentor on LAP hugely rewarding. It raised my awareness of disabled-related issues in the work-place and as a senior manager, encouraged me to take a hard look at how my own organisation was doing (and where it could improve). I also got a lot out of mentoring someone outside my organisation; it helped widen my perspective and forced me to raise my game to ensure I was supporting and guiding my mentee as well as I would had it been someone with a more familiar background/career. I thoroughly recommend this experience to other mentors out there!"

David Thomas Technology Overhaul Programme Director
Foreign and Commonwealth Office

LEADERSHIP PROGRAMME 2016-2017

We are recruiting delegates now

Take a look at our new [recruitment flyer](#). We would greatly appreciate it, if you would share this information with your networks, such as staff intranets, your equality, diversity and inclusion specialist(s) or the HR team member(s) responsible for Learning & Development.

Could you be a mentor?

We are also looking for senior staff who are interested in becoming a mentor on a voluntary basis, to the delegates on the programme.

You will be given a full day's training, a half day of supervision, you will be paired with a mentee, and you will be required to provide 8 hours of mentoring. You will also be required to attend the graduation and alumni events. For [more information](#) visit www.disabilityrightsuk.org.

To find out more or to apply for either opportunity, contact: Katrina.morris@disabilityrightsuk.org

Help us introduce our 'I Can Make It' campaign



'I Can Make It' is a campaign run by and for young disabled volunteers to smash barriers to employment and create better job opportunities for young people living with disabilities or long-term health conditions.

We'd like the opportunity to meet young disabled jobseekers, to let them know about the campaign and listen to their experiences as we start our search for local young disabled volunteers to take part.

DR UK has produced [two videos](#) to highlight the campaign available @ www.disabilityrightsuk.org.

- ▶ [In the first video](#), project coordinator, Leo Capella explains more about the project and Will Case, one of our network volunteers, talks about why you should get involved;
- ▶ [In the second video](#), our own apprentice, Corrin McLelland and Para Legacy Agent Luke Brook talk about what working has done for them and why they want you to help other young disabled people to benefit from the same experience.

To [find out more](#) about the campaign visit www.icanmakeit.me.uk
If you think you can help, email our Campaign Project Co-ordinator, leo.capella@disabilityrightsuk.org or call him on 0207 250 8193.



Would you like priority access to over 9000 accessible toilets?



THE NATIONAL KEY SCHEME (NKS)

If you have a health condition or disability, finding an accessible toilet that's clean, tidy and available to use can be a challenge. And they're often kept locked.

Under Radar's NKS scheme, special locks are installed on public disabled toilet doors to give disabled people priority access. Local authorities have adopted the scheme and 'Radar toilets' can now be found in shopping centres, pubs, stores, bus and train stations, and other locations nationwide.

Opening doors to independent living

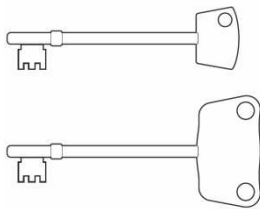
We sell Radar keys to people who need to use accessible toilet facilities due to their disability or health condition. The key gives you independent access to locked public toilets around the country. The provider of the toilet has a key – but with your own key there's no need to wait for a member of staff to unlock the door. You're in control.

Genuine Radar NKS keys

- Available with a small or large head
- Ergonomically designed for grip and leverage
- Reliable keys you can trust with confidence
- Individually tested and guaranteed by our master locksmith

Order your key from our online shop.

It's VAT-free if you meet HMRC's conditions.

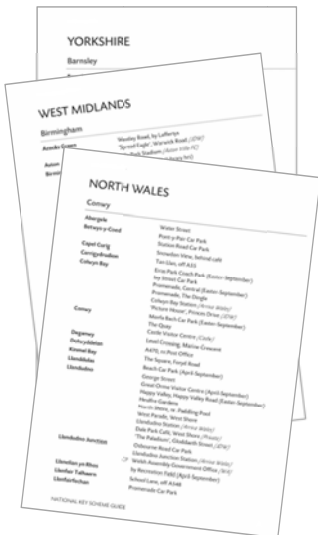


£4.50 plus VAT
Includes delivery to anywhere in Europe

Don't risk a cheap copy!
Radar locks have tight tolerances which need accurate keys

RADAR NKS REGIONAL LISTINGS

We keep a directory of the location, address and opening times of Radar toilets around the UK. When you order your key from us, we can send you a list of NKS toilets in your area. We just ask for a donation of £3.50 to cover the print cost.



Regions available:

- Greater London
- South East England
- Southern England
- West Country
- Devon and Cornwall
- Eastern England
- East Midlands
- West Midlands
- North West England
- Yorkshire
- Isle of Man
- North East England
- South East Scotland
- South West Scotland
- East Scotland
- Highlands and Islands
- North Wales
- Mid and West Wales
- South Wales
- Northern Ireland
- Channel Islands

Last full data update 2013

Order your key and regional listings of toilets from our online shop.

With your own Radar key you can unlock most disabled toilets around the UK

Helplines – Q&As

Member Organisations' Welfare Rights Helpline



Ken Butler highlights a recent adviser query answered by the helpline

BEING ACCOMPANIED TO A PIP ASSESSMENT

Q: Could you confirm how many people a claimant is allowed to bring along to a face-to-face PIP assessment? Someone who works in our team has their assessment next soon and would like to bring a colleague as well as his partner. Do you know if this would be possible?

A: There isn't a defined limit to the number of people that can accompany someone at a face-to-face assessment.

This is the advice given to HCPs in the [DWP's PIP Assessment Guide for Health Care Professionals](#) (page 43 – Companions at consultations):

“Claimants should be encouraged to bring another person with them to consultations where they would find this helpful – for example, to reassure them or to help them during the consultation.

The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or advocate.

Consultations should predominantly be between the Healthcare Professional (HP) and the claimant. However, the companions may play an active role in helping claimants answer questions where the claimant or HP wishes them to do so.

This may be particularly important where the claimant has a mental, cognitive or intellectual impairment. In such cases the claimant may not be able to give an accurate account of their health condition or impairment, through a lack of insight or unrealistic expectations of their own ability. In such cases it will be essential to get an accurate account from the companion. However, the involvement of companions should be at the discretion of the HP.

Members Organisations' Welfare Rights Helpline

Our member organisations' benefits and tax credits advice service is hosted by Ken Butler. Ken is able to take calls on 020 7250 8184 Monday to Friday: 10am-12 noon and 2-4pm.

Or email Ken at:

ken.butler@disabilityrightsuk.org

Unfortunately, Disability Rights UK is not resourced to answer benefit queries from individuals.

It is essential that the HP's advice is based on the claimant's actual circumstances and not the companion's views on these. If the presence of a companion becomes disruptive to the consultation, the HP may ask them to leave. However, this should be avoided wherever possible.

HPs should use their judgement about the presence of a third party during any functional examination. Both the claimant and the HP should agree to companions being in the room for an examination. Companions should take no part in examinations unless the HP asks them, for example, to help the claimant with their garments. The presence of any companion at a consultation should be recorded in the assessment report.”

On this basis, your colleague can be accompanied at her PIP assessment by her partner and work colleague.

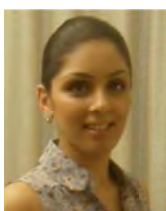
Disability Rights UK Factsheets

Our series of over [70 factsheets](#) provides basic information about benefits, tax credits, social care and other disability related issues for claimants and advisers. All are free to download from our website.

For more detailed information

You can find out more detailed information in our [Disability Rights Handbook](#), available to buy at www.disabilityrightsuk.org.

Disabled Students' Helpline



Rundip Thind, Student Helpline Adviser, highlights a recent query answered by our disabled students' helpline.

EDUCATION, HEALTH AND CARE PLANS

Q: My niece is 19 and wants to do a college course at a specialist college but she has been told no-where will accept her without an EHC. She has learning difficulties and a sensory impairment. She tried a course at a local mainstream college but struggled with the little support offered. Any help would be gratefully received.

A: In order to secure a placement for your niece at a specialist college funded by the Local Authority (LA), the parents will have to get an [Education, Health and Care \(EHC\) Plan](#) for her.

An EHC plan is a legal document that describes a child or young person's special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in their life. The plan is drawn up by the local authority after an [EHC needs assessment](#).

An EHC plan can be issued to a child or young person between the ages of 0 and 25 years.

EHC plans are for children and young people whose special educational needs require more help than would normally be provided in a mainstream education setting. Although the plan can include health or social care needs, a child or young person will not get a plan if they only have health or social care needs that do not affect their education.

Disabled Students' Helpline

We provide support and information for disabled students, through our agreement with the Department for Business, Innovation and Skills following the closure of Skill: National Bureau for Students with Disabilities.

Our advice service can provide advice on education, training and employment:
Telephone 0800 328 5050 (freephone)
Tuesday 11am-1pm and
Thursday 11am-1pm
Or email: students@disabilityrightsuk.org

If the parents can prove that the college in question can meet her needs and that it would not be 'unreasonable public expenditure' the LA will agree to name the college in the plan and pay for the placement.

If the LA can find a college that can also meet your nieces educational needs adequately and more cheaply, they may not approve the funding.

If the parents can evidence that they have already tried to make a placement at a maintained mainstream college work, but this has not happened, even with additional support, despite ability and potential this may strengthen their argument.

Other successful arguments may be around class sizes so, for example, if your niece has attention difficulties, or perhaps a hearing or visual impairment, she may need to be educated in smaller classes. Her parents can argue that placing a child in a wrong environment/within an inappropriate peer group can have a significant impact on her self-esteem and emotional well-being.

A selection of our online publications for disabled students

- adjustments for disabled students
- disabled students' allowances
- applying for apprenticeships
- funding from charitable trusts
- funding FE for disabled students
- making a complaint
- personal care at university
- postgraduate education for disabled students
- telling people about your disability
- the equality act and disabled students



Into Apprenticeships

The guide for disabled people

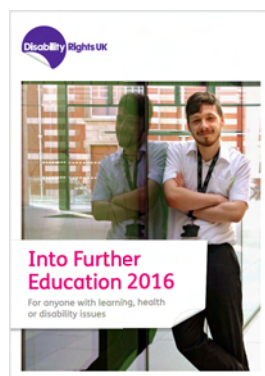
Doing an apprenticeship is a great way to earn a salary, get qualifications and develop your career. This guide is designed to help disabled people, parents and advisers, answer the key questions about applying for an apprenticeship in England.

The guide includes:

- The benefits of an apprenticeship, how to apply, find vacancies and what support is available in the workplace
- Case studies where disabled students write about their own experiences
- A resources section listing helpful websites, publications and organisations

Free to download
Printed copies £3.99

Free copies are available on request from our Disabled Students' Helpline [Download a PDF or Word version](http://www.disabilityrightsuk.org) from: www.disabilityrightsuk.org



Into Further Education 2016

The further education guide for disabled people

Further education offers lots of exciting opportunities for adults as well as young people straight from school. This guide is designed to help you make the right decisions and get any support you need.

This publication is for anyone with a health condition, learning difficulty or disability thinking about studying in further education in England. It aims to answer common questions such as whether colleges will be accessible, how to choose a course and what support will be available.

The guide also contains six inspiring personal stories and a resources section listing further websites, publications and organisations.

Free to download

[Download a free PDF](http://www.disabilityrightsuk.org) from www.disabilityrightsuk.org



Into Higher Education 2016

The higher education guide for disabled people

This guide is designed to help disabled students make the right decisions about studying in higher education. It deals with common questions: whether the college or university will be accessible, how to choose a course and what support will be available.

The guide includes:

- The new student finance system, tuition fees, repayment methods and the support that will be in place for 2016 entry
- Case studies where disabled students write about their own experiences
- A useful resources section listing helpful websites, publications and organisations

"A great resource focused specifically on the needs of disabled learners. Highly recommended"

Undergraduate Recruitment and Widening Participation Coordinator, University of Manchester
[Download a PDF](http://www.disabilityrightsuk.org) from: www.disabilityrightsuk.org

Free to download

Personal Budgets Helpline



Banane Nafeh deals with enquiries for Disability Rights UK's Personal Budgets advice service.

INCREASED CHARGES FOR DOMICILIARY CARE

Q: I have received a new financial assessment from my council. It says that it will now take all my DLA higher care component and is asking that I also pay over £60 per week towards my care. Is it able to do this?

A: A local authority may charge for domiciliary services and other services in the community such as day care and outreach.

As per the Care Act, the local authority is within its legal right to carry out a financial assessment in order to determine how much you can afford to pay.

A local authority can choose not to charge you at all for services. But if they do decide to charge you then you should not be expected to pay more than you can afford.

The council must ensure that your income does not fall below the [‘minimum income guarantee’](#). The Care Act refers to the minimum income guarantee as an amount of money that you can keep, this is the allowance set by the government as a certain amount of money to live on – [Care & Support Statutory Guidance](#) Chapter 8.35 & 8.42).

Disability related expenditure

The local authority needs to ensure that their policy is in line with the Care & Support Guidance in that it must determine your contribution by taking into account your disability related expenditure (DRE).

DRE refers to expenditure incurred due to your disability; reasonable expenditure for independent living, such as above average heating costs, additional bedding costs and so forth.. You should be left with enough benefit to meet any needs not being met by the authority.

Personal Budgets Advice Line Service

This service provides advice for individuals and organisations on self-directed support, personal budgets and direct payments. Telephone: 0300 555 1525. Open Tuesday and Thursday 9am-1pm or email: selfdirectedsupport@disabilityrightsuk.org

Benefits viewed as income

When the local authority carries out a financial assessment, they may take the below disability-related benefits into account as income:

- DLA care component;
- PIP daily living component;
- Attendance allowance;
- Constant attendance allowance;
- Exceptionally severe disablement allowance.

DLA or PIP mobility component is disregarded.

Have you been assessed fairly?

So, if the council considers your disability benefit as income then it must assess your disability related expenditure (DRE). Each case should be looked at on its merits.

Your council should not take all of your higher rate DLA into account as it includes night time needs -it should only calculate the part for daytime care.

In addition, the Care & Support Statutory Guidance explains that day or night care that is not being provided by the council should be incorporated in the DRE. Therefore, the local authority should conduct an assessment of all your DRE and allow you to keep enough benefit to meet any needs that are not being addressed by the authority ([Care & Support Statutory Guidance](#) Annex C, paras 39 & 41(c) (i)).

Councils are expected take steps to ensure that adults in receipt of care and support before the implementation of the Care Act are not made worse off as a result of a change to the charging rules” ([Department of Health FAQ – Charging for care](#)). So you should not be at risk of losing your independence and quality of life.

I would advise that you write to your council explaining your financial situation and arguing that the local authority ought to consider all of your DRE (including your night needs as part of your DLA) as they are essential for your independent living. The council may then need to re-visit the financial assessment.

You may also wish to get in touch with your MP to back you up. You can get in touch with an independent advocate to assist you in fighting your case, the local authority has a legal duty to offer you an advocate if you need support to have your interests represented. You may also wish to go through the complaints procedure and local Ombudsman.

For further information, see our factsheets:

- [Non-Residential Charges: Paying towards the cost of your care and support at home](#)
- [Complaining about local authority decisions](#)
- [Independent Living: Frequently Asked Questions](#)

Independent living factsheets

- assessments, eligibility and planning
- charging for community care
- community care direct payments
- complaining about local authority decisions
- the Motability scheme
- attendance allowance
- disability living allowance
- access to work
- carer's allowance
- Personal budgets
- personalisation – personal health budgets
- getting personal assistants
- housing grants
- how much do I pay my personal assistant?
- personal budgets
- individual employers and workplace pension schemes for personal assistants
- employment contracts
- brokerage and the role of brokers in relation to social care

The EASS Advice Line

The Equality Advisory Support Service (EASS) provides information advice and support on disability discrimination and human rights issues to individuals in England, Scotland and Wales.

You can contact the EASS by telephone, textphone, webchat, letter or email. If you are a BSL user then skype. Welsh speakers available.



By telephone or textphone

Telephone: 0808 800 0082

Textphone: 0808 800 0084

Open: Mon to Fri 9am-8pm, Sat 10am-2pm

By post: Freepost, Equality Advisory Support Service FPN443

If you are contacting the EASS by post about an issue for the first time, please do not send any documents with your letter.

To contact the EASS by email go to

www.equalityadvisoryservice.com

THE EASS PARTNERS



Contact Disability Rights UK (DR UK)

DISABILITY RIGHTS UK

Ground Floor, CAN Mezzanine,
49-51 East Road, London N1 6AH.

How to find us

[Our location](#) on a map.

Nearest underground station:
Old Street (Northern Line).

We are 320 km/350 yards from the station.

CONTACT US

General enquiries

Office number: 020 7250 8181

Open Monday to Friday
9am-12.30pm and 1.30-4.00pm

Please note this line is not an advice line.

Email: enquiries@disabilityrightsuk.org

Membership enquiries

Phone: 020 7250 8180

Email: members@disabilityrightsuk.org

Sales enquiries

Phone: 020 7250 8191

Media enquiries (for journalists only)

Phone: 07590 929441

Website enquiries

Email: webmaster@disabilityrightsuk.org

HELPLINES FOR INDIVIDUALS

Equality Advisory and Support Service (EASS)

Phone: 0808 800 0082

Textphone: 0808 800 0084

Open Monday-Friday 9am-8pm and Saturday
10am-2pm (closed Sundays and Bank Holidays)

There is a webcam portal for BSL users via the
Royal Association for Deaf people.

Website: www.equalityadvisoryservice.com

Disabled Students Helpline

Phone: 0800 328 5050

Open Tuesday 11.00am-1.00pm
and Thursday 11.00-1.00pm

Email: students@disabilityrightsuk.org

Personal Budgets Advice Service

Phone: 0300 555 1525

Open: Tuesday and Thursday 9am-1pm

Email: selfdirectedsupport@disabilityrightsuk.org

HELPLINES FOR ADVISERS

Member Organisations

Welfare Rights Advice Service

Phone: 020 7250 8184

Open Monday to Friday

10am-12noon and 2pm-4pm

Email: ken.butler@disabilityrightsuk.org

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