



## **Disability Awareness Training for Taxi & Private Hire Drivers**

# **Tutorials**



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## Definitions of Disability

The Equality Act 2010, which has now replaced the Disability Discrimination Acts 1995 and 2005 (DDA), provides protection from discrimination on the basis of a range of protected characteristics. Disability is one of the protected characteristics and, like the DDA, the Equality Act 2010 includes a definition of disability.

The DDA defined someone as disabled if that person "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".

The definition of disability in the Equality Act 2010 is similar to the one that applied for the purposes of the DDA. However, the Equality Act 2010 does not require a disabled person to demonstrate that, where the impairment adversely affects his or her ability to carry out a normal day-to-day activity, that activity involves one of a specified list of capacities, such as mobility, speech, or the ability to understand.

So, for the purposes of the Act, this is further explained:

- Substantial means neither minor nor trivial
- Long-term means that the effect of the impairment has lasted or is likely to last for at least 12 months
- Normal day-to-day activities include everyday things like eating, washing, walking and going shopping.
- A normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory.

Let's now look more at what would count as normal day-to-day activities:

- Mobility – ability to walk up steps or being a wheelchair user.
- Manual dexterity - ability to hold a pen and write with it
- Physical co-ordination – a person with Alzheimers disease or a stroke patient may have difficulty feeding themselves.
- Continence – not having the ability to control bladder movements.
- Ability to lift, carry or move everyday objects.
- Speech, hearing or eyesight.
- Memory or ability to concentrate, learn or understand.
- Understanding the risk of physical danger.

It is also handy to know when something does not constitute a disability. This could either be because the condition is not deemed as being substantial and has no long term effect on a person or, the condition does not exceed a period of 12 months. This includes:

- Hay fever
- A broken limb
- Sprained ankle
- Eyesight that can be easily corrected by glasses.

This isn't an exhaustive list but gives you an idea that not everything is a disability.



## **Discrimination**

Discrimination occurs when someone is treated less favourably than someone else purely because of their disability.

Much of this really is down to common sense. If something seems wrong then, quite probably, it is wrong.

At times it might seem that discrimination has occurred but there are exceptional circumstances that mean this is not the case. If the changes that a disabled person would need fundamentally alter what a business is and does then discrimination has possibly not taken place. So, for instance, a nightclub does not need to increase the lighting to cater for a visually impaired customer as this would destroy the very ambience of a nightclub. This is discrimination but, it is justifiable indirect discrimination, which is lawful. However, if a person with facial disfigurement were 'turned away' by the doorman of the nightclub simply because they don't 'fit in' with their usual clientele, this is direct discrimination and unlawful.

If there is a valid health and safety concern then this can seemingly discriminate against a disabled person. But it must be expressed that health and safety cannot be used purely as a way of not including a disabled customer. Ensure that a proper risk assessment has been carried out.

The Equality Act 2010 now also covers associative discrimination and discrimination by perception.

Associative discrimination is direct discrimination against someone because they associate with another person who has a disability.

Discrimination by perception is direct discrimination against someone because other people think they have a disability.

Have a look at the following tutorial question and see how you get on.

An art gallery, which displays paintings in low-light conditions to prevent them from fading, will not increase the lighting to meet the needs of visually impaired visitors.



## **Getting in on The Act**

The Equality Act 2010 ('the Act') replaces existing anti-discrimination laws with a single Act and came into effect on 1st October 2010. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthens the law in important ways to help tackle discrimination and inequality.

People who access your goods, facilities or services are protected from direct discrimination on the basis of a 'protected characteristic'.

These characteristics are:

- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour and nationality
- religion or belief
- sex, and
- sexual orientation.

The training you are doing now covers the disability strand of The Equality Act.

Prior to The Equality Act the legislation covering disability was the Disability Discrimination Acts (DDA) of 1995 and 2005.

The most significant part of the DDA covered businesses and public sector organisations needing to be accessible to disabled people. This meant that disabled people must be able to access goods and services as easily as a non-disabled person. So, this covers getting into and out of premises, access within the premises and treating a disabled person in a manner that does not discriminate against them.

The DDA was split into three parts:

- Part 1 – outlined who was covered by the Act
- Part 2 – ensured that disabled employees were not discriminated against at work.
- Part 3 – since 1999 it has been illegal to discriminate against disabled people in how services are offered / delivered. Also preventing discrimination to disabled people by removing physical barriers since October 2004.

The DDA was amended in 2005 to cover, from point of diagnosis, people with HIV infection, cancer and multiple sclerosis.

All of this is enshrined in the new legislation with more protection added against three new forms of disability discrimination:

- direct disability discrimination in relation to goods, facilities and services
- discrimination arising from disability
- indirect disability discrimination

## **Direct disability discrimination**

This is where a person is treated less favourably than someone else because they have a disability.



Remember that providers of goods, facilities and services now have a responsibility not to directly discriminate against someone with a disability.

### **Discrimination arising from disability**

Discrimination arising from disability occurs when a disabled person is treated unfavourably because of something connected with their disability and the unfavourable treatment cannot be justified.

This is different to direct discrimination where a person is treated less favourably because of the disability itself. Here we are talking about someone being treated less favourably because of something connected to their disability.

**Example:** Paul has Tourette syndrome which means he often shouts loudly. He is not allowed into his local café because the owner objects to him shouting. Paul is excluded not because he has the syndrome, but because of his shouting, which is a manifestation of (something 'arising from') his disability. Unless the café owner can justify this treatment towards Paul, he will have experienced discrimination arising from his disability.

### **Indirect disability discrimination**

This could be when a business applies a policy or practice in the same way for all individuals, but that policy has an effect that particularly disadvantages disabled people.

The reason this policy was implemented may be to achieve a business aim. That aim must be a legitimate one which could be any lawful decision you make in running your business. But this must be fair and reasonable and shows that you've looked at whether there are other ways of doing things which would avoid discrimination.

**Example:** Pam has a heart condition and swims at the swimming pool in her local sports centre. The sports centre applies a rule saying that only people who can swim a full length can use the pool. Because of her heart condition, Pam can only swim one width before she needs to stop and have a rest. The policy therefore means Pam and other pool users with a similar disability are at a disadvantage when compared to other users. If the sports centre cannot objectively justify its policy, this is likely to be indirect discrimination.

The new Act also covers harassment. This is unwanted behaviour related to disability that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

**Example:** Emma has a speech impairment which means she stammers when she speaks. Some of the staff at her local supermarket make fun of her by mimicking her stammer. Emma could bring a claim of harassment related to disability.

Once you have successfully completed this training module you will be able to access more information about the Equality Act on our Resources page.

Your Licensing Authority is determined that you treat all of your customers equally and not cause offence or upset to any disabled person. And that's the main reason why you are taking this training module.

However, The Equality Act is a law. If you do discriminate against a disabled person then you or the taxi firm you work for could end up in Court. If the case goes against your company /



organisation they will almost certainly face a fine which is, potentially, unlimited. This training module will help you to prevent this course of action happening.

### **Models of Disability**

There are a number of 'models' of disability, which have been defined over the last few years. The two most recognised being the 'medical' and 'social' models.

#### **Medical Model**

The medical model of disability views disability itself as a problem that belongs to the disabled individual. It is not seen as an issue to concern anyone other than the person affected. The medical model promotes the view of a disabled person as being dependent and in need of a 'cure'. It justifies the way in which disabled people have been systematically excluded from society.

For example, if a wheelchair user were unable to get into a building because of some steps, the medical model would suggest that this is because of the wheelchair, rather than the steps.

The medical model solution: Change the disabled person to make them 'fit in'.

#### **Social Model**

In contrast to this, the social model of disability would see the steps as being the disabling barrier. This model draws on the idea that it is society that disables people, through designing everything to meet the needs of the majority of people who are not disabled.

There is a recognition within the social model that there is a great deal that society can do to reduce, and ultimately remove, some of these disabling barriers, and that this task is the responsibility of society, rather than the disabled person.

The social model solution: Remove the barriers.

| <b>Medical Model</b>                             | <b>Social Model</b>   |
|--|---|
| Disability is a personal tragedy                 | Disability is the experience of social oppression               |
| Disability is a personal problem                 | Disability is a social problem                                  |
| Professional dominance (i.e. doctors)            | Self help groups and systems benefit disabled people enormously |
| Expertise is held by the qualified professionals | Expertise is the experience of the disabled person              |



## Positive Language

It maybe that you will never need to discuss someone's disability with them. Remember that this is a very personal thing for them. Having said this, many employers will need to have discussions with their staff who are disabled in order to provide reasonable adjustments. Also, service providers should involve disabled people in the design of their services. If you do need to discuss disability we would encourage you to use positive language.

To illustrate the point, here's a list of preferred language terms together with their outdated, negative counterparts:

| <b>Preferred Terms</b>                | <b>Outdated or Negative Terms</b>          |
|---------------------------------------|--|
| Wheelchair user                       | Wheelchair bound, confined to a wheelchair |
| Person with learning difficulties     | Educationally subnormal, retarded, stupid  |
| Person with a disfigurement           | Burns victim, facially deformed            |
| Visual Impairment                     | Blind as a bat                             |
| Person with a mental health condition | Psycho, nutter, mentally ill               |
| Person with Down's Syndrome           | Mongol                                     |
| Accessible Parking space              | Disabled parking, wheelchair parking       |
| Person with epilepsy                  | Epileptic                                  |
| HIV positive, person living with HIV  | AIDS carrier                               |
| Accessible toilets                    | Disabled toilets                           |
| Person with Cerebral Palsy            | Spastic                                    |



## **Facts and Figures about Disability**

Let's look at some facts and figures surrounding disability.

- Around 13.3 million people in the UK have some form of disability – that's around 1 in 5 of the total population.
- Invariably people think of wheelchair users when discussing disability. However, wheelchair users form a relatively small percentage of the disabled population at around 8%, or 1 in 12.
- Most people acquire a disability through accidents, illnesses, or with the onset of old age. Around 17% of disabled people are born with their disability.
- Some people may think that the disabled population don't work. However, 44% of disabled people of working age in the UK undertake full or part-time work.
- Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19% of disabled people experienced unfair treatment at work compared to 13% of non-disabled people.
- Disabled men experience an 11% pay gap compared with non-disabled men; this figure doubles to 22% between disabled and non-disabled women.
- It shouldn't be assumed that disabled people in the UK are all on benefits (see the above point). Disabled people have combined annual spending power of £80 billion!
- Surprisingly 20% of children are dealing with mental health issues in a given year.
- Around 800,000 children in the UK have some form of disability.





## **Access to your premises**

The provision of suitable access to your premises both externally and internally is, of course, important to visitors, employees, and potential employees with a disability.

However, you don't necessarily need to go overboard with the adjustments and changes you make. You should make 'reasonable adjustments' and this recognises the financial constraints on your business. It is not reasonable to expect you to make so many access improvements that it puts your business at risk.

Most people will consider the needs of wheelchair users when considering access issues. However, wheelchair users account for just 5% of the disabled population.

To get a good overview of the types of adjustments that can be made refer to Part M of the Building Regulations and BS8300:2009. More background information will be available at the end of your assessment.

These documents give vast amounts of information including all sorts of measurements. For instance, a simple thing to remember is that the gradient of a ramp should be 1 in 20. That's the ideal, but if space and finances don't permit it is better to provide a slightly steeper ramp (or a temporary one) with assistance, rather than do nothing at all.

Planning what adjustments / changes are required is a must. Prioritise the changes with parts of your premises that have the highest 'traffic' being top of the list. Other changes can be done over time and when finances permit, but you must have a plan and ensure that it is implemented. It's no good making a plan and doing nothing – if a disabled person challenges you in court you would not have a great defence.

The Equality Act 2010 ('the Act') sets out the rights of disabled employees. It also looks at how these rights should be incorporated into normal work activities.

Under the Act an individual will not have to demonstrate that, where an impairment adversely affects his or her ability to carry out a normal day-to-day activity, that activity involves one of a specified list of capacities, such as mobility, speech, or the ability to understand.

This is a significant change from the old Disability Discrimination Act where the above was taken into account only if it affected any of the following eight capacities:

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

This list is not included in the new Act as it was unduly restrictive. Tribunals will have to make a common-sense decision as to whether or not a particular impairment has a substantial effect on day-to-day activities. This should make it easier for claimants to show that they are disabled.

The Act states that discrimination occurs where a disabled person is treated less favourably than others, the reason relates to that person's disability and the reason for such treatment cannot be justified.

An employer must not discriminate against existing or prospective employees and has a duty to make adjustments to facilitate disabled employees. Here's a list of possible reasonable adjustments, but don't panic, needs will vary so not all of these adjustments would necessarily be needed for every disabled person:

- making adjustments to premises.
- allocating some of the disabled person's duties to another person.
- transferring them to fill an existing vacancy.
- altering their working hours.
- assigning them to a different place of work.
- allowing them to be absent during working hours for rehabilitation, assessment or treatment. This is called disability leave and should be paid.
- giving them training.
- acquiring or modifying equipment.
- modifying instructions or reference manuals.
- modifying procedures for testing or assessment.
- providing a reader or interpreter.
- providing supervision.

The national Access to Work scheme can assist with costs associated with employing a disabled person. We have provided more information about this scheme on the resources page, after the assessment section.



## Visual Impairment

The term 'visual impairment' refers to people with irretrievable sight loss and this definition covers a wide range of different impairments. Some people are born with visual impairments while others acquire an impairment through their lifetime due to a number of factors.

This could be simply down to getting older, conditions within the eye or conditions within the brain. These changes in someone's sight may be relatively minor or quite severe. Perhaps the person has problems distinguishing certain colours or they could have complete sight loss.

There are approximately 1.5 million to 2 million people in the UK that have some form of visual impairment. Around 1 in 5 of this total has no sight at all. Here are some basic etiquette guidelines for you to follow...

- Identify yourself clearly and then introduce anyone else who is present and their relative location to the person with the visual impairment.
- When you offer to shake hands you need to say something to let the other person know your intentions. This could be, "Hello, it's good to meet you".
- A guide dog (or assistance dog) is a working animal, a vital 'tool' to the disabled person and shouldn't be distracted from its important work. Talk to the person and not to the dog. Sounds obvious but you'd be surprised at the number of conversations that involve the guide dog but not its owner. Don't pat or stroke the dog or make a fuss of it as this could distract it from its work.

You can't refuse to carry a guide dog or assistance dog. The only time you can do this is if you have a Medical Exemption from your GP.

- It may be appropriate to offer the person your arm. This will enable you to guide them to a particular area of your vehicle without pushing / propelling them.
- It can be helpful to explain where things are – "the taxi is directly ahead of you, about a metre away". Give a commentary and guide their hand to the back of the car seat so they can ascertain its position.
- Don't just walk away and leave the person speaking to no one! Let them know that you are leaving or when others leave or join the group.
- Some people are deaf and blind. To let them know that you are there it is OK to gently touch their sleeve. Wait until they have indicated what help they require or have asked for assistance. But remember – they may not need any help.
- When explaining something remember to do it verbally because your visual gestures may not be seen.



## **Mobility Impairment**

Perhaps the most important point to remember about someone with a mobility impairment is that they will not necessarily be a wheelchair user.

The definition of a person with a mobility impairment is someone who experiences difficulty with or is unable to travel on foot, on buses or trains or by car. The impairment may arise from general frailty due to old age, or personal disability (physical, sensory or mental). When you are dealing with or serving a person that has a mobility impairment, observe a few simple points of etiquette:

- Establish a comfortable eye level for both of you. If a wheelchair user is going to be with you for some time – maybe more than 15 minutes – it may be advisable for you to get yourself a chair, keeping you both at the same eye level. This will save the person from getting a crick in the neck, it doesn't seem like you are talking down to them and promotes conversation that is on an equal basis – and that's just good customer service.
- Don't just stay in your vehicle, hoping this isn't going to take too long. Get out of your vehicle and greet the person. Ask if there's anything you can do to help.
- Don't invade personal space. Avoid leaning on someone's wheelchair – this is their personal space, respect it. Never grab or move someone's wheelchair or walking aid without getting their permission first.
- Don't assume you know what's the best way of helping a person with a mobility impairment. Just ask how you can be of help.
- You may feel that it is appropriate to offer a seat to a customer or visitor with a mobility impairment. Don't be offended if someone refuses the offer of a seat – it may be preferable for the person to stand as pain may be an issue when sitting down / standing up.
- Good access to premises is vital. However, if parts of the building are difficult to access visitors should be informed of the most appropriate accessible entrance or route to follow. Perhaps meeting the visitor at the entrance and assisting them is the best approach.
- Any public areas within premises should have enough room for people to move around easily. Take account of the space needed for wheelchair users to manoeuvre. Keep the area tidy and avoid leaving things lying around – this is basic housekeeping and good health and safety too.



## Hearing Impairments

Hearing loss affects around 2 in 10 adults of the UK population. Most of these people are over the age of 60 and have lost their hearing gradually. However, hearing loss can occur at a younger age. In the UK, around one in every 850 children is born severely or profoundly deaf each year.

- People who are deaf or have a hearing impairment often use varying degrees of lip reading. However, lip reading isn't totally reliable with around a maximum of only 50% of words being understood. The level of concentration needed to lip read is tiring, so limit the time that someone is having to do this.
- To make lip reading easier, always look straight at the person and have light on your face (light behind you will silhouette your head and make your lips difficult to see).
- Make sure you don't partially cover your face or mouth, whether with your hand or anything else – this just makes the task of lip reading even more difficult.
- Remember to speak fairly slowly and in the manner that you normally would – there is no need to shout or exaggerate your words.
- It's quite easy to turn your head whilst talking. This may be to look at paperwork or just glancing around. However, your facial expressions, gestures and body movements all help to convey meaning to what you are saying.
- If you need to attract a person's attention it is OK to lightly touch their shoulder or arm.
- You can't assume that everyone who has a hearing impairment can lip read. If you are not sure, then ask. Remember that, on average, only 3 out of 10 words are visible on the lips.
- Again, don't make assumptions about the method in which a person communicates. It's always best to ask. This will save time, possible embarrassment and gives the person the exact service they require and deserve.
- Some people will use British Sign Language (BSL) and this could well be their first language instead of English, so this would be their preferred way to communicate. There may be people within your organisation that can sign or you may consider undergoing some training in BSL.
- As mentioned above, English isn't always the first language of BSL users. Therefore the written word could create barriers. Just something else to think about!
- You may encounter an interpreter, brought along by the person with a hearing impairment to make communicating easier. Remember to talk to the person with the impairment and not directly to the interpreter. If there is paperwork being discussed (bills, bank statements, legal documents) it is possible that copies will have to be given to the interpreter. But before this happens always get the permission of the person with the hearing impairment.
- Speak at a pace that the interpreter can keep up with. This is especially important if you are giving names, addresses or talking about something difficult or complicated. In this case the interpreter may have to finger spell words instead of signing them, therefore taking longer to communicate the information.



## **Disfigurement**

Disfigurement is having one's appearance deeply and persistently harmed from a disease, birth defect, or wound.

Body disfigurement, including facial disfigurements, should be dealt with particularly sensitively.

Any disfigurement tends to have a disproportionate effect on the degree of stress and anxiety that an individual experiences. This is heightened further if the disfigurement is readily visible – hands, arms and particularly, face.

The general population tends to respond to people with a disfigurement with less trust, less respect and often try to avoid making contact or having to look at the disfigurement.

Here are some basic points of etiquette...

- Don't stare!
- You may be surprised or uncomfortable about someone's disfigurement but try not to show it. They deserve the same level of attention and courtesy as anyone else.
- Don't ask how they came to be disfigured. This is private to them and doesn't make any difference to how you should be dealing with them.



## **Short Stature**

Put simply, the term 'short stature' refers to the height of a person deemed to be well below average. That's not particularly helpful but does at least give us a starting point.

The number of growth related disorders is around 200. An adult with a height of less than 4' 1" might be referred to as someone of short stature.

Here are some basic etiquette pointers:

- Do not treat an adult of short stature as cute and childlike. And don't pat them on their head. This sounds obvious but this is such a no-no, yet to some people they see nothing wrong with this!
- Ensure that items they may require are within easy reach. If telephones have been positioned at a lower height or if there are lowered counters etc., try to keep these facilities free for people of short stature, as they tend to be limited in number. Equipment placed at the right height is essential for a person of short stature.
- Communication is normally easier when people are on the same level. Either sit down with the person or stand slightly away from them so that you can maintain eye contact without them getting a crick in the neck.
- Just because someone is of short stature it doesn't mean that they have learning difficulties too. Typically they will have normal levels of intelligence.
- A person of short stature doesn't require a cure. Most people are able to live long and fulfilling lives.
- It is not reasonable to assume that a person of short stature is incapable.



## **Speech & Language Impairments**

A person may have a speech and language impairment for a number of reasons. This could be as a result of a stroke, Cerebral Palsy, facial disfigurement, etc. Some children and young people do not develop speech and language as would normally be expected. They may experience problems with some or all areas of speech and language - from moving the muscles that control speech through to the ability to understand or use language at all. These difficulties can be reasonably mild to the severe and long-term. Sometimes these difficulties are unrelated to any other disability (e.g. Cerebral Palsy) and are said to be specific language difficulties.

But remember that some children may have both a specific language difficulty and other disabilities. A person that has a speech and language impairment may well find it difficult to communicate with you. But, if you give them enough time and attention there is normally no reason whatsoever that you will not understand what they are telling you. Here are some basic etiquette points to remember:

- Do not concern yourself with the reason for the person's speech and language difficulties. Instead concentrate on communicating to the best of your ability.
- Make eye contact, be attentive, listen to what the other person is saying and don't butt in. Avoid talking in an area that has distractions.
- Don't correct speech or speak for the person. They know what they want to say and, given the chance, they will say it! To interrupt is rude and may prove embarrassing for the person.
- To make communicating easier you may consider using questions that only require a Yes / No response or a short answer.
- Don't be afraid of asking someone to repeat themselves if you have had trouble understanding them. This is far better than making an assumption as to what has been said. If you still have problems with what is being said you could consider involving a colleague or ask the person to write down what they are saying.
- Don't try to rush the person.
- Be aware that English may not be the first language of the person either.
- Just because someone has a problem with speech does not mean you should make assumptions concerning their hearing or intellect.





## **Learning Disabilities**

There are numerous different types of learning disability. A person with learning disabilities is likely to have problems understanding, learning and remembering new things.

These difficulties with learning means the person may have problems with a number of social tasks, e.g. communication, self-care, awareness of health and safety.

Take a look at these simple matters of etiquette:

- Believe that you will be understood by the person with learning disabilities. Be ready to explain things more than once.
- You should keep language simple but do not talk down to or be patronising to the person with learning disabilities.
- An alternative to telling someone something is to offer to show them / demonstrate.
- Keep facial expression to a minimum and don't exaggerate gestures or body language as this may prove difficult for the person to understand / interpret.
- Don't rush the person. Politely ask them to confirm that what you have said has been understood. Reinforce information you have given by asking the person to repeat it back to you.
- Plain language is helpful to us all. However, to a person with learning difficulties this may be essential. An easy read format supplemented with pictures or symbols will be helpful too.
- The person with learning disabilities may want to be accompanied by an assistant or advocate. The advocate will then ask questions on behalf of the person. You should always welcome this additional assistance. After all, it may make your job easier.



## **Mental Health**

There are many conditions that fall under the umbrella of mental health, some of which may be a surprise to you. The list of conditions includes neurosis, psychosis, schizophrenia, bipolar disorder, personality disorder, dementia, depression, anxiety, post-natal depression, phobias and stress.

Mental health problems are not always visible – they can be a hidden disability.

It may be some time into your dealings with a person before you realise that they have mental health problems – if indeed this becomes obvious.

Do not assume that people with psychiatric disabilities are more likely to be violent than people without psychiatric disabilities - this is a myth.

The wide range of behaviours associated with mental illness vary from passivity to disruptiveness.

When the illness is active, the individual may or may not be at risk of harming him or herself, or others.

Surprisingly, 1 in 6 of the working population in any one year will have personal experience of mental illness. However, stress or depression is only considered to be disabling if the condition exceeds 12 months. Many people will have short term and one off conditions.

- Be patient and non-judgemental. Don't make assumptions and always respect personal space.
- This sounds obvious and should be the norm anyway – provide a welcoming atmosphere. Noise and distractions should be kept to a minimum.
- If someone appears anxious or distressed give them time and space to unwind and calm down.
- Another example of good customer service is to be reliable and punctual. For people with some forms of mental health issues keeping to times and places is very important. Doing otherwise can be distressing and upsetting.
- 
- If the person you are dealing with needs to make a decision then be prepared to give them enough time. And, if necessary, explain things more than once.
- In the unlikely event that conflict occurs, handle this sensitively. As with anyone that's angry, the person may just be venting pent up anger and frustration – it's not necessarily aimed at you, personally. Let them get it off their chest, show them that you are listening and don't jump in with excuses and explanations. In situations like this remember to stay calm, speak firmly and clearly.
- If the person's behaviour is becoming unmanageable or unwelcome, seek assistance from a colleague. But do this tactfully as you don't want to inflame the situation.



## **Assistance Dogs**

We're all used to Guide Dogs and understand how they assist their visually impaired owners to manoeuvre safely and with confidence.

But there are a wide variety of Assistance Dogs of many differing breeds that are trained to help their owners who may have a hearing impairment, limited mobility, are prone to fitting - the list is quite extensive.

Assistance Dogs can be identified very easily as they wear a coloured coat - the colour of the coat and the printing on it will identify the charity that has trained the dog.

Owners of Guide Dogs and Assistance Dogs have important rights under the Equality Act 2010.

Service providers have to make "reasonable adjustments" for guide dog and assistance dog owners.

For example, the Equality Act makes it illegal for assistance dog owners to be refused access to a taxi or minicab with their assistance dog.

A driver who refuses to carry your assistance dog and does not have an exemption certificate is guilty of an offence. They could be fined up to £1,000.

Medical exemptions are available if drivers have a certificate from their Local Authority.

A driver can get an exemption certificate if they have a medical condition that is made worse by contact with dogs, such as severe asthma.

However, a Local Authority would only issue such a certificate on receipt of strong supporting evidence from a relevant medical professional, usually a specialist consultant.

Having an exemption certificate means that they don't have to carry a Guide Dog or Assistance Dog. Exemption certificates are issued by the licencing authority.

A driver who has been given an exemption will display a yellow 'Notice of Exemption' notice on the windscreen of their vehicle. The front of the notice will have the letters 'ED' (Exemption Dogs) and will show the driver's licence number.

Guide dogs and assistance dogs are highly trained. Their owners all receive specialised training in the safe and effective use of their dog. A key part of this training is the dog's behaviour. It is trained to lie quietly under tables or in vehicles and it should not cause any disruption.

The dog is the owner's responsibility. In the rare event that an assistance dog misbehaves, simply inform the owner who will be keen to control their dog.

All assistance dog owners carry a card advising that assistance dogs should not be a risk to health and hygiene. Assistance dogs are groomed daily and their health and condition is checked regularly by a vet.



## **Safe Transportation of Wheelchairs**

Not all taxis and private hire vehicles are wheelchair accessible. But we feel it's a good idea for all drivers to have a working knowledge of what's required to ensure the safe transportation of wheelchairs.

The safe transportation of wheelchairs is of paramount importance.

You have an implicit duty of care when transporting any passenger in your vehicle and this is particularly important when that person is more vulnerable than a person without disabilities.

Prior to accepting a fare you need to consider the following questions when deciding whether you can transport the wheelchair user safely;

- Is my vehicle designed to transport this type of wheelchair?
- Are there abnormal weather conditions that could compromise safe loading? (snow, ice)
- Are there any uneven surfaces that could compromise safe loading? (slopes, cobbles)
- Are there any obstacles and other restrictions that may prevent safety loading?
- Do I need to adjust my driving style? (acceleration, braking style, stopping distances, cornering and braking distances)

The safe transportation of wheelchairs is not difficult or time-consuming. Get it right every time and you'll be doing your bit to ensure that any wheelchair users you transport reach their destination in the most safe and comfortable manner.

This can be achieved by following some simple yet effective guidelines:

- Whenever possible wheelchair users should transfer to vehicle seats.
- Wheelchair users should not travel with the wheelchair at an angle or facing sideways.
- There should be sufficient free space around the wheelchair and user to avoid the user making contact with other vehicle occupants, unpadded parts of the vehicle, wheelchair accessories or wheelchair tie-down and occupant restraint system (WTORS) anchor points.
- Wheelchairs should have their brakes applied and their power units (if fitted) switched off during vehicle movement. Powered wheelchairs should not be left in freewheel mode.
- Wheelchairs should not block gangways and exits for other passengers in the vehicle.
- A headrest should be provided for a wheelchair user when travelling in a vehicle where other seated passengers have headrests.

## **Wheelchair Tie-down and Occupant Restraint System (WTORS)**

Wheelchair users should not travel in cars, taxis or minibuses, unless the wheelchair is tied down and the user is appropriately restrained.



Sufficient WTORS and accessories should be carried to allow safe transportation of the intended wheelchair-seated passengers. Please remember that just one type of WTORS is unlikely to accommodate all types of wheelchairs and users.

Careful thought should be given to the most suitable type and positioning of restraint for the user - both in normal travel and during an impact.

Lap and chest belts attached to wheelchairs or seating units are usually provided to assist posture and are not vehicle occupant restraints. Do not make use of these instead of a proper WTORS.

Using a lap belt as the only occupant restraint during travel is not recommended. As in cars, a three point restraint is now the preferred method and is a far safer option.

The user restraint should have a clear path from the user to the anchor point and should not be interfered with by any part of the vehicle, wheelchair, seating or accessory. Again, this is no different to how normal seatbelts are designed to be used.

Accessories for use during transportation should be adequately secured to the wheelchair and may require padding to avoid user contact in normal vehicle movement or in an impact. If this is not possible, they should be removed to avoid potential contact with the user or other passengers in an impact.

You should offer all reasonable assistance to the wheelchair user to ensure that they are carried safely and in reasonable comfort.

And remember, no additional charge should be made for carrying the wheelchair or user.

If you believe you cannot convey a wheelchair safely you should explain the reasons why to the wheelchair user and try and direct them to a more suitable make of vehicle.

As mentioned at the start of this tutorial, these really are basic, simple safety measures. They're not designed to make your life difficult or be a reason not to transport wheelchair users.



## **Child Sexual Exploitation / Safeguarding Training**

# **Tutorials**



**Working in conjunction with Equo.**

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## Introduction to Child Sexual Exploitation training

Welcome to your Child Sexual Exploitation training module.

In its most simple form, this training is aimed at keeping children and young adults safe and how you can play a vital part in making that happen.

We'll be looking at:

- Types of abuse;
- What is Child Sexual Exploitation?
- Risk indicators;
- Signs to look out for;
- How to report your concerns.

Keeping children safe is a role for everyone- not just the 'services'.

We can keep children safe more effectively when we know the signs to look for and then share the information.

Therefore, it is important that if you come in to contact with Children and Families – you need to know what to do if you have a concern.

## What is abuse?

Abuse can take many forms and, as you'll see, is not just physical abuse.

- **Physical abuse** - which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing a physical injury to a child.
- **Emotional abuse** - the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's development. It may convey to a child that they are worthless or unloved.
- **Neglect** - the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of a child's health or development.
- **Sexual abuse** - involves forcing or enticing a child or young person to take part in sexual activities. These activities may involve physical contact or non-contact activities such as the production of images.

## If you have concerns about a child...

### What is a child?

A child is anyone under the age of 18 years including an unborn.

If you have concerns about a child you should:

- Share your concerns, don't assume someone else will.

- Call the Kent County Council Social Services on 03000 41 11 11 during office hours.
- Outside of office hours you can call Kent Social Services on 03000 41 91 91.
- **Call the Police on 101 or if the child is at immediate risk of significant harm you should call 999.**

## **What is Child Sexual Exploitation?**

Child Sexual Exploitation is a form of sexual abuse.

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and /or (b) the financial advantage or increase status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child exploitation does not always involve physical contact; it can also occur through the use of technology.

Offenders have power over victims due to their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common.

## **Indicators of risk and who is at risk**

Here's a list of the indicators that a child or young adult is at risk:

- Going missing from home
- Relationships with older males or females
- Concern that the young person is sexually active.
- Breaking away from family, friends and professionals
- Not attending school
- Experimenting with drugs / alcohol
- Secretive
- Involved in offending behaviour
- Unexplained mobile phones / credit
- Accepting lifts in different cars
- Sending and receiving inappropriate images
- Spending increased time on social networking sites.

## **Who is at risk?**

Anyone could be at risk of sexual exploitation. Girls, boys or young adults.



## Who are the offenders?

There is no typical offender that's easy for all to recognise. It's not that simple...

- Anyone could exploit young people.
- Individuals who control adult sex workers.
- Drug dealers with links to violent crime.
- Groups of males who exploit for their own sexual gratification.
- Males who pass young people onto others for sex.
- Female offenders.
- Other young people

## Where does Child Sexual Exploitation take place?

- Anywhere
- Parks
- Sports Centres
- Takeaways
- Residential Properties
- Bars
- Internet

## How are young people targeted?

It's a good idea to know some of the ways that children are targeted as this may help you to recognise the signs.

- **Inappropriate relationships** - these relationships usually involve one perpetrator who has inappropriate power or control over a young person due to being physically stronger, older or wealthier. The perpetrator could be a family member.
- **Peer on peer exploitation** - often referred to as sexual bullying. Can happen quite quickly without the build up of a relationship. Incidents are sometimes filmed on mobile phones and then circulated.
- **Older adult exploitation** - often referred to as the 'boyfriend' model. The adult offender befriends and grooms the young person by focusing on their vulnerabilities. The victim feels they are in a positive and rewarding relationship with the perpetrator. Later on power and control issues may lead the young person into being isolated and becoming more and more dependent on the 'boyfriend'. The young person is often coerced or forced into sex with the perpetrator's associates.
- **Gang and group exploitation** - gangs and groups sometimes use sexual exploitation as an initiation right or as a form of punishment.

## **Signs that you can look out for...**

Here are some signs that child sexual exploitation may be taking place.

Maybe you notice more than one of these things happening and that's what raises your concerns.

- Taking / collecting young people (girls and boys) from hotels, B&B's or house parties;
- Picking up young people from other cars;
- Young people who look distressed or intimidated;
- Observing suspicious activity in hot spot areas;
- Young people under the influence of drugs and/or alcohol;
- Attempts by children/young people to avoid paying fares in return for sexual favours;
- Regular males requesting taxi rides to and from locations - taking young people with them;
- Taking young people to A & E, who are not in the presence of parents;
- Young people with injuries such as bruising;
- Adults paying for young people's fares.

## **Trafficking and The Modern Slavery Act**

There are three different types of trafficking:

- Trafficking from abroad into the UK;
- Internal trafficking, where children are moved from one place to another in the UK;
- Trafficked out of the UK to other countries and brought back again.

### **The Modern Slavery Act 2015**

The Modern Slavery Act 2015 is designed to combat modern slavery in the UK and consolidates previous offences relating to trafficking and slavery.

For the purposes of this training, this is how the Modern Slavery Act may affect you whilst carrying out your work as a taxi or private hire driver.



The Act covers a person that intentionally arranges or facilitates the travel of a person within the UK for the purposes of sexual exploitation or if during or after the journey believes that another person is likely to sexually exploit the person.

**If a taxi or private hire driver transports a child knowing or believing that child will be sexually exploited during or after that journey the driver will commit the offence of Human Trafficking.**

**Maximum sentence is life imprisonment.**

## **What can you do to help?**

Here are a few simple tips to help you do your bit to reduce Child Sexual Exploitation:

- Be aware of the indicators of risk.
- Be aware of young people you think may be at risk.
- Pass on any information/ concerns you have.

### **Information to share**

- Names
- Locations and addresses
- Descriptions of people
- Car registration plates, makes and models of vehicles
- Description of concerning activity
- Even if you don't have a complete picture pass on what you know.

**It really is better to be safe than sorry...**

## **Good safeguarding practice**

Here are some tips for good safeguarding practice...

- Record incidents and refusals
- Be professional – not too personal.
- Don't exchange personal contact information such as passenger's telephone numbers or Facebook address.

- Avoid swearing or aggressive behaviour.
- Do not touch passengers.
- Make sure you are wearing ID, either a badge or company uniform.
- Sit lone passengers in the back unless otherwise agreed.
- Never follow a passenger into the house unless previously agreed.
- **ASK** before going off the main roads and give the passenger a choice of route.
- **NEVER** set off with a passenger without a specific destination address.
- **NEVER** double up on a booking – even if passengers are travelling in a similar direction, they may pose a threat or risk to the other passenger.
- If you are concerned about another driver's conduct report your concerns to your manager or the relevant agency.
- **ALWAYS KEEP A RECORD of ANY** incidents or situations you were not happy with – the record should include a description of what happened and what you did to keep you and your passenger safe.

## Further information

Here are some sources of further information that you may find useful.

- **NSPCC** - [www.nspcc.org.uk](http://www.nspcc.org.uk)
- **PACE** (Parents against child sexual exploitation) - [www.paceuk.info](http://www.paceuk.info)
- **Child Exploitation and Online Protection Command** - [www.ceop.police.uk](http://www.ceop.police.uk)
- **Kent County Council Social Services** - [www.kent.gov.uk/social-care-and-health/report-abuse](http://www.kent.gov.uk/social-care-and-health/report-abuse)
- **Family Matters - Rape and Sexual Abuse Support Services** - [www.familymattersuk.org](http://www.familymattersuk.org)



## How to report your concerns

If you have concerns you must report them.

- **Phone the Police on 999 if risk is imminent / assault happened or likely to;**
- Record and report concerns to the police on 101;
- Report concerns to the Kent Social Services on 03000 41 11 11 (during office hours) or 03000 41 91 91 (out of office hours);
- Signpost if safe to do so - offer the passenger information (for example make window stickers visible).



**County Lines Training**

# **Tutorials**



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## What is County Lines?

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are groomed by older or influential people.

The 'County Line' will manage the drugs sales by phone, the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend.



## Exploitation of young and vulnerable people

A common feature in county lines drug supply is the exploitation of young and vulnerable people. Dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

The dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This practice is known as cuckooing. They use the property as a base, as there are sometimes signs this is taking place; high traffic of people visiting the property, increased noise/litter outside – which may at the beginning be identified as Anti-Social Behaviour.

People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

As we have seen in child sexual exploitation, children often don't see themselves as victims or realise they have been groomed to get involved in criminality.

There are four stages in grooming:

1. Target
2. Friendship
3. Loving
4. Abuse

**It's important that we all play our part to understand County Lines and speak out if we have concerns.**

## **What does that mean?**

You may hear different words and phrases used and the following will help you...

- **Adverse Childhood Experiences (ACEs)** are stressful events occurring in childhood and can include some or all of the following:
  - domestic violence;
  - parental abandonment through separation or divorce;
  - a parent with a mental health condition;
  - being the victim of abuse (physical, sexual and/or emotional);
  - being the victim of neglect (physical and emotional);
  - a member of the household being in prison;
  - growing up in a household in which there are adults experiencing alcohol and drug use problems.
- **County Line** - a crime network using young people to move drugs between counties using a phone line;
- **Plugging** – when a person hides drugs or packages in their anus or vagina;
- **Cuckooing** - taking over the home of a vulnerable person in order to use it as a base for drug dealing;
- **Gang** – a gang can consist of 3 or more people.



## Is this happening in Kent?

### Yes.

As a taxi or private hire driver here in Kent you may have fares that are young people. This isn't necessarily a sign of County Lines activity but if it's also linked with any of the following then this could be an indication of County Lines/Gang activity.

Here are some signs to look out for:

- Young people seen in different taxis;
- Young people seeming unfamiliar with your community or where they are;
- Unexplained, sometimes unaffordable new things (e.g clothes, jewellery, cars etc);
- Unexplained injuries;
- An increase in visitors and cars to a house or flat;
- New faces appearing at the house or flat;
- New and regularly changing residents (e.g different accents compared to local accent);
- Change in resident's mood and/or demeanour (e.g. secretive/ withdrawn/ aggressive/ emotional);
- Substance misuse and/or drug paraphernalia;
- Changes in the way young people you might know dress;
- Residents or young people you know going missing, maybe for long periods of time;
- Truancy, exclusion, disengagement from school;
- An increase in anti-social behaviour in the community.

## If you have concerns, here's what you should do...

This is also covered in the Child Sexual Exploitation / Safeguarding training - the best advice is to trust your instincts.

Even if someone isn't involved in county lines drug dealing, they may be being exploited in some other way, so you should always report your concerns.

- You can speak to your local police by dialling 101, or **in an emergency 999**;

- If you would rather remain anonymous, you can contact the independent charity **Crimestoppers** on **0800 555 111**;
- If you notice something linked to the railways, you can report concerns to the **British Transport Police by texting 61016** from your mobile. **In an emergency dial 999.**

If you know a young person who is worried about their involvement, or a friend's involvement in county lines then here's some advice:

- Suggest that they speak to an adult they trust and talk to them about their concerns.
- They can call **Childline** on **0800 1111**. Specially trained counsellors offer a private and confidential service so the young person can speak to them about anything that is worrying them.
- **Catch 22** works with children and young people of any age to help get them out of situations they're worried about. The Catch 22 team have helped many children and young people involved in County Lines.
- **St Giles Trust** offers specialist services to help young people make a safe and sustained exit from county line involvement. Caseworkers offer both practical and emotional support to the young person and their family to help address any issue which might be driving county line involvement. They were involved in the first ever Home Office funded specialist county lines intervention pilot project in Kent which started in 2017. It helped over 80% of the young people it supported either fully exit or make progress towards exiting county lines involvement.

## How are the Police dealing with County Lines?

This is a priority for Police forces and law enforcement agencies across the UK.

Gangs and County Lines features on the Kent Police Control Strategy, which also forms part of the Kent Police MVVP (Mission, Vision, Value, Priorities).

They have been increasing their level of response, identifying and then taking the necessary action where the greatest problems exist.

**Please play your part too. Your vigilance could be vital in ensuring the safety of a vulnerable child or adult.**



## Courier Fraud

In recent months a number of incidents have occurred within Kent in which elderly and vulnerable members of our community have been the victim of Fraud.

The method used by the criminals is as follows:

- Elderly and vulnerable victims receive a telephone call on their landline or mobile from a 'Voice' purporting to be a Police Officer;
- This 'Voice' is a criminal who proceeds to inform the victim of fraudulent activity on their bank account and that their bank staff are involved;
- The Voice then directs the victim to attend their local bank to withdraw a large amount of cash and to return home where it will be collected by a Police Courier for examination;
- The Victims often use a local Taxi for this journey to and from the bank;
- A Courier who is, of course, one of the criminals who then attends the victims address and collects the cash.

Additionally, we have seen variations of this, where Taxi drivers have also been hired by criminals to collect packages from elderly vulnerable victims for delivery to the criminals (often in London), which may be money, gold or credit cards.

Criminals may also attend local Train stations local to where the victim lives and hire the first available taxi in the outside rank. The Courier then directs the taxi to the victim's address and they are instructed to wait as they attended the front door. The Courier then returned to the taxi after only a few minutes (usually carrying a package) and return to the train station where they board the next London bound train.

Your assistance is needed to help combat this crime that targets the vulnerable and elderly members of our community.

- Drivers are asked to be vigilant of such journeys to and from local train stations by potential Couriers or being asked to collect packages from elderly vulnerable people for delivery to a location elsewhere;
- If suspicious, **contact Police quoting, "I am Nine, Nine."**;
- If a suspected Courier is collected as a passenger then Taxi drivers are requested to **call the Police on 999** and quote **"I am Nine, Nine"** passing their taxi registration, location and destination. The relevant Force control room will immediately recognise this as a Courier Fraud and deploy the appropriate resource and response;



- Taxi drivers are also asked to raise awareness amongst their everyday elderly passengers and to also consider unusual repeat fares to local banks. Should such fares be identified then taxi drivers are again requested to contact Police quoting "**I am Nine, Nine.**";
- This code is only to be used for suspected frauds and not for any other crimes, like fares making off etc.