

# Limiting Long-Term Illness (LLTI) and Disability

## Guidance for referrals

### Why is it important to record disability referrals accurately?

Evidence indicates:

- People with disabilities are more vulnerable to domestic abuse and will often face additional difficulties in attempting to access support
- Twice as many disabled women have experienced domestic abuse compared with non-disabled women; and disabled women are twice as likely to be assaulted or raped as non-disabled women
- Both men and women with a limiting illness or disabilities are more likely to experience intimate partner violence

Therefore, Maracs need to monitor the number of victims with a disability to ensure that they are being identified and supported by the Marac process. Low disability referrals could be an indication that local services are difficult to access, or there is a lack of awareness for agencies working with this group and their increased vulnerability to domestic abuse and the Marac process.

### What is a disability?

The term 'disability' is used to refer to a limiting long term illness, health problem or disability which limits a person's day-to-day activities. A person is stated to be disabled and will be protected under the 2010 Equality Act if they have: 'a physical or mental impairment which has a substantial and long-term adverse [negative] effect on their ability to carry out normal day-to-day activities'.

### What is a 'substantial' adverse effect?

'Something that is more than minor or trivial and goes beyond the normal differences between people'. This might mean that someone can't do certain tasks at all or that it takes them longer or involves pain or effort. It may also mean that someone avoids those tasks as a result of the additional pain or effort.

Examples of factors which, if they are experienced by a person, would be reasonable to regard as having a substantial adverse effect on normal day-to-day activities:

- Difficulty in getting dressed, for example, because of physical restrictions, a lack of understanding of the concept, or low motivation;
- Difficulty going out of doors unaccompanied, for example, because the person has a phobia, a physical restriction, or a learning disability
- Difficulty using transport; for example, because of physical restrictions, pain or fatigue, a frequent need for a lavatory or as a result of a mental impairment or learning disability;
- Persistent general low motivation or loss of interest in everyday activities;
- Persistently wanting to avoid people or significant difficulty taking part in normal social interaction or forming social relationships, for example because of a mental health condition or disorder;
- A total inability to walk, or an ability to walk only a short distance without difficulty; for example because of physical restrictions, pain or fatigue;
- Persistent distractibility or difficulty concentrating

## What is a 'long-term' effect?

A long-term adverse effect is one:

- Which has lasted at least 12 months; or where the total period for which it lasts is likely to be at least 12 months; or which is likely to last for the rest of your life.
- If the effects are sometimes absent or less severe, they are treated as continuing if they are likely to recur. This means that people with fluctuating conditions such as depression, arthritis or asthma can be covered.

## Is there a physical or mental impairment?

The following conditions can be recorded as a 'disability' if they meet the definition of 'substantial' and 'long-term' adverse effect. This is not an exhaustive list – please see the Equality Act guidance for further information.

<p><b>Physical disabilities</b></p> <ul style="list-style-type: none"> <li>Cerebral palsy</li> <li>Spinal cord injury</li> <li>Amputation</li> <li>Multiple sclerosis</li> <li>Spina bifida</li> <li>Musculoskeletal injuries (e.g. back injury)</li> <li>Arthritis</li> </ul>	<p><b>Neurological Conditions</b></p> <ul style="list-style-type: none"> <li>Autism</li> <li>Asperger's Syndrome</li> <li>Epilepsy</li> <li>Stroke</li> <li>Parkinson's disease</li> <li>Migraine</li> <li>ME</li> <li>Attention Deficit Disorder (ADD)</li> <li>Attention Deficit Hyperactivity Disorder (ADHD)</li> </ul>	<p><b>Progressive Illnesses</b></p> <ul style="list-style-type: none"> <li>Cancer</li> <li>HIV</li> <li>Multiple Sclerosis</li> <li>Muscular Dystrophy</li> <li>Dementia</li> </ul>	<p><b>Mental Health impairments</b></p> <ul style="list-style-type: none"> <li>Depression</li> <li>Bipolar disorder</li> <li>Obsessive compulsive disorder</li> <li>Self-harm</li> <li>Anxiety Disorders</li> <li>Eating Disorders</li> <li>Personality Disorders</li> </ul>
<p><b>Learning Disabilities/Difficulties</b></p> <ul style="list-style-type: none"> <li>Down's syndrome</li> <li>Dyslexia</li> <li>Dyscalculia</li> <li>Dyspraxia</li> </ul>		<p><b>Organ Specific</b></p> <ul style="list-style-type: none"> <li>Asthma</li> <li>Diabetes</li> <li>Heart &amp; Circulatory Conditions</li> <li>Respiratory Conditions</li> <li>Digestive Conditions</li> <li>Thrombosis</li> </ul>	

## Can alcohol or substance misuse be classified as a disability?

While someone would not meet the definition simply on the basis of having an addiction, under the Equality Act a person with a prohibited condition may be protected as a disabled person if he/she has an accompanying impairment which meets the requirements of the definition. E.g. a person who is addicted to a substance may also have depression, or a physical impairment such as liver damage, arising from the addiction and meet the definition as a result of the effects.

## How can we ensure disability referrals are recorded?

**Role of referrer/Idva:** Ask the individual if they consider themselves to have a disability. Where possible, include information on any LLTI, health conditions and/or disability in the referral. This can provide evidence that an individual would be protected under the Equality Act 2010 and will ensure there is appropriate risk and safety planning; and the accurate recording of data.

**Role of Marac Coordinator:** Ensure that disability is included on the Marac referral form. If information is not given by the referrer, raise this at the Marac so further information can be gathered and recorded. Use this information to develop and improve the Marac response to victims and perpetrators with disabilities.

**Role of Marac Representatives/Idva:** Research and distribute information regarding disability in relation to risks or additional vulnerability, and the type of support needed. If the information is sensitive and not relevant to risks and safety planning, it can be recorded as a 'disability' by the Marac Coordinator for data purposes without confidential information being shared.

**For further guidance see: [http://www.equalityhumanrights.com/sites/default/files/documents/EqualityAct/odi\\_equality\\_act\\_guidance\\_may.pdf](http://www.equalityhumanrights.com/sites/default/files/documents/EqualityAct/odi_equality_act_guidance_may.pdf)**

(Sources: 1) [http://www.ons.gov.uk/ons/dcp171776\\_352362.pdf](http://www.ons.gov.uk/ons/dcp171776_352362.pdf) 2) Crime Survey England and Wales (2013-14) <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/rpt-chapter-4.html> 3) [www.womensaid.org.uk/core/core\\_picker/download.asp?id=1762](http://www.womensaid.org.uk/core/core_picker/download.asp?id=1762); 4) [http://www.disabilitywales.org/wordpress/wp-content/uploads/Domestic\\_Abuse\\_2E\\_2.pdf](http://www.disabilitywales.org/wordpress/wp-content/uploads/Domestic_Abuse_2E_2.pdf))