

# NEBDN Special Care Dentistry Part 1 & 2

SATURDAY 4<sup>TH</sup>  
OCTOBER

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SPECIAL CARE  
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**Saturday 4<sup>th</sup> October**

**Subject**

**9.30am – 11am**

Definitions, models and philosophies & Development of Disability Awareness

**11.15am – 1pm**

Barriers to Provision of Oral Care & Legislation, guidelines and Policies

**1.45pm – 3pm**

Communication, Organising Care and Supporting the Patient

**3.15pm – 4.30pm**

Pain and Anxiety Control & Conscious Sedation & General Anaesthetic

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Definitions, models and philosophies &  
Development of Disability Awareness

Barriers to Provision of Oral Care & Legislation,  
guidelines and Policies

	Knowledge	Skills	Attitudes and Behaviours
	<i>.....should be able to describe:</i>	<i>.....should be able to:</i>	<i>.....should:</i>
5.1 Definitions, models and philosophies	<p>5.1.1 definitions and principles of special care dentistry</p> <p>5.1.2 definitions and principles of impairment, disability and handicap</p> <p>5.1.3 the medical, social and psycho-social model of disability</p> <p>5.1.4 the prevalence of disability</p> <p>5.1.5 the importance of promoting Equality</p>	<p>5.1.6 identify the models of disability</p> <p>5.1.7 apply the psycho-social model of disability and how it relates to special care dentistry</p>	<p>5.1.8 demonstrate positive attitudes to people with impairments and disabilities</p> <p>5.1.9 demonstrate use of inclusive language</p> <p>5.1.10 demonstrate understanding of the impact of disability from birth to older age on oral health and the provision of care</p>
5.2 Development of disability awareness	<p>5.2.1 the development of disability awareness and legislation affecting special care dentistry including the Disability Discrimination Act 2005</p> <p>5.2.2 the importance of reasonable adjustments in ensuring legal compliance and promoting best practice</p>	5.2.3 identify and apply a range of reasonable adjustments to the practice of special care dentistry	5.2.4 demonstrate a positive attitude towards individual and collective person-centred, reasonable adjustment management
2.3 Legal issues	<p>2.3.1 the key issues of the Human Rights Act</p> <p>2.3.2 the legal issues relating to the practice and delivery of special care dentistry</p>	2.3.3 work within appropriate legal frameworks	2.3.4 demonstrate empathy whilst working in the patient's best interests

	Knowledge	Skills	Attitudes and Behaviours
	<i>.....should be able to describe:</i>	<i>.....should be able to:</i>	<i>.....should:</i>
5.3 Barriers to provision of oral care	<p>5.3.1 the social and environmental barriers that people with disability can encounter in society</p> <p>5.3.2 how such barriers can be minimised</p> <p>5.3.3 the methods used to promote equality</p> <p>5.3.4 the types of inclusive language and language support</p> <p>5.3.5 the socio-economic factors influencing oral health, access to and delivery of dental services</p>	5.3.6 ensure that special care dentistry practice takes account of the barriers people with disability encounter and how they might relate to special care dentistry	5.3.7 demonstrate an ability to reduce and eliminate disability barriers
5.4 Legislation, guidelines and policies	5.4.1 the Equality Act 2010 and its application	5.4.2 interpret and use appropriate legislation and guidelines for the practice of special care dentistry within the dental team	5.4.3 demonstrate understanding of the policies required for the dental team in the practice of special care dentistry

- Disability is a universal human experience
- Every human can experience health deterioration and thereby experience some disability

Disability has three dimensions:

1. **Impairment**
2. **Activity limitation**
3. **Participation restriction**

World Health Organisation  
(WHO)

## What is disability?

A disability is **any** condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them

Centres for Disease Control and Prevention

An individual with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities

Disability Discrimination Act 2005  
/ Equality Act 2010

Disability has three dimensions:

1. Impairment
2. Activity limitation
3. Participation restriction

World Health Organisation (WHO)

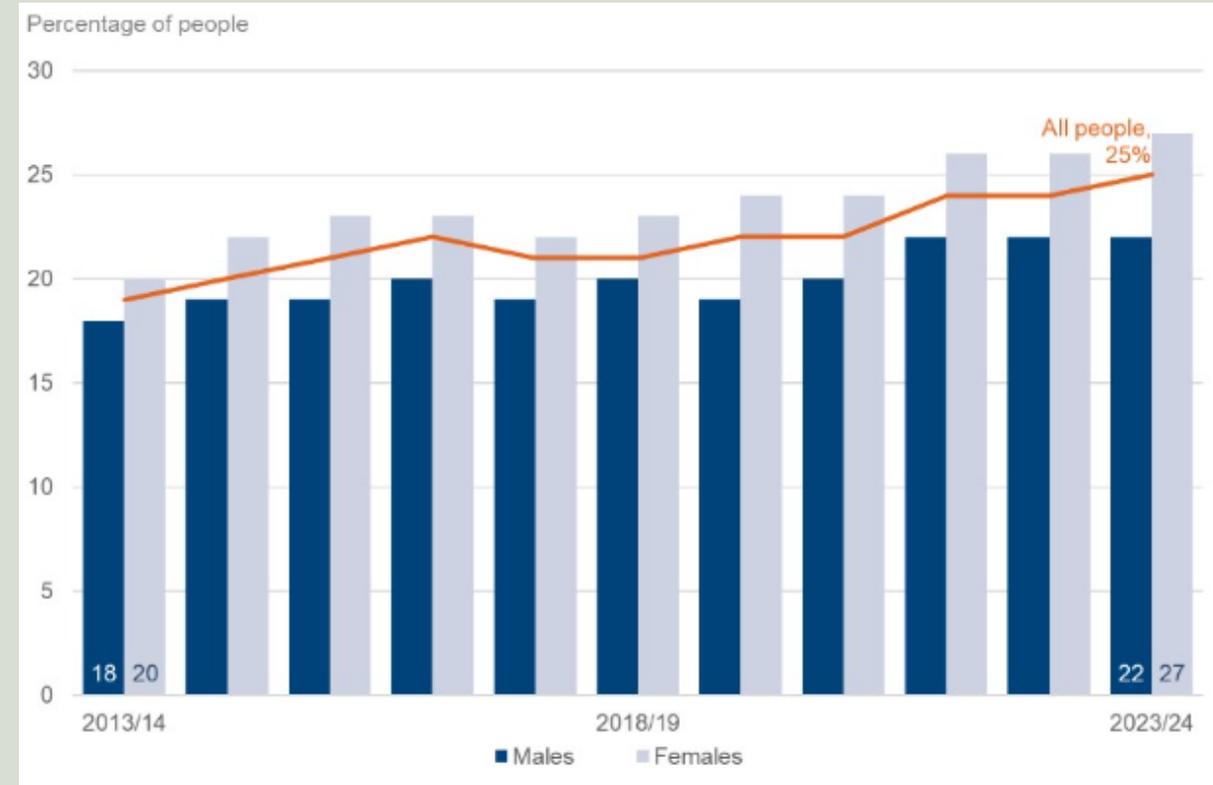
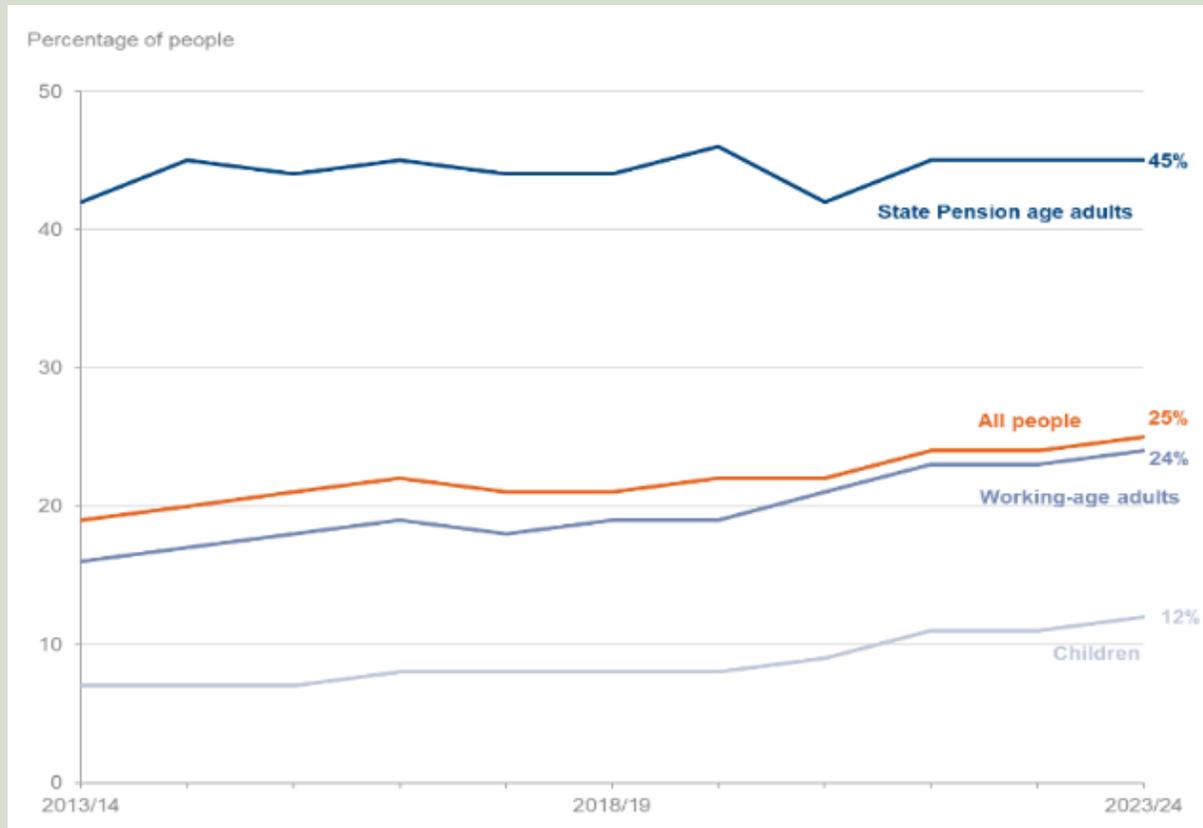
Impairment is a loss or abnormality in a body structure or function.

Activity limitation related to individual level and participation restriction involves a difficulty in engaging in life roles (e.g., employment).

# Disability in the UK

16.8 million (25%) people in the UK reported a disability in 2023/24

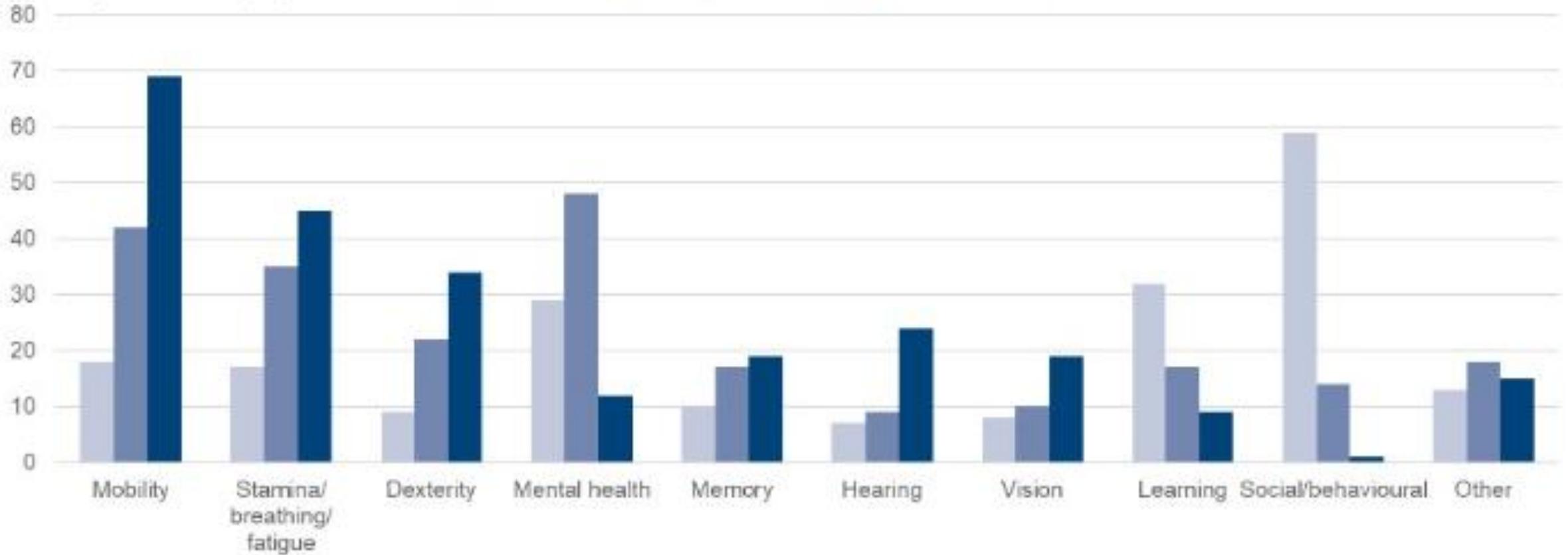
**1 in 4**



A higher proportion of females (27%) than males (22%) were disabled apart from those 14 years and younger

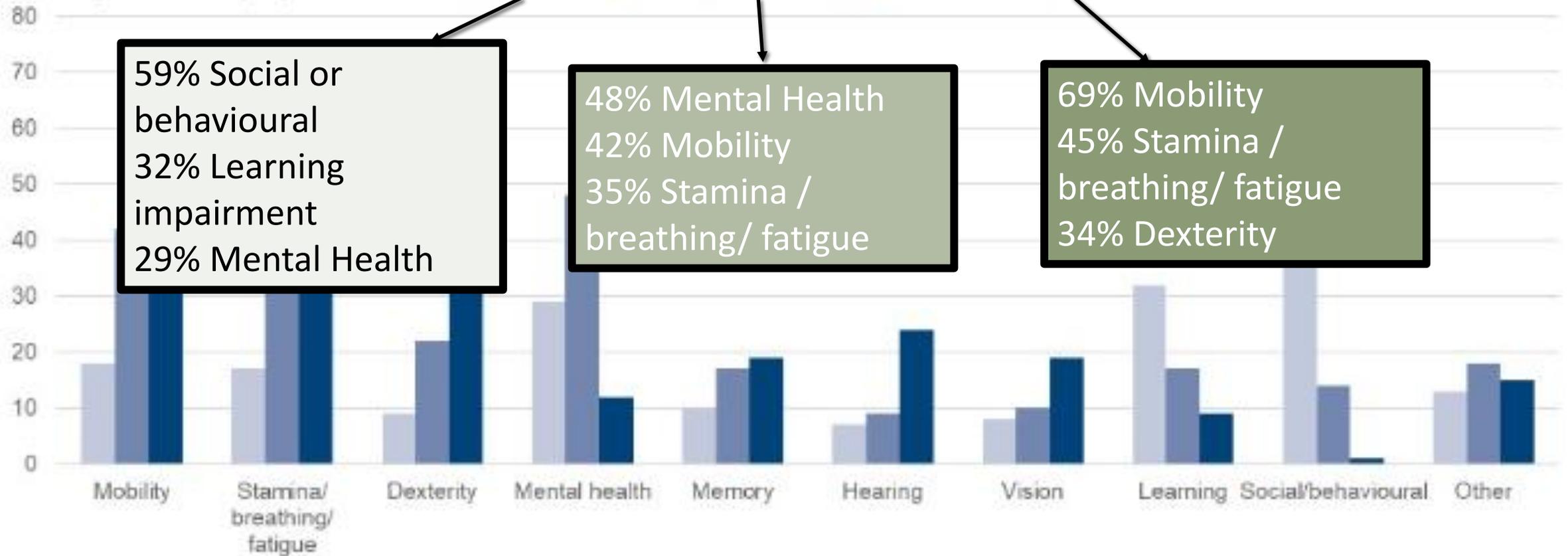
Percentage of disabled people

Children Working-age adults State Pension age adults



Percentage of disabled people

Children Working-age adults State Pension age adults



59% Social or behavioural  
32% Learning impairment  
29% Mental Health

48% Mental Health  
42% Mobility  
35% Stamina / breathing / fatigue

69% Mobility  
45% Stamina / breathing / fatigue  
34% Dexterity

# Ageing UK Population

**18.6% of the total population aged over 65 years**

- Includes estimated 611,719 people who were at least 90 years of age

**Projected to continue to rise**

**Increasing numbers of older people living independently at home**

- 3.3 million people aged 65 years and over were living alone in England and Wales (30.1 % of the older population)

Twice as many women (408,216) as men (203,503) >90 years - but number of men has increased more rapidly than women in recent years.

# Ageing and disability

## Physical

- Reduction in mobility requiring aids
- Musculoskeletal issues e.g. Osteoarthritis, rheumatoid arthritis, kyphosis, issues with dexterity
- Frailty, malnutrition

## Medical

- Co morbidities e.g. stroke, cardiac issues, diabetes
- Impaired homeostasis, resistance and recovery
- Polypharmacy, altered metabolism and absorption medication

More likely to have progressive neurological conditions that may impact on cognition and mental health

## Sensory

- Impairments visual, hearing, communication

## Social

- Vulnerable, safeguarding, social interaction, transport, access to services
- Unable to self care, living arrangements may need carer support

# Main statistics for Northern Ireland

## Statistical bulletin

### Health, disability and unpaid care



# census 2021

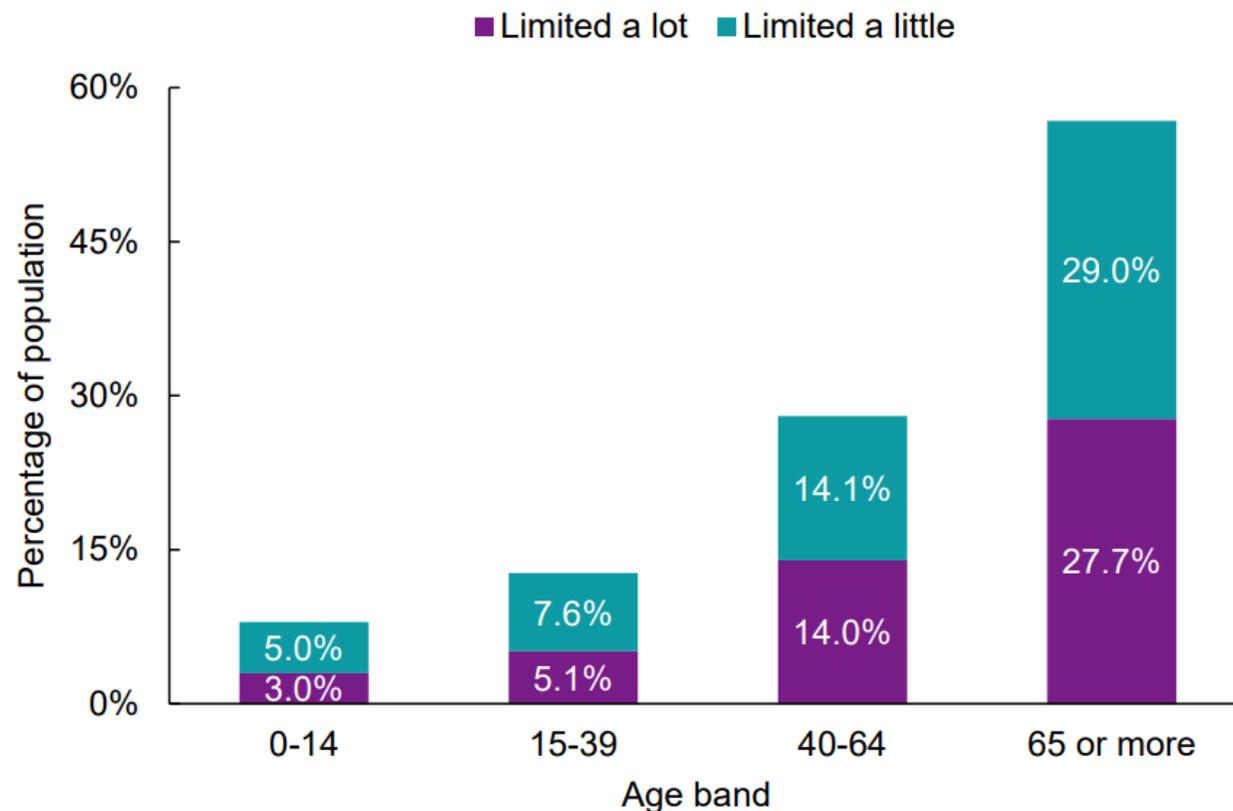
1 in 4 had limited long term health problem or disability

40% of which aged 65 years or more

There are 52,000 people with complex disabilities in Northern Ireland.



Figure 9: Limiting long-term health problem or disability by age band and level of limitation (Census 2021)



**Table 11: Prevalence of type of long-term health condition (Census 2021)**

Type of long-term health condition	Number with this condition	Percentage of population with this condition
Long-term pain or discomfort	220,300	11.6%
Mobility or dexterity difficulty that limits basic physical activities	207,600	10.9%
Shortness of breath or difficulty breathing	195,800	10.3%
Emotional, psychological or mental health	165,100	8.7%
Deafness or partial hearing loss	109,500	5.8%
Learning difficulty (for example, dyslexia)	59,900	3.1%
Frequent periods of confusion or memory loss	37,800	2.0%
Autism or Asperger syndrome	35,400	1.9%
Blindness or partial sight loss	34,000	1.8%
Mobility or dexterity difficulty that requires the use of a wheelchair	28,100	1.5%
Intellectual or learning disability (for example, Down syndrome)	16,900	0.9%

**census**  
2021



# Related conditions

Related to an injury  
e.g. brain injury

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Conditions  
present at birth  
e.g. Down  
Syndrome,  
Muscular  
dystrophy

Developmental  
conditions  
E.g. Autism  
spectrum  
conditions

Associated with long  
standing condition  
e.g. diabetes

Progressive  
conditions  
e.g. dementia

# Individual impact

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❖ Communication

❖ Movement

❖ Thinking

❖ Remembering

❖ Learning

❖ Vision

❖ Hearing

❖ Mental health

❖ Social relationships

# Models of Disability

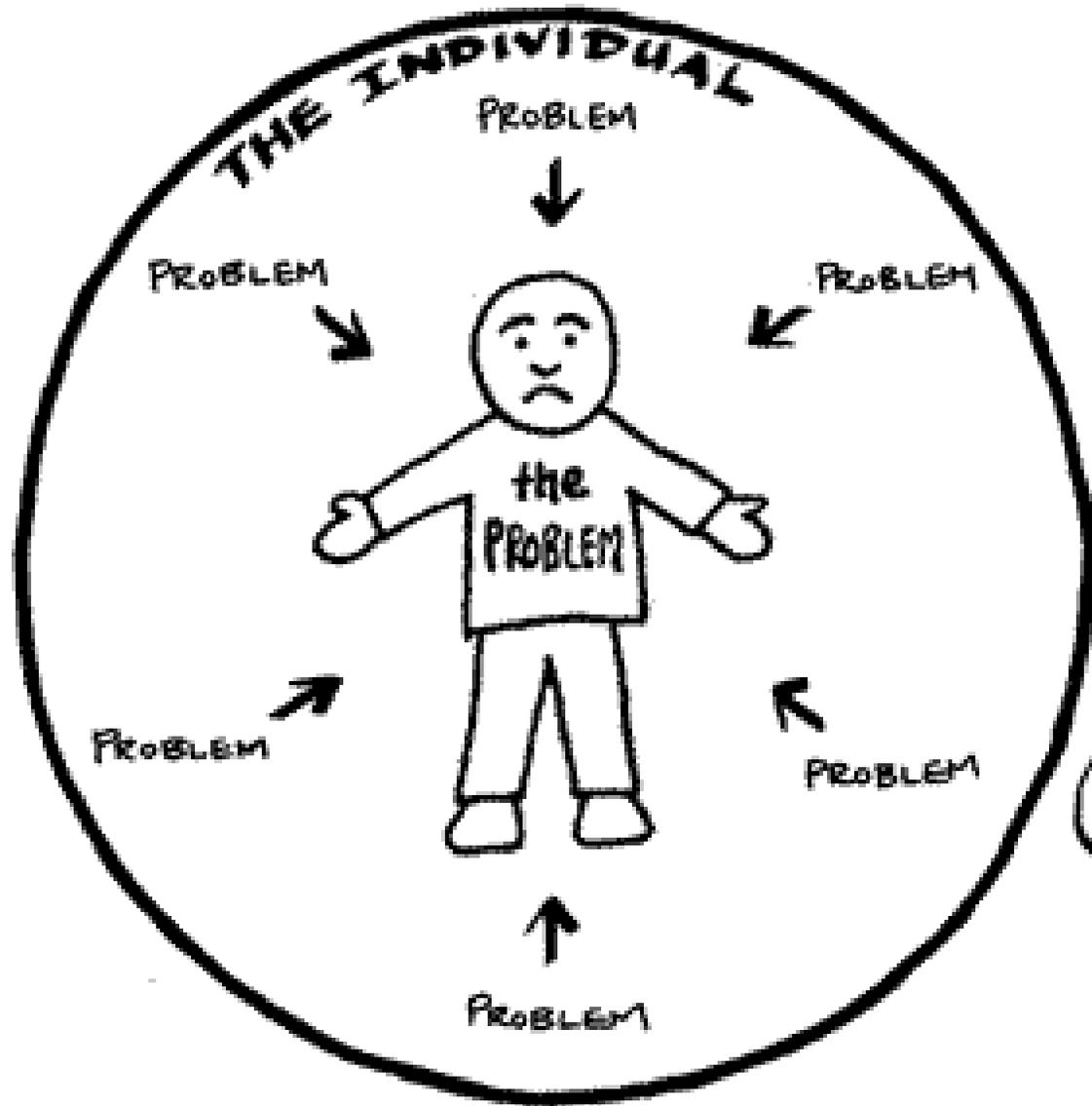
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# WHO 1980 International Classification of Impairments Disabilities & Handicaps (ICIDH)

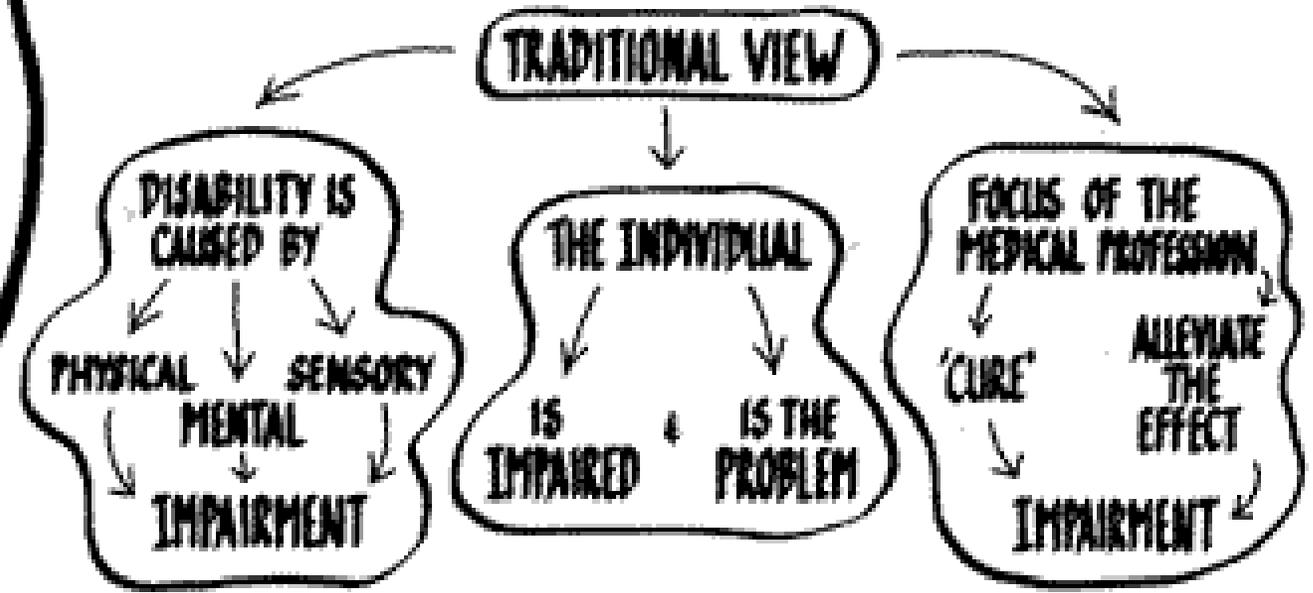
- ~ **Impairment:** Loss or abnormality of structure or function
- ~ **Disability:** Any restriction of ability to perform an activity
- ~ **Handicap:** A disadvantage for an individual resulting from an impairment or disability

Previous descriptors for defining disability

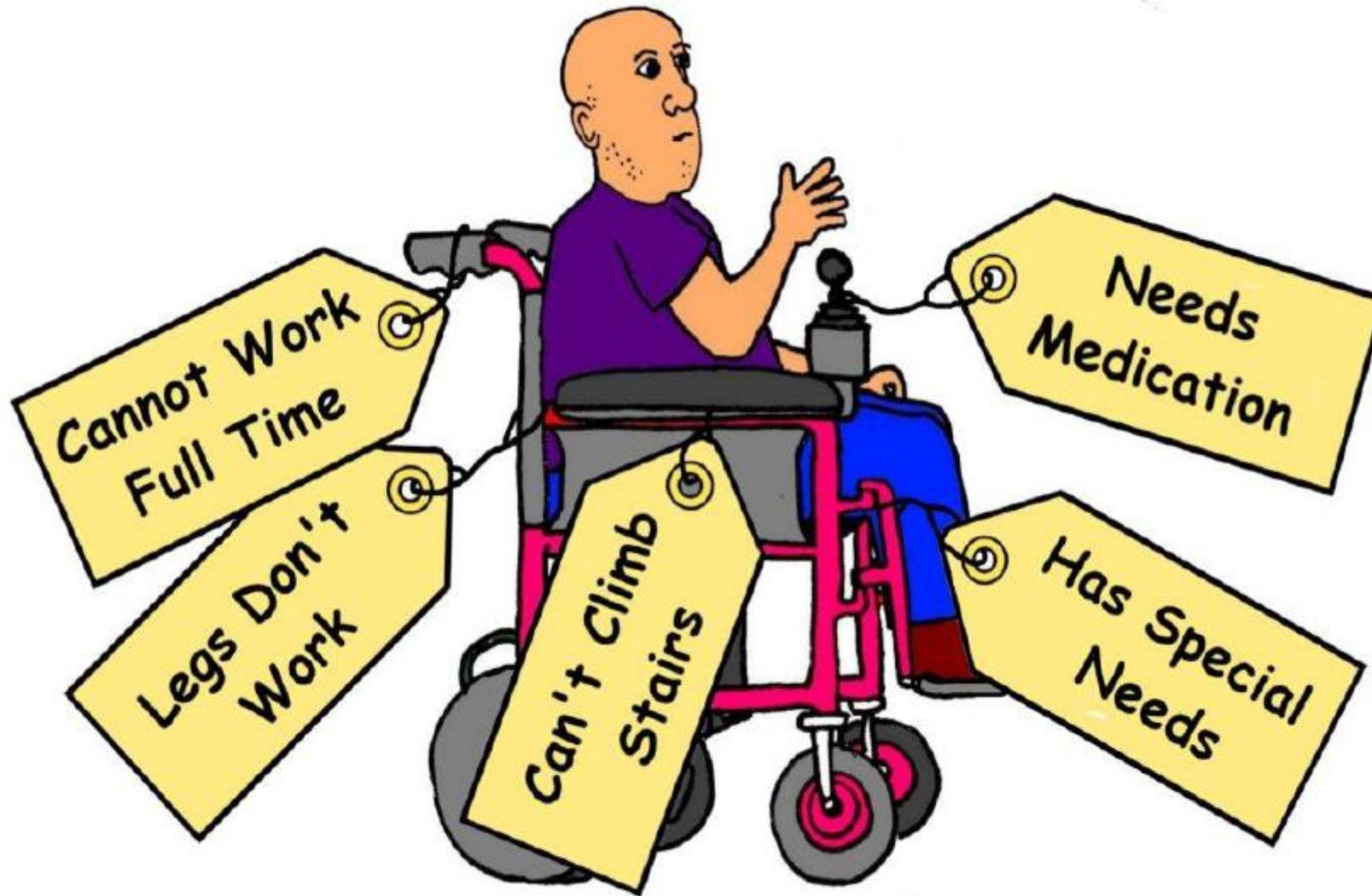
# THE MEDICAL MODEL OF DISABILITY



IMPAIRMENTS AND CHRONIC ILLNESS OFTEN POSE REAL DIFFICULTIES BUT - THEY ARE NOT THE MAIN PROBLEMS



## Medical Model Understanding of Disability



What's the problem? = the disabled person

ICD-10

International  
Statistical  
Classification  
of Diseases and  
Related Health  
Problems

10<sup>th</sup> Revision



World Health  
Organization

ICD-11 MMS

International  
Classification of  
Diseases  
*for Mortality and  
Morbidity Statistics*

Eleventh Revision



World Health  
Organization

# Effects of the medical model of disability

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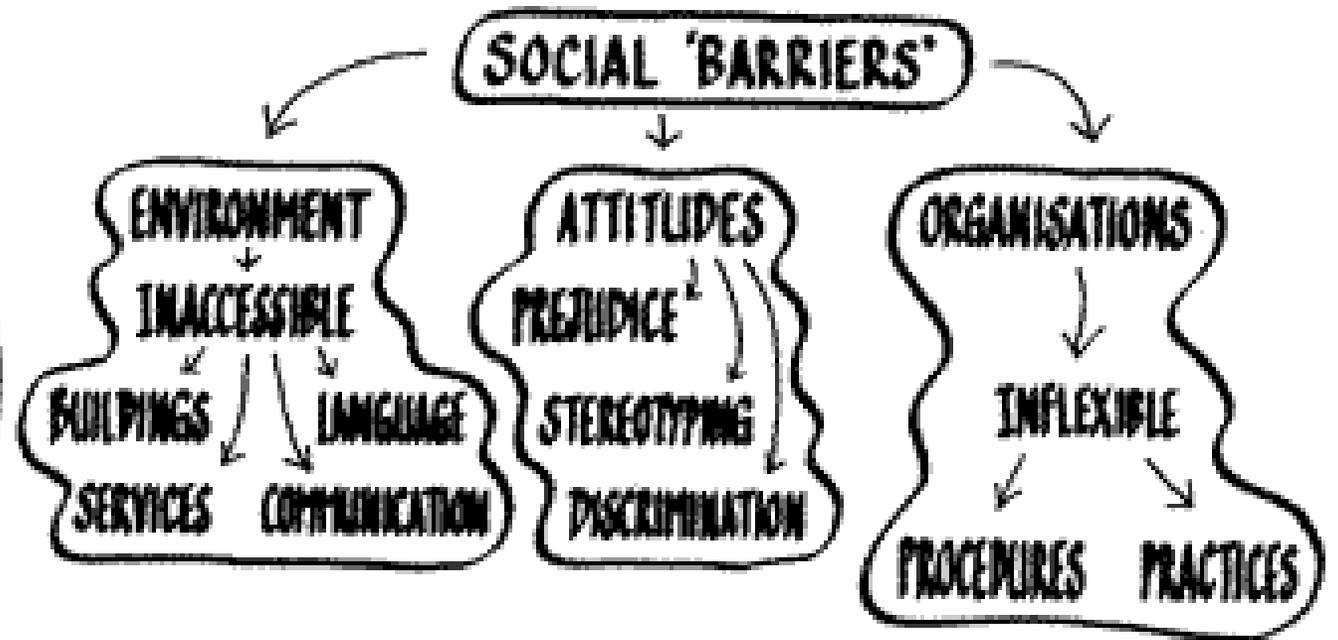
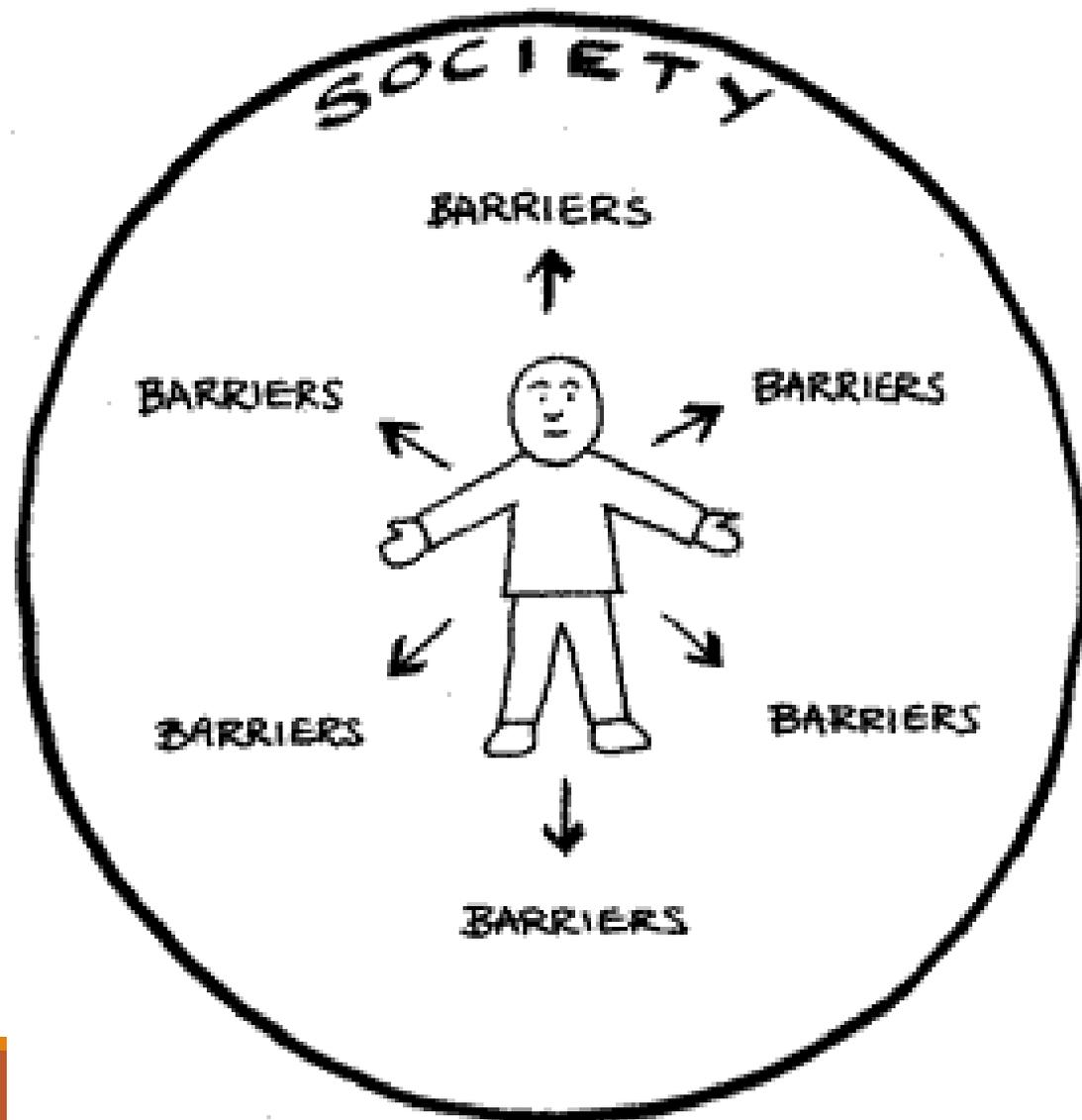
## Positives

- Improved diagnosis and treatments
- Earlier interventions
- Better outcomes

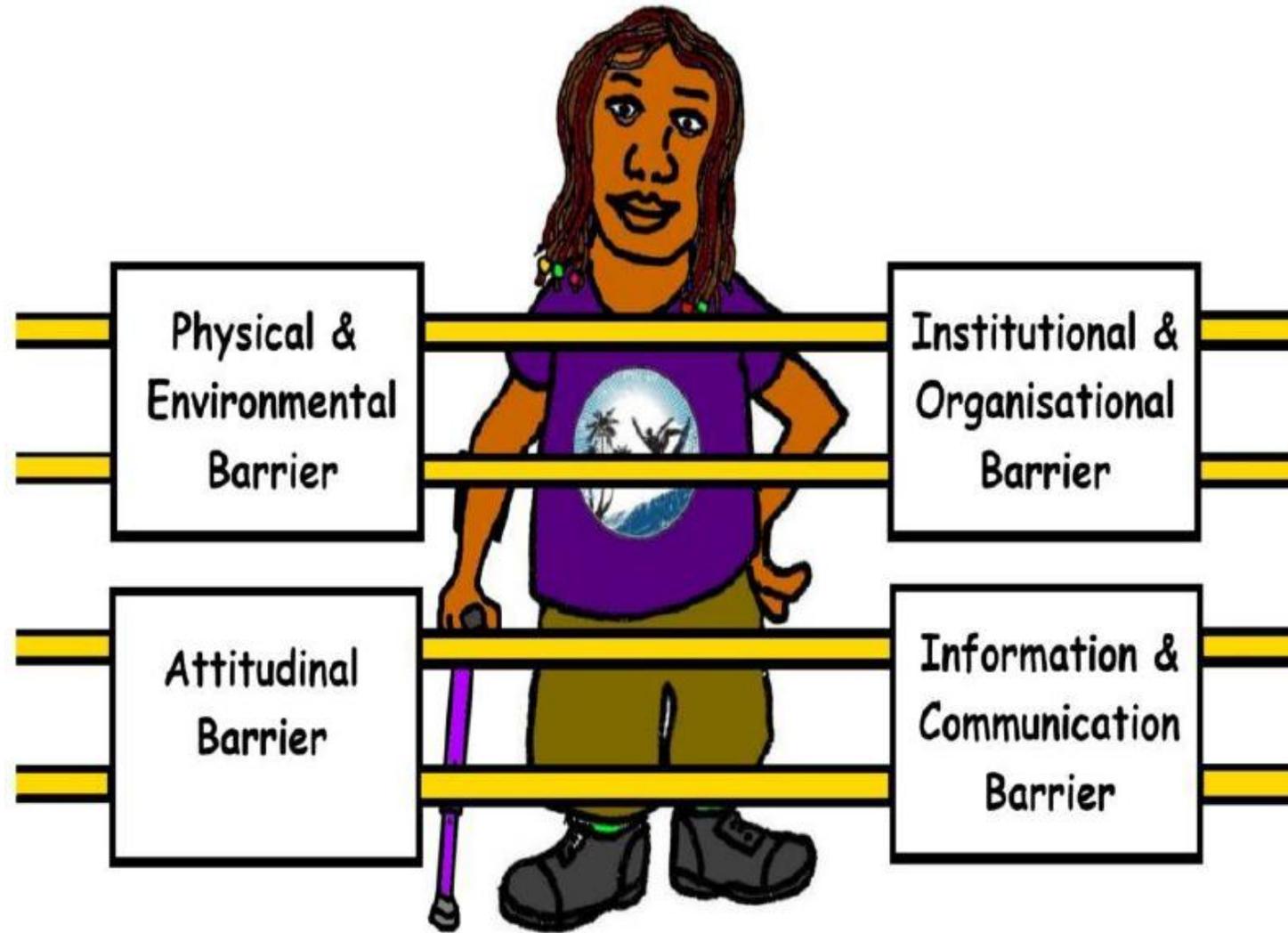
## Negatives

- Medical professionals are the experts
- Patient has a passive role
- Focus on the limitations associated with the persons disability
- Fail to take into account any wider effects e.g. Environment is neutral
- No cure = failure.
- Excluded, undervalued, pressured to fit a norm

# THE SOCIAL MODEL OF DISABILITY



## Social Model Understanding of Disability



What's the problem? = the barriers in society

# Effects of the social model of disability

## Positives

- Barrier recognition and removal = inclusion
- Empowered disabled people to challenge
- Identified that many impairments and their effects may not be seen as negative by people with disabilities
- Encourages to listen and engage openly with the testimony of people with impairments is important
- Open and shared conversation

## Negatives

- Criticised as outdated ideology
- Avoids mention of pain/mental health e.g. pain or chronic illness may reduce an individual activities so much that the restriction of the outside world becomes irrelevant
- Personal struggles relating to impairment will remain even when disabling barriers no longer exist
- It may never be enough to reduce experience of impairment

# Medical Model vs Social Model

What complaint causes you difficulty in holding gripping of turning things ?

What defect in the design of everyday equipment like jars, bottles, and tins causes you difficulty in holding gripping or turning them?

Have you attended a special school because of a long term health problem or disability?

Have you attended a special school because your Education Authority's policy of sending people with impairments there?

Does your health problem/disability affect your work in any way at present?

Do you have problems at work due to the physical environment or attitudes of people there?

## MEDICAL MODEL

You are disabled  
by your impairment.  
We need to fix **you** so  
you can climb the step.



## SOCIAL MODEL

You are disabled  
by the step.  
We need to fix **that!**



←  
MIKE  
O'NEER

# Psycho-social Model of disability

Link to Video:

[UNCRPD: What is a psychosocial model of disability?](https://www.youtube.com/watch?v=NCIDkMbJslA)

<https://www.youtube.com/watch?v=NCIDkMbJslA>

# Psycho-social Model of disability

- Extension of the social model focusing on mental health.
- From United Nations Convention on the Rights of People with Disabilities (UNCRPD).
- The UNCRPD is a human rights treaty for people with disabilities.
- This binding United Nations document was signed and ratified by all the EU Member States (2006).
- The UNCRPD changed the way we understand disability, including psycho-social disability.
- Psycho-social disability is a long term, mental health problem, which combined with barriers in society becomes disabling.

RIGHTS BASED MODEL

# Psycho-social model of disability example

## Mental Health

<b>Medical model approach</b>	<b>Psycho-social approach</b>
<ul style="list-style-type: none"><li>• Long term mental health problem treated as a medical condition</li><li>• Take medication</li><li>• Talk to psychiatrists/therapists</li><li>• Hospital care</li><li>• “Fix” problems</li><li>• Patients feel little control</li><li>• No plan for the future</li></ul>	<ul style="list-style-type: none"><li>• Identify factors/barriers that contribute to their mental health and adequately address them</li><li>• Community-based care</li><li>• Live a meaningful life</li><li>• Peer support network, share experience and support others</li><li>• Ongoing journey</li></ul>

# What does this look like in health care?

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- Active involvement in care planning and delivery
- Emphasis on self-management
- Normalisation approach
- Managed risks to enable participation in activities, daily routines
- Recognition of individual tastes, preferences
- Personalised care and support planning
- Shared decision making.

# Summary of models so far ...

Model	Focus	View of disability	Power lies with
Medical	Diagnosis, treatment	Problem in the individual	Clinicians, institutions
Social	Environmental and attitudinal barriers	Society disables people	Community and activists
Rights based	Justice, equality, participation	Human rights issue	Disabled people

# Scenario

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32 year old with autism spectrum disorder dismissed for “not fitting into the team culture” after experiencing sensory overload and communication misunderstandings in an open-plan office.

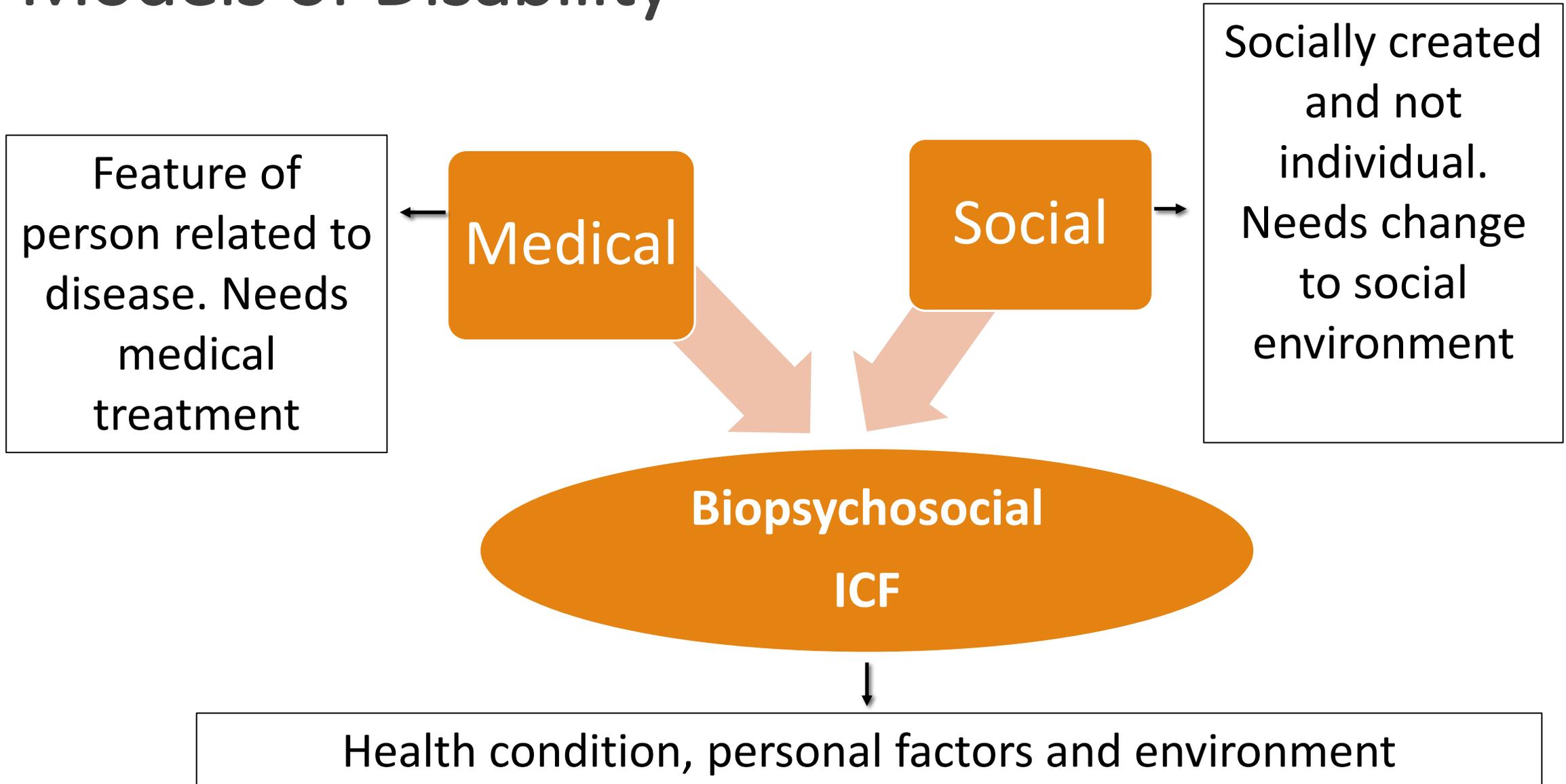
What would be the response under models of disability?

- Medical
- Social
- Rights based

# Scenario summary

Model	View of employee	Response to exclusion	Outcome
Medical	Diagnosed and treated	Seeks to modify person's behavior	May return or remain excluded
Social	Excluded by workplace barriers	Adapts office environment and practices	Included if employer willing
Rights based	Entitled to workplace inclusion	Holds employer accountable under the law	Protected, empowered, and included

# Models of Disability



# International Classification of Functioning, Disability and Health (ICF)

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- World Health Organisation framework:
  - endorsed by 191 WHO member states in May 2001
- International standard:
  - describing and measuring health and disability
- Planning and policy tool for decision-makers

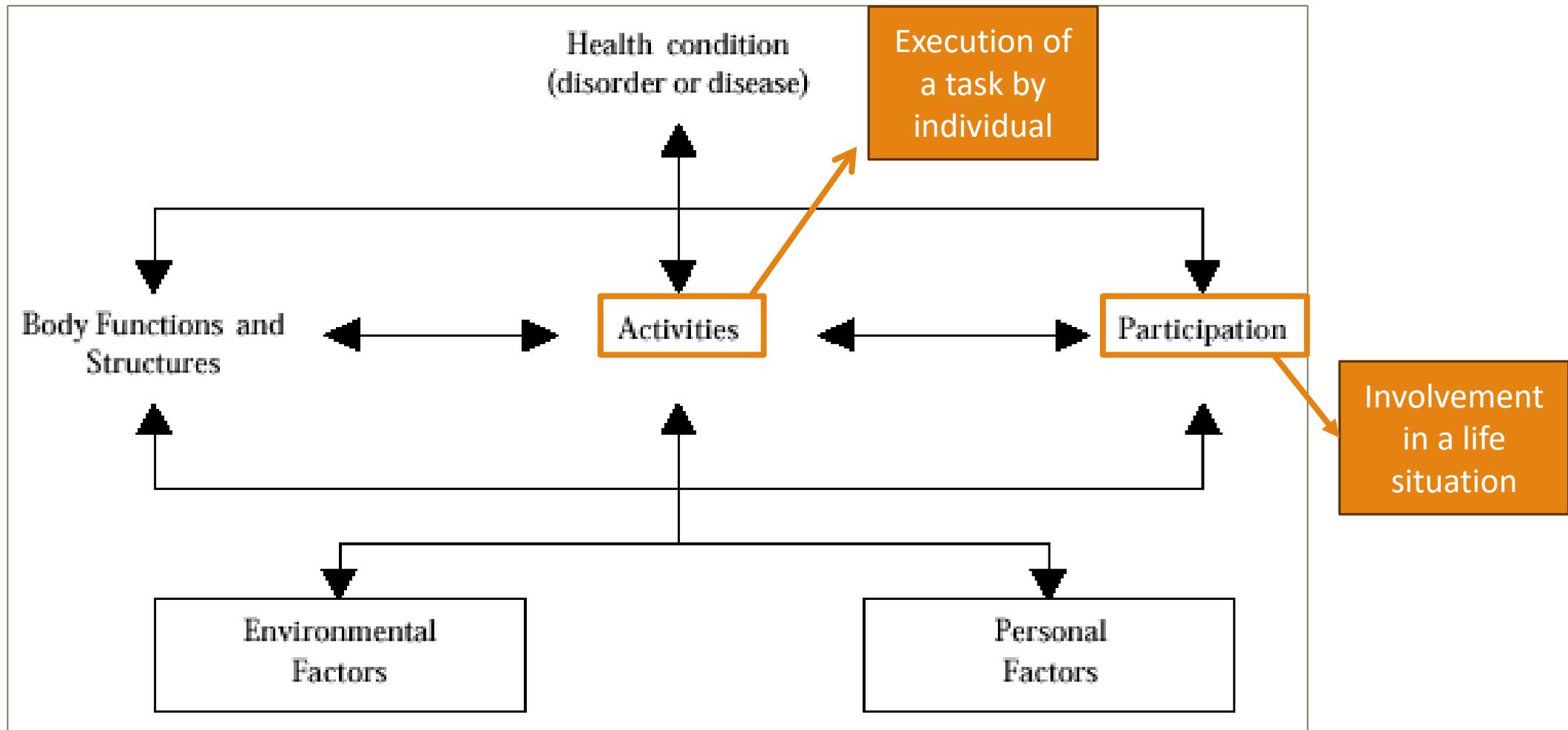
# What is ICF?

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Classification of function and disability associated with health conditions:

- Changes in body function and structure
- Level of capacity - what a person can do in a standard environment
- Level of performance – what they actually do in their usual environment

Complements ICD – 10 (International Statistical Classification of Diseases and Related Health Problems)



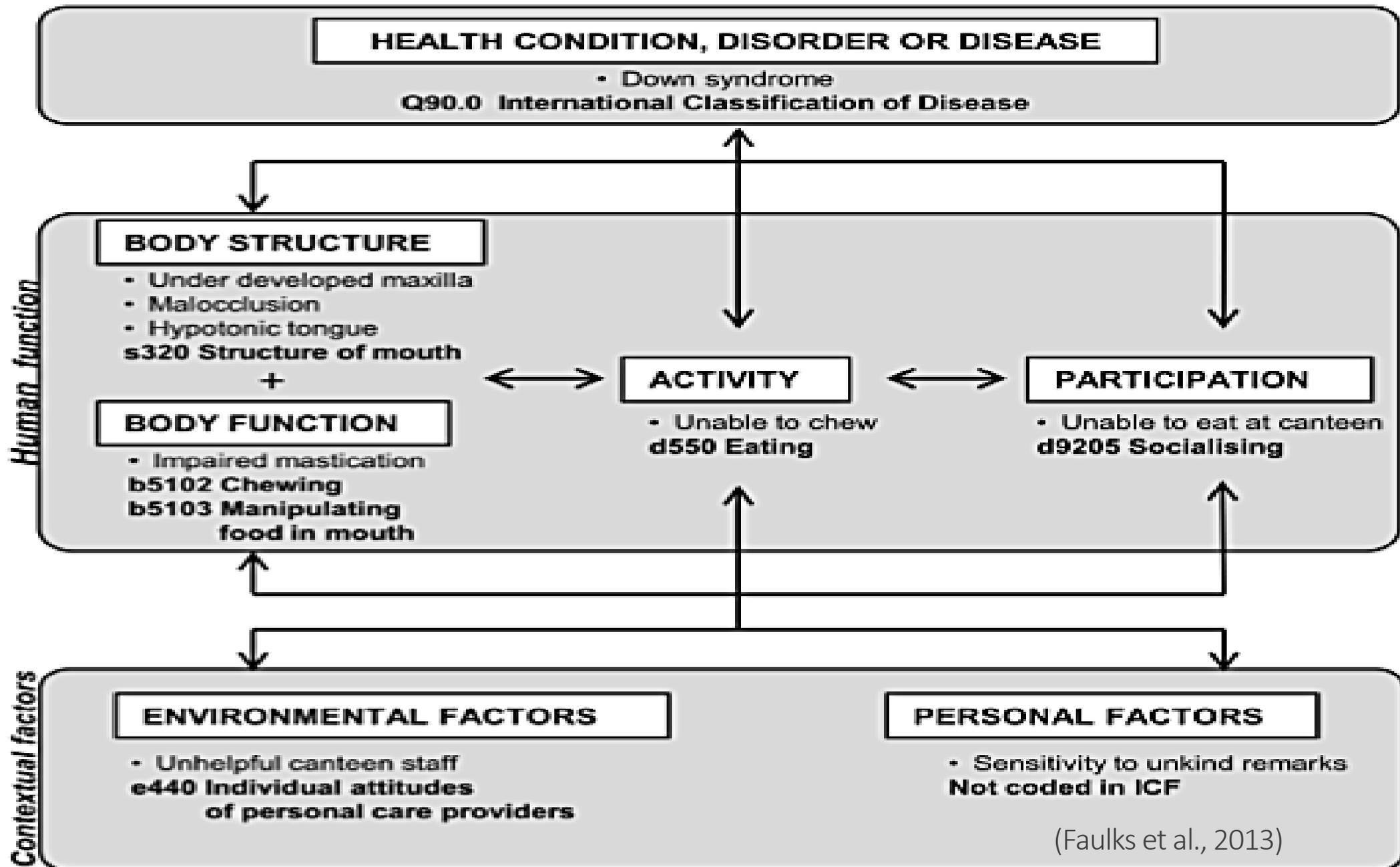
**Disability as a multi-dimensional concept**  
**Biopsychosocial model of disability**

- **Environmental factors:**

- Physical, social and attitudinal environment people live their lives
- Barriers and facilitators

- **Personal factors:**

- Age, gender, coping styles, lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and assets of the individual



Reducing the incidence and severity of disability in a population by....

***enhancing the person's functional capacity...***

by improving performance...

by ***modifying features of the social and physical environment***

# Uses of ICF

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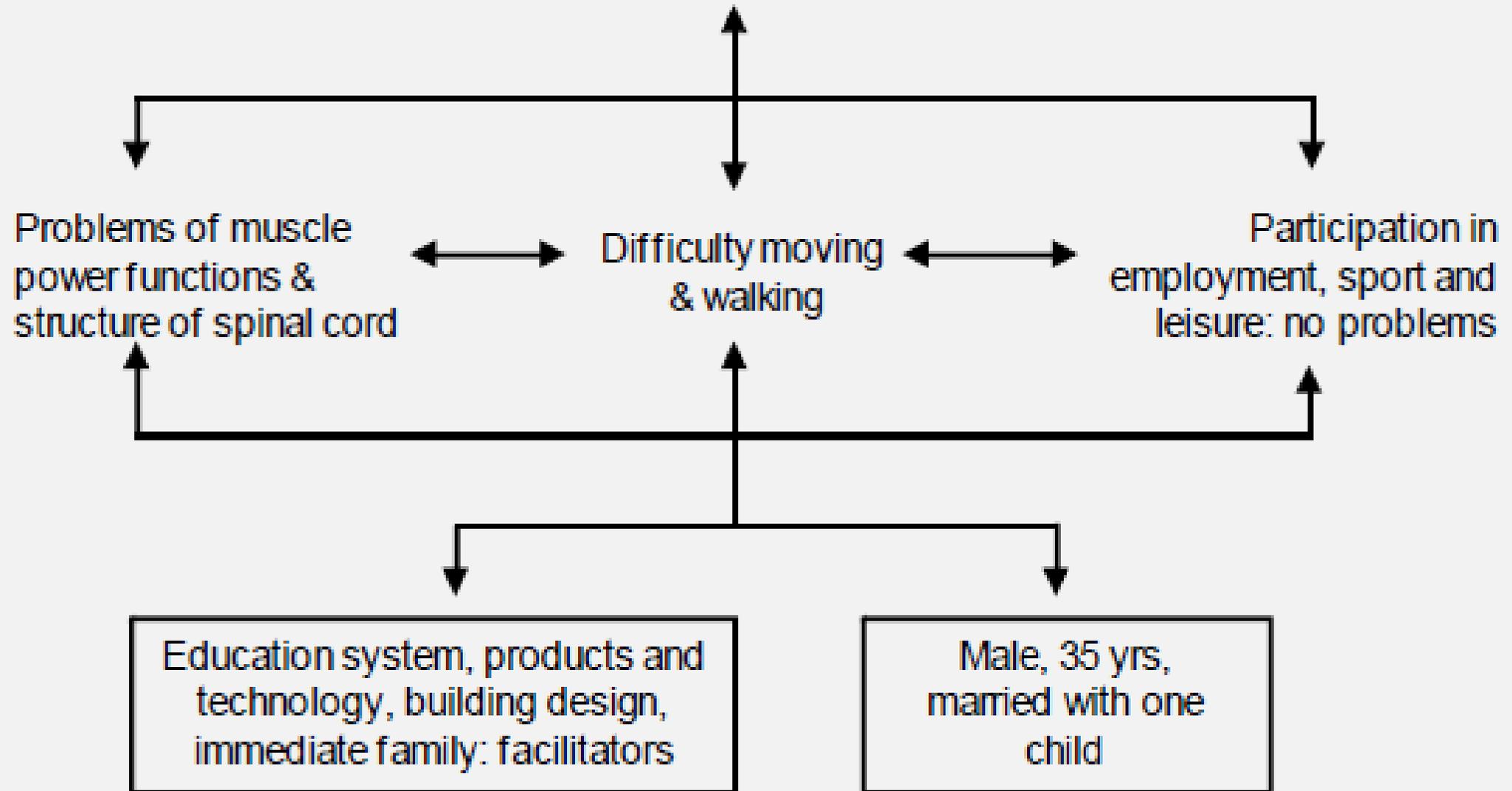
- Service provision
- Individual, institutional, social
- Policy development
- Economic analysis
- Research for health related outcomes
- Intervention studies
- Identify facilitators and barriers

**People with the same health condition may experience functioning differently and at different levels in relation to their disease**





# Spinal Cord Injury



# Disability Legislation

# Human Rights Act 1998

- Rights and freedom of everyone

## Principles - FREDA:

- Freedom
- Respect
- Equality
- Dignity
- Autonomy

‘Treating others how they wish to be treated, rather than making assumptions about what their needs might be.’

From the European Convention on Human Rights  
Applies in UK

# Convention Rights (Articles)



Right to life  
(Article 2)



Right not to be  
tortured or treated in an  
inhuman or degrading way  
(Article 3)



Right to be free  
from slavery or  
forced labour  
(Article 4)



Right to liberty  
(Article 5)



Right to a fair trial  
(Article 6)



Right not to be punished  
for something which  
wasn't against the law  
when you did it  
(Article 7)



Right to respect for private  
and family life, home and  
correspondence  
(Article 8)



Right to freedom of  
thought, conscience  
and religion  
(Article 9)



Right to freedom  
of expression  
(Article 10)



Right to freedom of  
assembly and association  
(Article 11)



Right to marry  
and found a family  
(Article 12)



Right not to be discriminated  
against in relation to  
any of the human rights  
listed here  
(Article 14)



Right to peaceful  
enjoyment of possessions  
(Article 1, Protocol 1)



Right to  
education  
(Article 2, Protocol 1)



Right to  
free elections  
(Article 3, Protocol 1)



Abolition of the  
death penalty  
(Article 1, Protocol 13)

# Absolute vs non absolute rights

Absolute rights:  
Can not be taken away

Article 2 – Right to life  
Article 3 – Right to be free from  
inhuman or degrading treatment  
Article 6 – Right to a fair trial

Non absolute rights

Article 5 – Right to liberty, Article 8  
– Right to private and family life,  
Article 10 – right to freedom of  
expression, Article 11 – right to  
freedom of assembly and  
association

Can be limited or restricted if:

For example – Article 5  
Right to Freedom  
restricted if detained  
under Mental Health Act



**Lawful:**



**Legitimate:**



**Proportionate:**

# Article 5 – Right to liberty

## **Example**

You care for your daughter who has a severe learning disability. You were unwell recently and agreed for the local authority to place her in a care home until you got better. Whilst she was there, the local authority decided she should be kept in the care home instead of being returned home.

Both you and your daughter want her to come home as you're able and willing to care for her. But the local authority refuses to listen to you and won't take your daughter's wishes into account.

This could be a breach of your daughter's right to liberty. The local authority can only detain your daughter in the care home if they've followed the proper procedure under the law. So - for example, if they've not properly assessed her needs or reviewed her detention as required by the law, they could be breaching article 5.

# Article 5 – Right to liberty

## Example

You care for your daughter who has a severe mental health condition. She has been assessed and agreed for the local authority to place her in a care home. However, the local authority decided she should not be placed in a care home.

Both you and your daughter want her to be placed in a care home. But the local authority refuses to listen to you and your daughter.

This could be a breach of your daughter's right to liberty. The local authority can only detain your daughter in the care home if they've followed the proper legal process. So - for example, if they've not properly assessed her needs or reviewed her detention as required by the law, they could be breaching article 5.

Deprivation of Liberty  
Safeguards (DOLS)  
needs to be followed

# Article 14 – Non discrimination

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- All of the rights and freedoms set out in the Human Rights Act must be protected and applied without discrimination
- Not 'free standing' depends on affect of other rights
- Illegal to discriminate on a wide range of grounds including 'sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status'.
- Also protects from indirect discrimination

How the  
Human Rights  
Act applies to  
SCD?

Best interests

Capacity assessment

DOLs safeguarding

Clinical Holding

**Disability  
Discrimination Act 1995**  
–1<sup>st</sup> domestic Act about  
disability.

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graph LR; A["Disability Discrimination Act 1995  
–1st domestic Act about disability."] --> B["Disability Discrimination Act 2005  
–amendment with emphasis on  
positively promoting equality."]; B --> C["Equality Act 2010 –replaced  
the Disability Discrimination  
Act 2005. Protected against  
discrimination including in  
the use of public services.  
- England, Wales, Scotland"]; style A fill:#c87157,stroke:#333,stroke-width:1px; style B fill:#8b4513,stroke:#333,stroke-width:1px; style C fill:#6b341a,stroke:#333,stroke-width:1px;
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**Disability Discrimination  
Act 2005** –amendment  
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the Disability Discrimination  
Act 2005. Protected against  
discrimination including in  
the use of public services.  
- England, Wales, Scotland

# Disability Discrimination Legislation

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## [Disability Discrimination Act 1995.](#)

There have been a few amending/supplementary laws to the DDA as follows:

- [Disability Discrimination \(Meaning of Disability\) Regulations \(NI\) 1996](#)
- [Disability Discrimination Act 1995 \(Amendment\) Regulations \(NI\) 2004](#)
- [Disability Discrimination \(NI\) Order 2006](#)
- [Disability Discrimination \(Employment Field\) \(Leasehold Premises\) Regulations \(NI\) 2004](#)
- [Autism Act \(NI\) 2011](#)

# Definition of Disability

“A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.”



The Disability Discrimination Act 1995

# Definition of Disability



The Disability Discrimination Act 1995

“A physical or mental impairment which has a **substantial** and long-term adverse effect on a person's ability to carry out normal day-to-day activities.”

- inability to see moving traffic clearly enough to cross a road safely
- inability to turn taps or knobs
- inability to remember and relay a simple message correctly

# Definition of Disability



The Disability Discrimination Act 1995

“A physical or mental impairment which has a substantial and **long-term** adverse effect on a person's ability to carry out normal day-to-day activities.”

- have lasted at least 12 months;
- or
- are likely to last at least 12 months;
- or
- are likely to last for the rest of the life of the person affected

# Definition of Disability



The Disability Discrimination Act 1995

## Day to day activities:

- mobility
- manual dexterity
- physical co-ordination
- continence
- the ability to lift, carry or move ordinary objects
- speech, hearing or eyesight
- memory, ability to concentrate, learn or understand
- being able to recognise physical danger

# Amended as part of Autism Act (2011)

- taking part in normal social interaction
- forming social relationships



## **Disability Discrimination Act 1995**

1<sup>st</sup> domestic Act on subject of disability

Unlawful to discriminate against people with respect to their disabilities in employment, provision of goods & services, education and transport

## **Disability Discrimination Act 2005**

Includes public bodies

Emphasis on positively promoting equality

**Under the Disability Discrimination Act  
it is against the law to**

Refuse service

Offer a service which is not as good as the service being offered to other people

Provide a service on terms which are different from terms given to other people.

# Disability Discrimination Act 2005

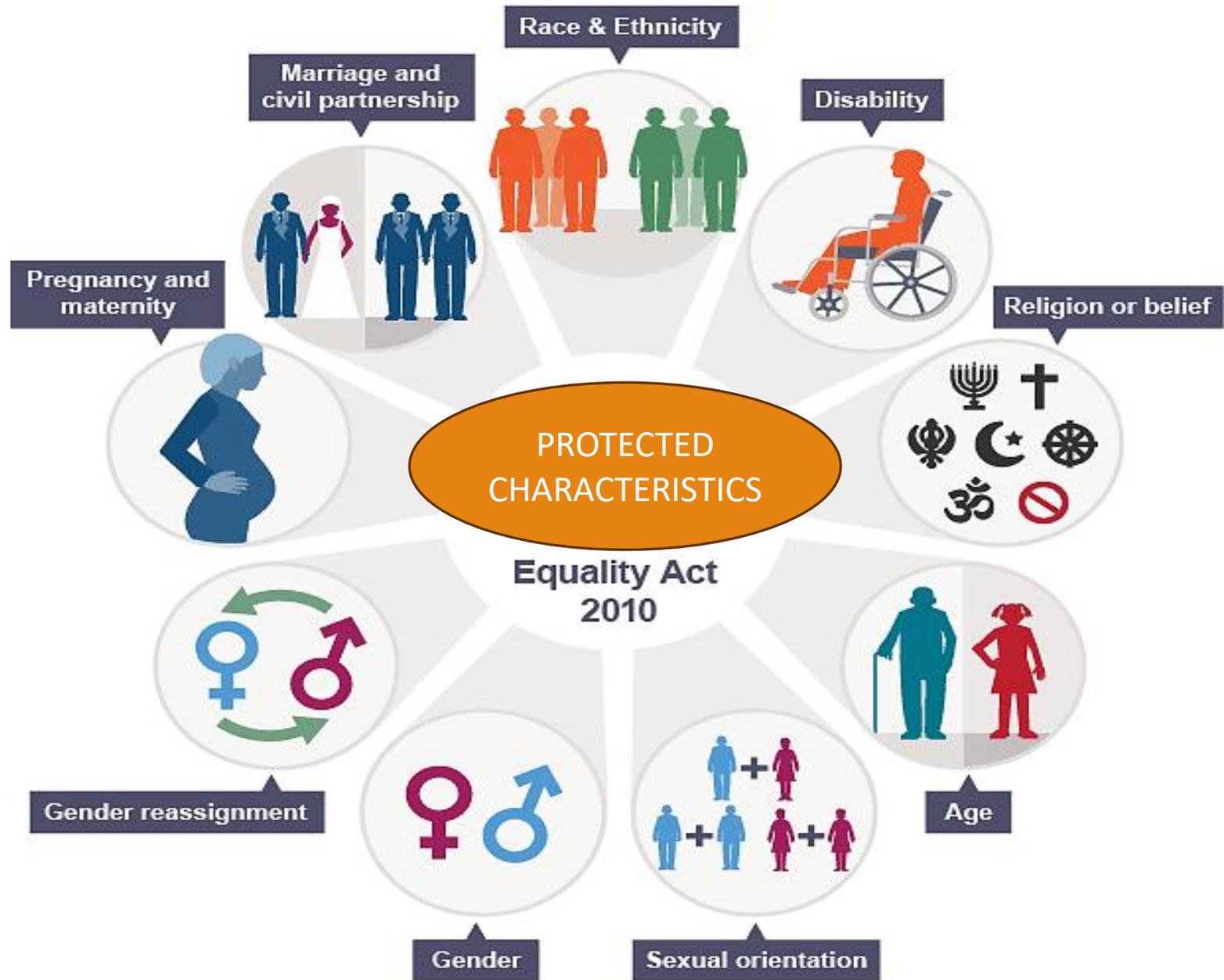
Dental practices to  
make reasonable  
provision for access



# Equality Act 2010

Before the Act, several pieces of legislation covered discrimination, including:

- Sex Discrimination Act 1975
  - Race Relations Act 1976
  - Disability Discrimination Act 1995/2005
  - Prevent discrimination of any protected characteristics
- Human Rights Act



# Equality Act (2010)

**Describes disability as:**

**Physical or mental impairment that has a 'substantial' or 'long-term' negative effect on ability to do normal activities**

**Conditions covered:**

- Certified blind, severely or partially sight impaired
- Multiple sclerosis
- HIV
- Severe disfigurement
- Have cancer
  
- Other conditions that may result in disability
  - Progressive conditions, mental health, learning disability, chronic conditions, hidden impairments

# Equality Act (2010)

**Describes disability as:**

**Physical or mental impairment  
that has a 'substantial' or 'long-  
term' negative effect on ability to  
do normal activities**

**Protected against  
discrimination**

~ work

~ education

~ as a consumer

~ **using public services**

~ buying or renting

~ member/guest of a private  
club or association



Public Sector  
Equality Duty (PSED)  
due regard to the  
need to:



- Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act.



- Equal opportunity between persons who share a relevant protected characteristic & those who do not share it.



- Foster good relations between persons who share a relevant protected characteristic and persons who do not

# What is an equality impact assessment?

New and existing policies, guidelines, services, projects

Evidence –based approach.

Systematically assess and record the equality impact of a policy or service on people with protected characteristics.

Identifies and addresses potential unintended consequences of decisions.

Negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

# Equality Impact Assessments

## **Purpose:**

- Minimise / eliminate discrimination – identify direct or indirect discrimination
- Tackle inequality – are any particular groups excluded?
- Develop a better understanding of the community
- Target resources effectively

In England, Wales and Scotland required under Equality Act 2010 to fulfil the Public Sector Equality Duty (PSED) – Includes protected characteristics

In NI requirement under section 75 of Northern Ireland Act 1998  
- religious belief, political opinion, race, age, gender, disability, marital status, sexual orientation and dependants

# Types of discrimination

- [direct discrimination](#) – less favourable treatment directly because of a protected characteristic
- [indirect discrimination](#) – when everyone's treated the same but people with a protected characteristic are put at a disadvantage
- [harassment](#) – unwanted or offensive behaviour related to a protected characteristic
- [victimisation](#) – negative treatment as a result of being involved with a discrimination or harassment complaint

Direct	Indirect	Harassment	Victimisation
<p>Treating people less favourably than others because of their disability.</p>	<p>When an organisation has a particular policy or way of working that applies to everyone but which puts people (characteristic) at a disadvantage</p>	<p>When someone makes you feel humiliated, offended or degraded</p>	<p>Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or supporting someone who has made a complaint</p>
<p><b><u>Example</u></b> Refusing treatment due to patient age</p> <p><b><u>Objective Justification</u></b> Good reason/ justification e.g. function without dentures, cause more harm than good , health and safety</p>	<p><b><u>Example</u></b> Banning dreadlock in the work place is more likely to affect certain racial groups than others, and could leave somebody feeling indirectly discriminated against</p>	<p><b><u>Example</u></b> A disabled woman is called names by colleagues at work because of her disability</p> <p>Patient with Schizophrenia - jokingly referred to by colleagues as being 'a bit off the wall'</p>	<p><b><u>Example</u></b> A patient has made a complaint of disability discrimination. The dental team refuse to treat the patient unless they withdraw the complaint</p>

# Discrimination arising from disability

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When you're treated unfairly, because of something **connected** to your disability, rather than the disability itself:

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- Appropriate toilet breaks

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- Need to bring assistance dog

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- Behavioural issues

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- Speech or movement difficulties

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- Difficulties reading and writing or understanding certain things

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- Need specialist equipment

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- Need for adapted environment

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## **Example of discrimination arising from disability**

- Nigel is the tenant of a housing association. He has obsessive-compulsive disorder (OCD). Because of this, he walks around his flat a lot. This disturbs his neighbour. His tenancy officer at the housing association sends him a warning letter. It tells him that he will be taken to court if he continues to disturb his neighbour. This may be discrimination arising from disability.

# Stigma of Disability

## The disability perception gap

### Policy report

Simon Dixon, Ceri Smith  
and Anel Touchet

May 2018

**SCOPE**

**=** Equality for  
disabled people

One in three disabled people feel that they face a lot of prejudice. But only one in five non-disabled people say there is a lot of prejudice towards disabled people.



Disabled people are now more likely to be viewed as less productive than others than they have been in the past.



"The way they look at you when you're in a wheelchair... and they pat you on the head. It's inconsiderate, patronising, ignorant."

Anonymous

Discrimination based on a person's disability can create barriers to their full participation in public life.

This can lead to social isolation, not fulfilling their potential and, ultimately, to poorer levels of mental and/or physical well-being.

- 66% of people admit to avoiding disabled people
- 52% assume disabilities are only physical
- People with mental health or learning disability experience the most discrimination

([www.scope.org.uk](http://www.scope.org.uk) 2014)

# UK Disability Survey research report, June 2021

Updated 20 September 2021

Around half disabled people who responded reported feeling unsafe in their neighbourhood, worry about being insulted or harassed or worrying about being physically attacked by strangers

- 58% reported people mistreating them because of their disability
- 31% reported people being hostile to them online because of their disability
- 15% had experienced violence because of their disability

**Building on your experience or insights, can you suggest any solutions to issues raised or how to remove barriers?**

- Disability education and awareness particularly hidden disabilities
- Co-production and involvement disabled people
  - Education about the lived experience
  - Improved access to health care
  - Clarity on reasonable adjustments

# Hidden / Non - visible disabilities



[Hidden disabilities](https://hdsunflower.com/)

<https://hdsunflower.com/uk/insights/category/invisible-disabilities>



[Hidden Conditions Overview | Understanding Unseen Challenges](https://www.hiddendisabilities.org.uk/hidden-disabilities/conditions-overview)

<https://www.hiddendisabilities.org.uk/hidden-disabilities/conditions-overview>



Department  
for Work &  
Pensions



Office for  
Disability Issues

Avoid phrases like 'suffers from'  
which suggest discomfort,  
constant pain and a sense of  
hopelessness.

Guidance

# Inclusive language: words to use and avoid when writing about disability

Updated 15 March 2021

The word 'disabled' is a description not a group of people.  
'People with a disability'

Avoid	Use
(the) handicapped, (the) disabled	disabled (people)
afflicted by, suffers from, victim of	has [name of condition or impairment]
<b>confined to a wheelchair, wheelchair-bound</b>	<b>wheelchair user</b>
mentally handicapped, mentally defective, retarded, subnormal	with a learning disability (singular) with learning disabilities (plural)
cripple, invalid	disabled person
spastic	person with cerebral palsy
able-bodied	non-disabled
mental patient, insane, mad	person with a mental health condition
deaf and dumb; deaf mute	deaf, user of British Sign Language (BSL), person with a hearing impairment
the blind	people with visual impairments; blind people; blind and partially sighted people
an epileptic, diabetic, depressive, and so on	person with epilepsy, diabetes, depression or someone who has epilepsy, diabetes, depression
dwarf; midget	someone with restricted growth or short stature
fits, spells, attacks	seizures

Guidance

# Inclusive language: words to use and avoid when writing about disability

Updated 15 March 2021

## Some Tips on Behaviour

1

Use a normal tone of voice, don't patronise or talk down

2

Don't be too precious or too politically correct – being super-sensitive to the right and wrong language will stop you doing anything

3

Never attempt to speak or finish a sentence for the person you are talking to

4

Address disabled people in the same way as you talk to everyone else

5

Speak directly to a disabled person, even if they have an interpreter or companion with them

# Creating an inclusive dental practice



**Ben Marriott,<sup>1</sup>** a dedicated advocate for

inclusivity in dentistry, considers the key steps oral healthcare teams can take to create a more welcoming and supportive environment for transgender and nonbinary individuals.

## **Use Neutral Language:**

Opt for gender-neutral terms like "partner," "parent," and "child" in conversation and paperwork.

## **Respect Pronouns:**

Always use the pronouns a patient uses for themselves. If you are unsure, ask them directly.

## **Avoid Assumptions:**

Do not make assumptions about a patient's gender identity, sexual orientation, or family structure.

## **Focus on the Person:**

Center your communication on the individual, acknowledging and respecting their preferences in how they identify themselves.

# Sex, gender and gender identity

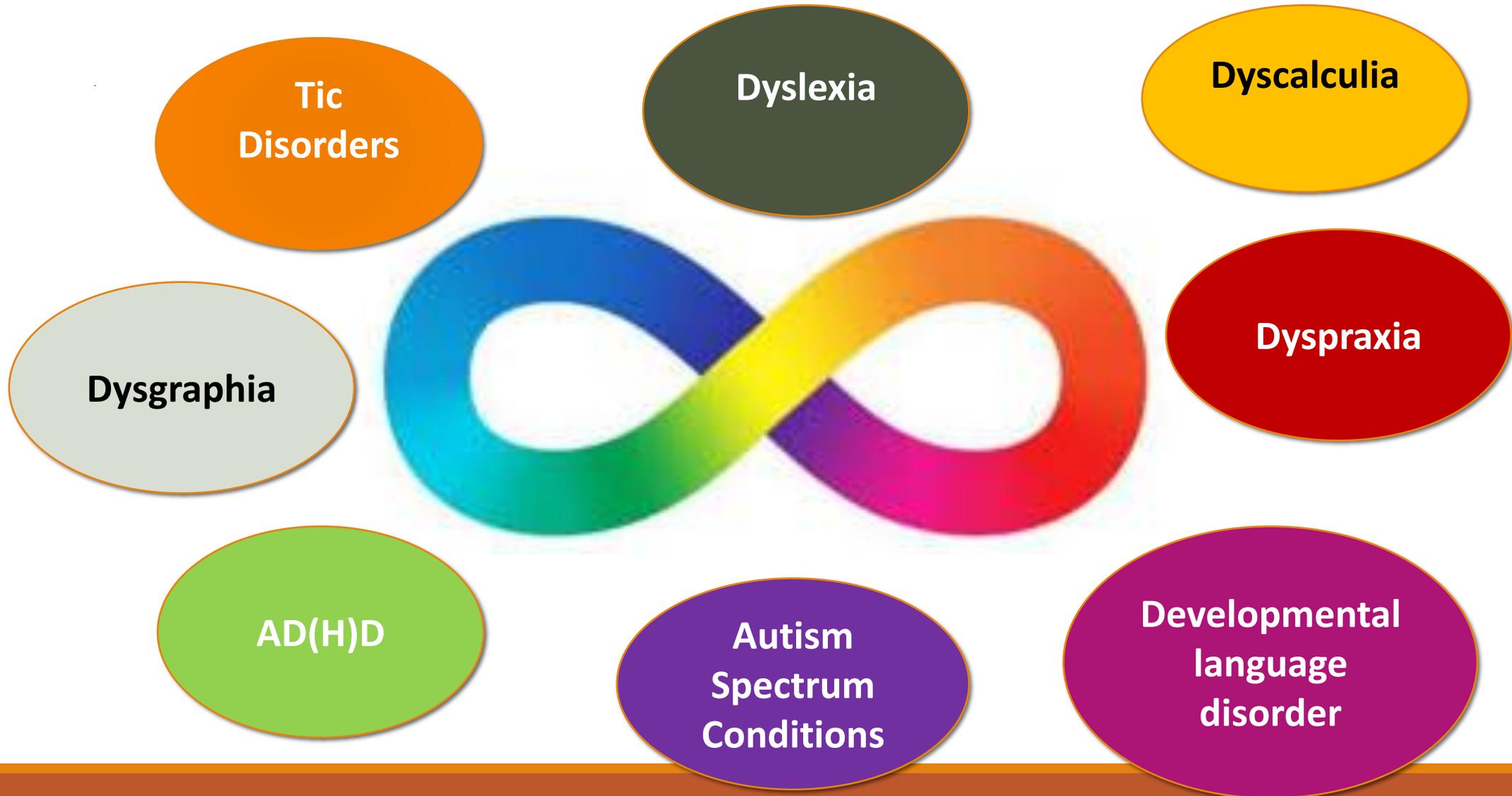
## Suggested language

Tips	Instead of	Try
Use gender neutral terms.	Man, Mankind Workmanship Man the desk/phones Man-made	Humans, Humankind Quality of work/skills Attend the desk/phones Artificial, manufactured, synthetic, plant based
Use gender neutral pronouns and expressions.	Welcome ladies and gentlemen, boys and girls	Welcome to friends and colleagues Welcome to everyone
Use person-centred language.	The transgender	Trans people
Respect the preferences of those people who want to be referred to by gender neutral pronouns.	She, her, hers and he, him, his	They, them, theirs (e.g. Xena ate their food because they were hungry.) It is correct to use in the singular.
Use terms that include all relationships.	Boyfriend, wife, husband	Partner, spouse
Official forms should include a comprehensive list of titles, sorted alphabetically rather than following any perceived hierarchy.	Prof, Dr, Mr, Mrs, Miss, Ms, Mx, etc	Dr, Miss, Mr, Mrs, Ms, Mx, Prof, etc [blank]
Avoid titles that imply the usual job-holder being of a particular gender.	Cleaning ladies Policeman	Cleaners Police officer
Be mindful of appropriate and respectful in-group versus out-group naming, i.e. avoid using terms that are only used by individuals that self-identify as part of a specific community.	Queer (only use if you identify as queer)  Agender (only use if you identify as agender)	Queer communities  N/A
Avoid using patronising terms that may cause offence to a particular gender.	Girls, Ladies, Dear, Son, Love	The person's name, their professional title or, friends and colleagues,
Avoid irrelevant gender descriptions.	A female scientist A male nurse	A scientist A nurse
Recognise and respect the difference between sexual orientation and gender identity.	Don't use 'LGBTQ+' if you are only talking about gender or gender identity.  Don't use 'straight' as the opposite of 'LGBTQ+' (transgender people can be any sexual orientation, including straight).	Only use LGBTQIA+ when referring to both sexual orientation and gender identity-based communities. Use 'straight cisgendered' or 'ally'.

# NEURODIVERSITY

... is based on the concept that neurological variances should be recognised and respected, just like any other human variation such as gender race, or sexual orientation

# NEURODIVERSITY



# Specific Learning Difficulties

Affect the way information is **learned and processed**

Can occur **independently of intelligence**

## Dyslexia

-Affects the development of literacy and language related skills. Can also affect the way information is processed, stored and retrieved, with problems of memory, speed of processing, time perception, organisation and sequencing.

## Dyspraxia / Developmental Coordination Disorder

-Affects fine and/or gross motor coordination, can vary over time depending on environment. Problems with handwriting, dexterity, time management and organisation.

# Specific Learning Difficulties

## **Dyscalculia**

Affects ability to understand numeracy and math concepts and basic arithmetic

## **Dysgraphia**

-Affects with writing and spelling due to visual-spatial difficulties or language processing difficulty

## **Attention Deficit (Hyperactivity) Disorder**

- The H is bracketed as some people are given the label ADD, without the hyperactivity. Affects parts of the brain which control attention, impulses and concentration. Can be associated with dyslexia and language problems

**Neurodiversity encompasses all specific learning difficulties (SpLD)**

**May occur in combination or overlap**

**Can have impact on mental or physical health**

**- Fitting in, masking, stress fatigue, sensory issues, anxiety, depression,  
joint hypermobility, chronic pain**

**Preferred terms - Neurodiverse, Neurodivergent, Neuro difference**

# Autism Spectrum Conditions

Spectrum of lifelong ne

Diagnosis more likely in males

Unknown cause - possible genetic link

‘Hidden disability’

May affect the way  
a person:

Communicates

Interacts

Thinks

# Now I Know

Autistic women and non-binary people are everywhere. Many go through life without knowing they are autistic. In this campaign, we hear six of their stories, in their words.



Autism in women and non binary people can be misdiagnosed, diagnosed later, and varying 'autistic traits'

Repetitive behaviours can include reading books, twirling hair

Interests may be seen as more socially acceptable than males

Internalisation can lead to anxiety, depression, mental health issues

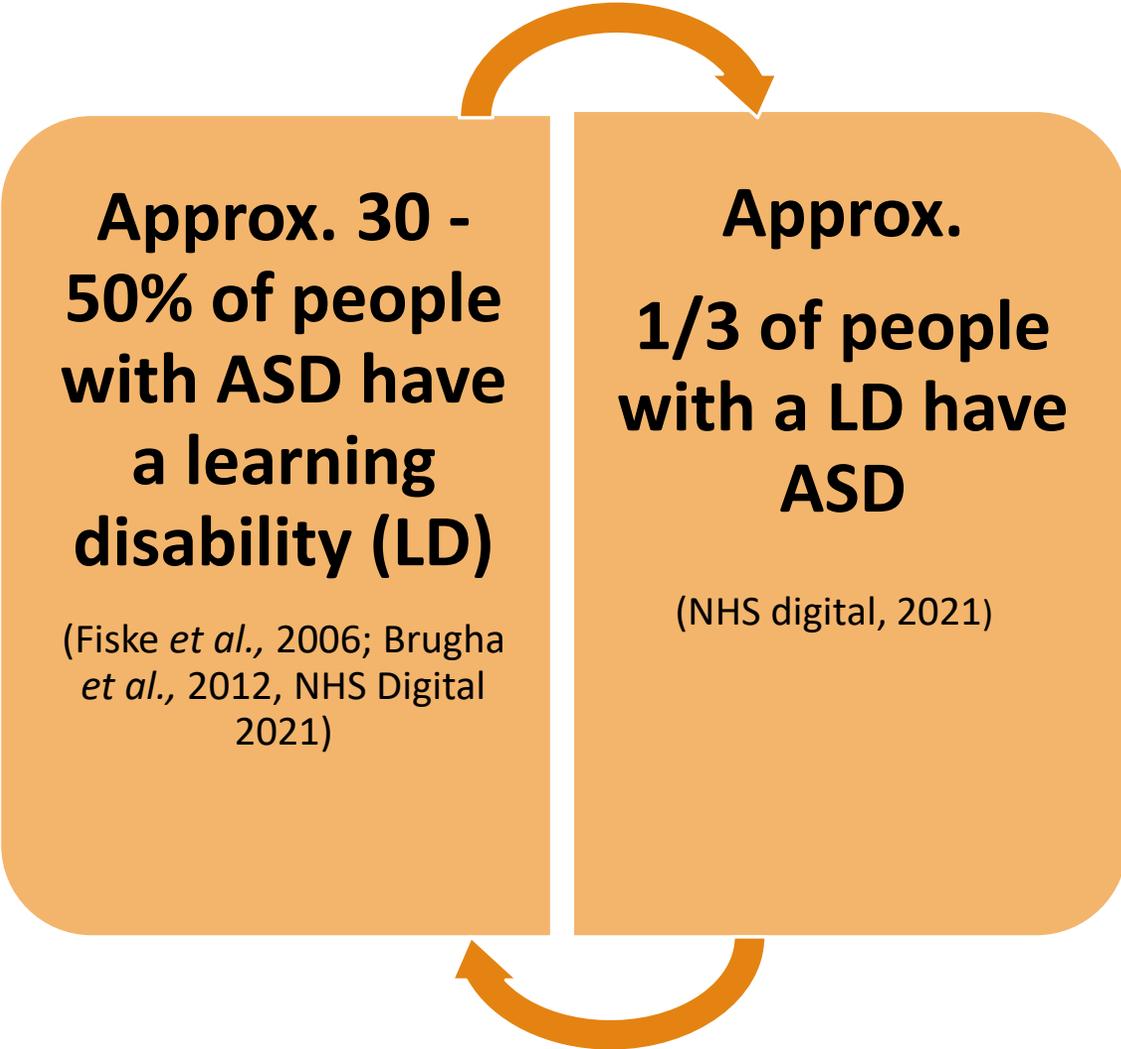
More likely to 'Mask'

[Now I Know](#) – link to campaign stories



# Autism Spectrum Conditions

- Ritualistic or compulsive behaviour
- Sensory processing disorder
- Highly focused interests or hobbies
- Anxiety, meltdowns, shutdowns



**Approx. 30 -  
50% of people  
with ASD have  
a learning  
disability (LD)**

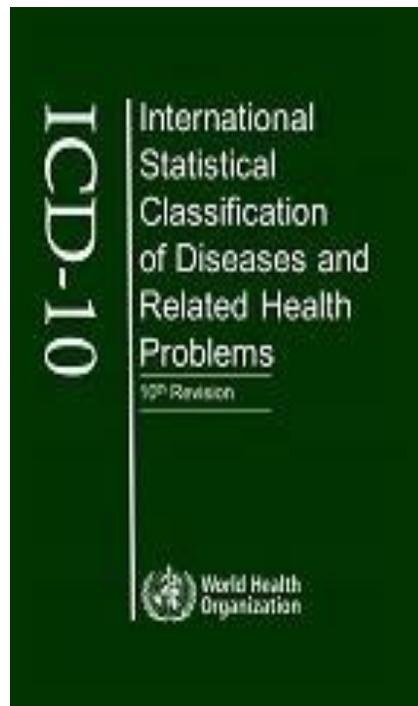
(Fiske *et al.*, 2006; Brugha  
*et al.*, 2012, NHS Digital  
2021)

**Approx.  
1/3 of people  
with a LD have  
ASD**

(NHS digital, 2021)

## Different names and terms for autism

Over the years, different diagnostic labels have been used, such as: **autism, Autism Spectrum Disorder (ASD), Autism Spectrum Condition (ASC), classic autism, Kanner autism, pervasive developmental disorder (PDD), high-functioning autism (HFA), Asperger syndrome and Pathological Demand Avoidance (PDA)**. This reflects the different diagnostic manuals and tools used, and the different autism profiles presented by individuals.



Autism Spectrum  
Disorder

# “People with Autism” Vs “Autistic People” A Deeper Dive into Disability Language

**Person with  
Autism  
- Person-First  
Language**

**Autistic Person  
- Identity-First  
Language**

[How to talk and write about autism guide - June 2025.pdf](#)

# Learning Disability

A significant impairment of intelligence and social functioning acquired before adulthood (Lindsey, 1998)

LD includes presence of

- Significantly reduced ability to understand new or complex information, to learn new skills
- Reduced ability to cope independently and carry out daily activities

which started before adulthood with a lasting effect on development (DoH, 2001)

**Intellectual  
impairment**

**Impairment  
in social  
function**

**Starts  
before  
adulthood**

Disabled people should be able to **access** services that meet their **individual needs**

Services are legally required to make '**reasonable adjustments**'

Reasonable step taken to prevent a person with disabilities suffering a substantial disadvantage compared with people who are not disabled e.g. longer appointment times

Considering

- Effectiveness
- Practicality
- Availability
- Financial resources/cost
- Health and safety

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LINK to Video

Mencap Treat Me Well Campaign – Reasonable adjustments

<https://www.youtube.com/watch?v=DMV06K1oanA>

[Treat me well: Asking for reasonable adjustments](#)

# Reasonable adjustments examples

## **Clinical**

- Domiciliary dental kits
- Portable suction
- Wheelchair Platform
- Mouldable supports, cushions
- Finger guards, Open wide bites
- Hand held intra oral lights
- Leaflets – easy read
- Barico chair
- Mouthcare adaptations

## **Environment**

- Toilet seats/ disabled toilets
- Ground floor access
- Disabled parking
- Doors
- Hearing loops
- Signage
- Dimensions of surgery/theatre

# Oral Health and Disability

## Benefits of maintaining oral health:

General health, dignity, self-esteem, social integration and quality of life

## HOWEVER....

- People with learning disability (LD) have poorer oral health, worse periodontal disease and untreated caries (Anders and Davis, 2010)
- People with severe mental health problems have poorer oral health (Kisely *et al.*, 2015)
- Older dependent adults and those living with dementia have more root caries, periodontal disease and oral pathology (Delwel *et al.*, 2017)

# What is Special Care Dentistry (SCD)?

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Providing dental care and improving the oral health of individuals or groups unable to accept or receive routine dental care because some **physical, intellectual, mental, medical, sensory, emotional** or **social** impairment or disability or, more often, a combination of these factors

Focuses on adolescents and adults

Includes transition from young person to adulthood and adult to frail older age

# Patient Groups

Learning disability

Physical disability including movement disorders

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Medically compromised or complex

Sensory impairments

Mental health

Socially compromised

Anxiety and behaviour management

Older people

Vulnerable patient groups including unhoused and substance misuse

Bariatric services

## **Diverse group of people with a range of disabilities and complex additional needs**

Includes

- Living at home
- Long stay residential care
- Hospital units
- Secure units
- People experiencing homelessness /unhoused
- Mobile dental units

# Case discussion

## Erica

- 18 yr old; Mild Cerebral Palsy
- Hemiplegia: total paralysis on one side of body
- Normal intellectual function; started Uni
- Living in studio apartment; train home regularly
- Finished orthodontic tx last year; facial asymmetry improved
- Speech altered but clear
- Avoids chewy/tough foods
- Complaining of pain and cavities on hemiplegic side
- Mouth opening is restricted



# Discussion

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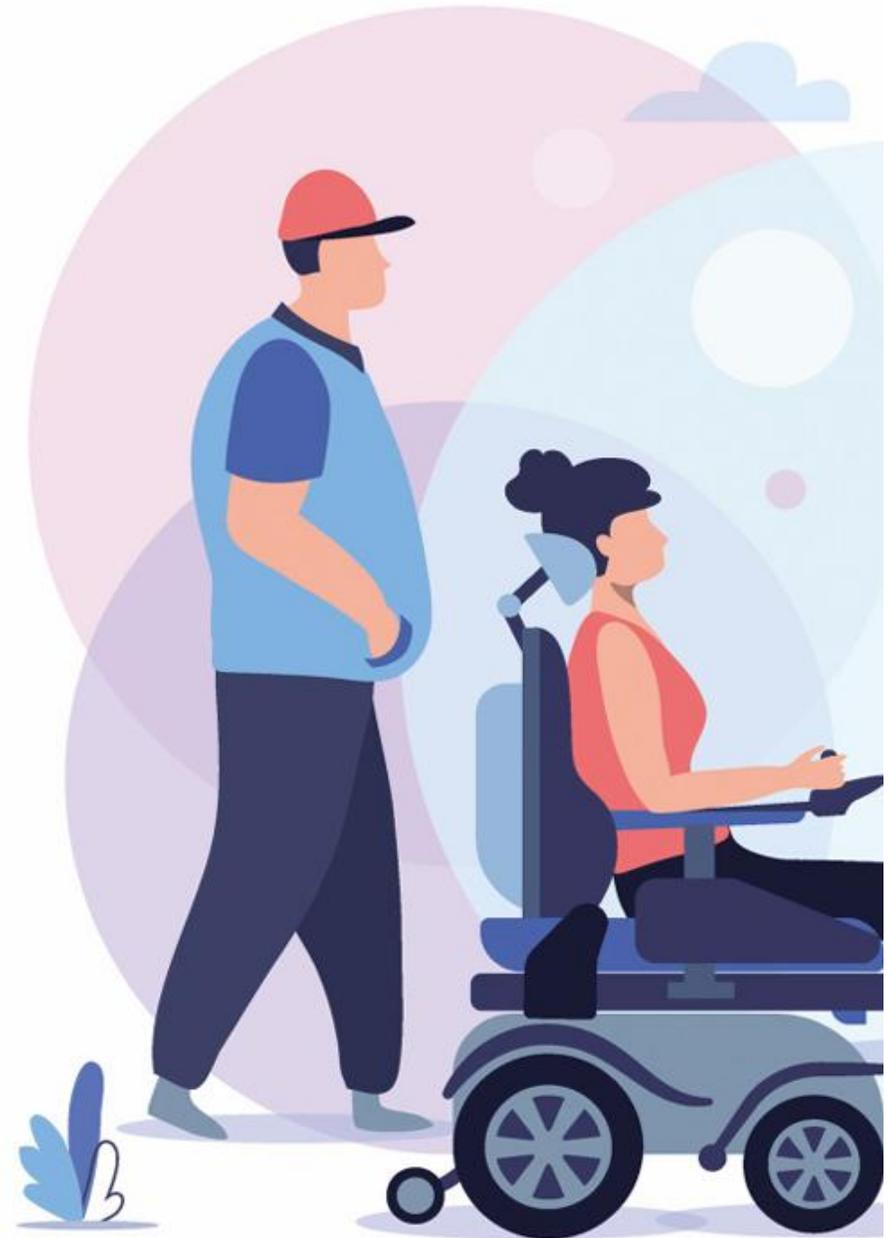
Has she an impairment of body structure?

How may this impact her oral health?

Any reasonable adjustments?

# Barriers to the provision of oral health care for people with disabilities

Hansen C, Curl C, Geddis-Regan A. Barriers to the provision of oral health care for people with disabilities. *BDJ In Pract.* 2021;34(3):30–4.





**Availability**  
– access to specialist services when required



**Accessibility**  
– appropriate service may not be close geographically, transport e.g. ambulance, domiciliary care



**Accommodation**  
- relationship between the organisation of services and the patient's needs, time specific appointments, information in accessible format



**Acceptability**  
– patient centred approach



**Affordability**  
– direct and indirect costs, perceived cost



[41404\\_2021\\_Article\\_675.pdf](#)  
Audit tool example to identify environmental barriers

## Table 2 Audit Tool: A simple audit tool that can be utilised by dental practices to highlight potential barriers to access and compliance to the Equality Act

### Inside

- Reception
- Waiting room
- Singage
- Doors
- Flooring
- Decoration
- Surgeries
- Accessible toilets

### Outside

- Car Park
- Entrance
- Doors

### Miscellaneous

- Staff Training and awareness
- Fire evacuation

# Clinical Guidelines and Integrated Care Pathways for the Oral Health Care of People with Learning Disabilities

2012

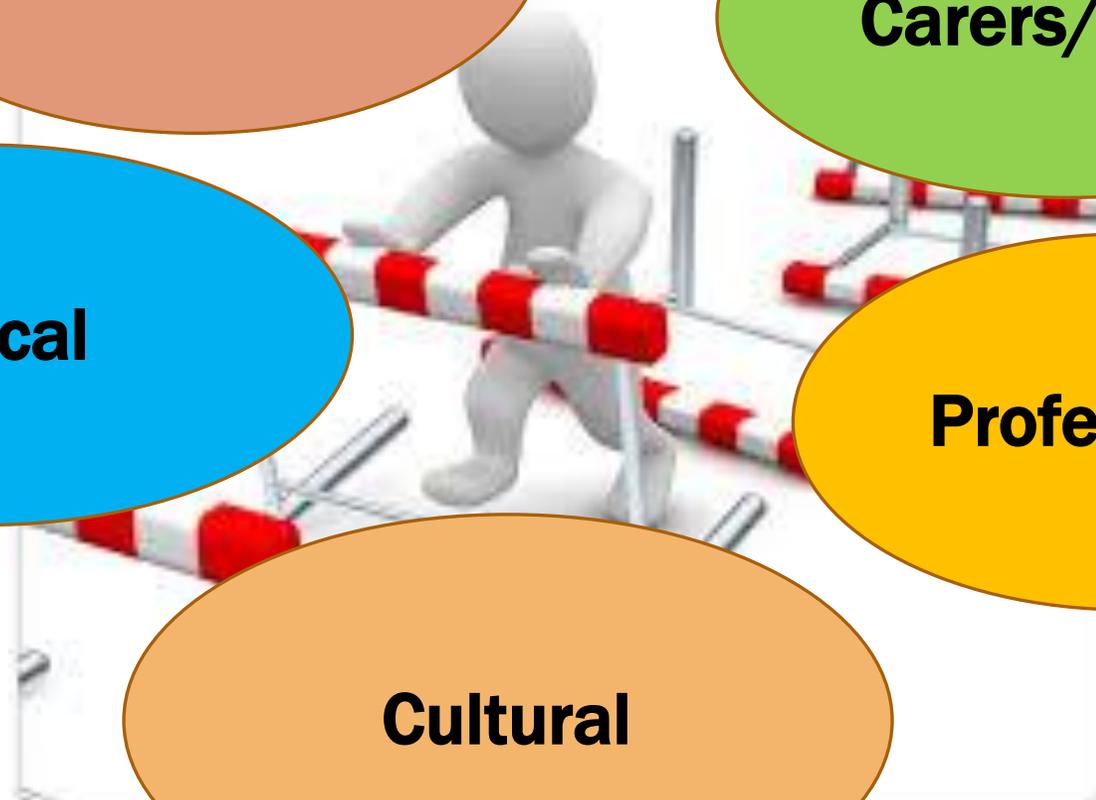


**Unlocking Barriers to Care**  
British Society for Disability and Oral Health



**Faculty of Dental Surgery**  
The Royal College of Surgeons of England





**Patient**

**Carers/family**

**Physical**

**Professional**

**Cultural**



# Contextualising disability and dentistry: challenging perceptions and removing barriers

Sasha Scambler  & Sarah A. Curtis

*British Dental Journal* 227, 55–57(2019) | [Cite this article](#)

- Majority of research that has been undertaken (pre- 1980's) focuses on disabled people as the source of the problem and their “inability” to use general dental services.
- The evidence base used to teach the dental care team and design services was underpinned by the medical model approach
- Encourage attitudinal barriers (behaviours, perceptions and assumptions that discriminate against persons with disabilities)
- To contest these barriers this medical model embedded approach needs challenging

**Individual:** e.g. Lack of perception of need by individual or their carers, financial consideration, access, dental anxiety, communication

**Dental Professional:** e.g. Lack of training specific to the requirements of the job, lack of time and resources, communication skills, possible high staff turn over which results in lack of trust and continuity of care.

**Societal:** e.g. Lack of awareness of the importance of oral health care and oral health promotion, lack of appropriate service planning and provision and lack of research into the oral health needs of disabled people.

**Governmental:** e.g. Lack of resources for oral health services and the resulting inability to put planning and policy into practice and ensure good quality oral health care for everyone.

# Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society

## - **Socioeconomic**

- ❑ People with disabilities have, on average, lower income and employment, higher cost of living and rates of poverty than the general population
- ❑ Can lead to higher risk behaviours
- ❑ Lower socioeconomic groups are less likely to access dental care

## - **Geographic**

- ❑ Differences services available, referral criteria, approaches to engaging with the disabled population



# Any Questions?

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