Parenting and Disability

Evidence base and best practice for disabled parents (1 hour)


The Act protects anyone who has, or has had, a disability. So, for example, if a person has had a mental health condition in the past that met the Act’s definition of disability and is harassed because of this, that would be unlawful. The Act also protects people from being discriminated against and harassed because of a disability they do not personally have. For example, it protects people who are mistakenly perceived to be disabled.

The following summarises some of the key points in Equality Act 2010. (See also www.legislation.gov.uk)

Who has responsibilities?

The Act applies to all service providers and those providing goods and facilities in Great Britain including health care workers and other agencies.

Who is protected?

The Act protects anyone who has, or has had, a disability. So, for example, if a person has had a mental health condition in the past that met the Act’s definition of disability and is harassed because of this, that would be unlawful.
The Act also protects people from being discriminated against and harassed because of a disability they do not personally have. For example, it protects people who are mistakenly perceived to be disabled.

**Definitions**

Disability has a broad meaning. It is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. (Equality Act, 2010). ‘Substantial’ means more than minor or trivial. ‘Impairment’ covers, for example, long-term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease. A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down’s syndrome). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as disabled people by the Act. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-to-day activities.

**What has changed?**

To qualify for protection from discrimination, a disabled person no longer has to show that their impairment affects a particular ‘capacity’ such as mobility or speech, hearing or eyesight.

**What is direct disability discrimination?**

Direct discrimination occurs where, because of disability, a person receives worse treatment than someone who does not have a disability. This provision is intended to stop people being denied a service, or receiving a worse service, because of prejudice.
What has changed?
Previously, direct disability discrimination was only unlawful when it happened in relation to work. The previous law did protect disabled customers from prejudicial discrimination in practice, but in a different way. The Equality Act 2010 means the ban on direct discrimination will now apply in other areas, such as access to goods and services.

Treatment can be justified and will be lawful if it can be shown that it is intended to meet a legitimate objective in a fair, balanced and reasonable way. This means that a service provider must strike a careful balance between the negative impact of a provision on the disabled person and any lawful reason for applying it. It is important to understand the need to apply this flexible approach when it is clear that a rule or practice disadvantages a disabled person.

Indirect disability discrimination happens when there is a rule, a policy or even a practice that applies to everyone but which particularly disadvantages people with a particular disability compared with people who do not have that disability, and it cannot be shown to be justified as being intended to meet a legitimate objective in a fair, balanced and reasonable way. As with discrimination arising from a disability, it is necessary to strike a balance between the negative impact of rules or practices on some people and the reasons for applying them. So you should consider whether there is any other way to meet your objectives that would not have a discriminatory effect. Remember that a lack of financial resources alone is unlikely to be a sufficient justification.

Comment
Disabled adult parents are less likely to be employed and twice as likely to live on a low income compared to a non-disabled adults (Utting 2008:79). Disabled parents incur additional costs when they become parents such as:
• needing to use a taxi to attend appointments,
• additional equipment and aids
• additional childcare costs
• unsuitable housing

The above are all concerns raised by those interviewed for the De Montfort University project and supported by research (Wates 2003). Although poverty, poor housing and prejudice appears to place disabled parents under additional stresses there is to date limited research available on this subject. Research has tended to focus on parents’ physical or sensory impairments, rather than the social, barriers they face (Social Care Institute for Excellence, 2005). Olsen and Clarke (2003) found that formal support services were rarely used by disabled parents and good information on additional needs was hard to find. Additionally disabled parents found that health care professionals often made the assumption that their partners and other family members were able to provide extra care.

Morris and Wates (2006:2007) also found that there were gaps in evidence relating to the needs of disabled adults as parents. They found that disabled parents needed information regarding housing and information about parenting.

Utting (2008:81) concludes that

“the needs of disabled and learning disabled parents relating to their impairment or illness should be assessed and met before judgements are reached about their parenting capacity and skills”……and "children should not be taken into care just because disabled parents are denied the types of support services that would enable them to parent adequately.”
The Social Care Institute for Excellence (2005) argues for a “whole family” approach when assessing services needed by a family. The needs of disabled parents and their children need to be addressed using a multi agency approach.

The Importance of Team Working
It is important then to be mindful that whilst we are accountable for our own actions we must work together with a team approach to care (NMC 2004:2008). It is important that we are mindful of the need for good communication and advance planning. Where antenatal hospital visits are needed we need to be organised so that, for example blood tests and an ultrasound scan can be held at one session if appropriate to avoid extra visits. However these decisions need to be made with the woman so she confirms that this best suits her needs. For example she may find long appointments as too tiring and would prefer more frequent shorter visits.
References

Morris J. & Wates, M (2007) *Working together to support to support disabled parents* Social Care Institute for Excellence

Morris J. & Wates, M (2006) *Support for disabled parents and parents with additional support needs* Social, Care Institute for Excellence


Social Care Institute for Excellence (2005) *Helping parents with a physical or sensory impairment in their role as parents* London Social Care Institute for Excellence


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