Living with disabilities and impairment: practical support

Introduction

This guidance has been prepared in order to offer ministers living with disabilities or impairments (and their chairs/superintendents/the warden of the Diaconal Order) information about how to access any support they may need. This support may take the form of access to appropriate assessment services, information or advice, financial help with the purchase of equipment or adaptations, or training for themselves or those with whom they work closely.

In supporting ministers with disabilities and impairments, it is important to take a proactive approach, rather than a reactive one that relies on waiting for the minister to express their needs. Actions should be taken at an early stage, either as soon as a disability or impairment is identified or diagnosed, or when a minister enters the stationing process/changes circuit. In the latter situation, part of the preparations for receiving the new minister should include a consideration of any support needs the person may have.

When considering impairments and disabilities, it is often easy to focus on physical issues that are immediately identifiable (for example mobility difficulties), rather than issues that may be 'hidden' or not apparent, such as diabetes, asthma or mental health issues. These must be considered carefully, often by sensitive and confidential discussion with the individual minister.

It is also important to realise that a 'one size fits all' approach is not appropriate. Everyone is an individual and their needs will be specific to them – support which may have worked for someone else with a similar condition may be inappropriate, however well-meaning, and the experience of living with a condition may change over time. Engagement with the minister on an individual basis is recommended in order to provide the support solutions they need. Consideration should also be given to the needs of the minister's family who may have been supporting the minister for some time.

Conversely, if a minister has a family member who is living with a disability or impairment, both the family member and the minister may have specific support needs. For example, a minister who has a child with special needs may need to consider specialist schooling, which could impact on stationing conversations. Whilst it is clearly the minister who is in a covenant relationship with the Church, sensitive and appropriate support should be considered for family members. It is not possible to set down parameters in these situations, and every case must be considered on an individual basis. It is also important to bear in mind the concept of 'discrimination by association' introduced in the Equality Act 2010. It is considered to be direct discrimination if a minister is treated less favourably because of their association with another person who has a 'protected characteristic', for example a disabled child. Whilst the primary focus of this guidance is on the minister, family circumstances and associated support needs must be carefully considered.

It is important to consider disability and impairment issues during the transition from training to probation. Often the training institution has provided appropriate support, but this does not translate into circuit-based assistance. Therefore, it is important to have early conversations with probationers about their needs on entering the circuit.

Definition – disabilities and impairments, and the legal position

The term *disabilities and impairments* arises from the Conference Report 2006 'Presbyters and deacons affected by impairment' and recognises that ministers may have a wide range of conditions, some of which will be covered by the legal definition of disability, whilst others are not. At this point, it is useful to note the actual legal definition:

> *"A person has a disability for the purposes of the [Equality] Act if he or she has a physical or mental impairment and the impairment has a substantial and long term effect on his or her ability to carry out normal day to day activities"*

Further advice about this can be found in appendix 1 *Supporting ministers with disabilities and impairments – notes on our responsibilities under the Equality Act 2010*. More detailed information is contained in the document 'Equality

Act 2010 – guidance on matters to be taken into account in determining questions relating to the definition of disability', published by the Office for Disability Issues. An electronic copy is available in pdf format at **www.equalityhumanrights.com/advice-and-guidance/your-rights/disability.**

Whilst it is always important to bear the legal position in mind, it is not always helpful to be bound by this – ministers may have a wide range of conditions for which some form of support is desirable, either on a long-term or temporary basis.

Illness and impairment – distinctions and overlaps

It is recognised that some guidance in distinguishing between illness and impairment or disability may be helpful. While it is undoubtedly true that some illnesses may cause or result in a disability, it is also true that many people who would be regarded as having a recognised impairment do not have an illness, nor regard themselves as ill.

Illness, which may affect mental or physical health, is usually seen as a time-limited condition from which, with appropriate intervention, the individual is expected to recover. While a minister may be absent from work for several months (eg following major surgery for a non-cancerous condition, or with post-natal depression), once recovery has taken place, they are neither ill nor impaired.

The list of physical and mental impairments which are regarded as disabilities but where the individual may not regard themselves as ill includes hearing loss, speech defects, loss of or some permanent disfigurement or functional damage of a limb, dyslexia and visual impairment. While many of the physical impairments are immediately identifiable, the less apparent (eg dyslexia) are equally important to address once a diagnosis is made and need identified.

Some illnesses become chronic – they last more than six months, may be relapsing in nature and, to a greater or lesser extent affect the individual's ability to undertake normal day- to-day activities. As noted above, in the Equality Act, 'long term' is considered to be more than 12 months.

Many chronic illnesses lead to the person meeting the disability criteria of the Equality Act, even though some or most of the time there is no apparent effect on their ability to undertake normal day-to-day activities. All cancer diagnoses, relapsing cases of anxiety/depression and insulin-dependent diabetes are perhaps the most commonly encountered examples of chronic illness where the person would be regarded as meeting the criteria. In terms of supporting individuals, these impairments may be hidden by the minister, and a sensitive, case-by-case approach is needed to support individuals as soon as the information is shared with colleagues, circuit stewards or others.

The key role of a professional needs assessment

Sometimes a useful starting point is to gain a full and independent understanding of how a person's condition or diagnosis impacts upon their work as a minister, so that appropriate support can be identified and accessed. In these situations an independent assessment by an appropriately qualified occupational health professional can be helpful in understanding the nature of an individual's condition and finding out what up to date support is available. Below are two examples relating to dyslexia.

These case studies show that an assessment of an individual's needs is often crucial to a successful outcome. Whilst the case studies relate to dyslexia, they are equally applicable to other conditions such as multiple sclerosis or Parkinson's Disease. Workplace assessments are, as the name implies, usually work based (ie they take place in the manse), focussing particularly on the study as this is where the home-based work usually takes place. Reference is also made to other places that the minister visits such as churches in the circuit, community halls etc but these are not usually visited.

Case studies 1 and 2 (opposite) focus on very specific aids that can assist with work. However support may also be in the form of adaptations to properties to provide stair lifts, adapted toilet facilities, ramps to doors, a wet room and grab rails, as examples. The key issue is that needs must be identified by means of a formal assessment carried out by an independent, appropriately qualified professional.

In considering these assessments, it is important to realise that not only is there a legal basis for carrying them out, but that the individual minister must feel appropriately supported and cared for by the circuit – there must be no sense of guilt on the minister's part that these arrangements are being made for them, or that they are in any way a 'nuisance'. Rather, this is part of the members of the circuit 'watching over one another in love'. Equally, an occupational health assessment is not always the most appropriate option to take, particularly in situations where professional medical advice (rather than occupational health advice) is required. This guide covers situations where occupational health advice is the most appropriate way forward. For information about how to obtain medical and related advice please contact the wellbeing officer.

Case study 1 – dyslexia: diagnosis during initial ministerial training

Jane has recently commenced full time training to be a deacon. She has not studied for over 20 years and feels a bit daunted by the academic aspects of her course. On the other hand, she is looking forward to the practical, 'hands on' parts where she can learn 'on the job'. At school Jane struggled with her studies, and was labelled 'slow' by her fellow pupils, and some of the teachers. This has left a legacy of lack of confidence and humiliation, which she is finding has returned in her mind since she commenced her training.

Matters come to a head when Jane begins to study for her first assignment. She struggles with the reading she needs to master, and finds it hard to organise her research. Her tutor suggests that she has an assessment at the University Disability Support Centre. Jane takes a number of tests and a diagnosis of dyslexia is given. The report recommends a range of support measures, including Jane being given advance copies of lecture notes and help with organising her research.

Case study 2 – dyslexia: support provided in the circuit

Following the support provided to her in college, Jane successfully completed her period of ministerial training with flying colours. She felt confident on entering her first circuit appointment on the basis of this. However, things changed quickly for her once she started. Very soon after her arrival she found that she was bombarded with emails and documents, and spent increasing amounts of her time trying to keep up with the demands she faced. Unlike college, where her work could be structured to take account of her dyslexia, this was not possible in circuit, where the work could come from a range of sources. Jane felt that she was going under, and matters came to a head when she arrived at a meeting with the wrong papers and couldn't identify what the key issues under discussion were.

Fortunately her superintendent spotted her difficulties and arranged for her to have a workplace assessment. This involved a qualified assessor visiting Jane at her workplace and talking to her and her superintendent about the needs she had. This resulted in a detailed report which recommended voice-activated software, the use of specific fonts for reading text and other materials to support her. In addition, training was provided for Jane on how to organise and file her emails, planning techniques and time management. Training was also provided for those who worked with Jane, for example the circuit administrator, so that they were aware of her working style and specific needs. These measures enabled Jane to flourish.

How to obtain a professional assessment

Given the wide range of disabilities and impairments, it is often difficult to know who to turn to for advice. Some conditions are represented by active user and carer groups. For example, in the field of dyslexia, the campaigning bodies usually have access to fully trained and accredited assessors, which makes it much easier to obtain robust and useful information. These organisations are often very aware of the support available, costs, and how to access it.

However, this is not the case in all situations. For example, there is no such assessor body for people living with Parkinson's Disease. Therefore, in all situations, regardless of whether a representative organisation exists, it is recommended that districts, circuits and the Diaconal Order use Interhealth, our occupational health provider, for assessments. We have worked with Interhealth over a number of years, and have found them to be sensitive to our needs. They also work with a number of other churches and para-church organisations, so understand the ministerial context well. Further details can be found at http://www.interhealth.org.uk/uk-churches.html.

Interhealth can be contacted by email on occhealth@interhealth.org.uk or by telephone on 020 7902 9000. Although based in London, they have associates throughout the UK who can carry out workplace assessments, and may sometimes involve locally-based practitioners who have provided care or treatment to a minister.

Case study 3 – obtaining a professional assessment for a minister with a diagnosis of osteo-arthritis

Ola is a presbyter who lives with osteo-arthritis. He has been diagnosed with this condition for ten years and has recently found joint damage in his spine. He is under the care of a very helpful NHS consultant who has discussed with him how he can continue his work in such a way that he minimises any further joint damage. The consultant offers to write a letter to his superintendent which sets out some helpful suggestions for this. Whilst this intervention is welcomed by the superintendent, she realises that the consultant's suggestions need to be placed within the context of Ola's manse, equipment and layout to ensure that he receives all appropriate support. She therefore arranges a workplace assessment so that the consultant's suggestions can be placed in the context of Ola's working environment and the day to day pressures that he faces.

Protocols/confidentiality issues relating to professional assessments

A request for a professional assessment is made to Interhealth by using an occupational health consultation referral form. This should usually be completed by the district chair/warden or alternatively the superintendent, and to help you, model forms for presbyters, deacons and superintendents are available (please contact the wellbeing officer for further information). These describe ministerial duties in a generic way, and can be amended to suit local circumstances.
Once the form has been completed by the chair/warden/superintendent it should be shared in draft form with the minister concerned, who then has the opportunity to input into the contents. In the unlikely event of a disagreement over a specific point it is acceptable to show the points where perceptions differ, for example prefacing a comment with 'The minister states...'. In more serious instances of disagreement it is important that appropriate advice is sought within the district or Connexional Team. It is also useful to refer to the *Good practice guide for supporting ministers with ill health (part 2)* where issues of disagreement are covered in more depth.

It is important that as part of the drafting process it is clearly specified who will receive a copy of the final report from the occupational health adviser. It is recommended that this is the minister themselves, the superintendent, and if appropriate the district chair/warden. Other parties who have been involved in an individual situation may also be included if appropriate.

Case study 4 – dealing with mental health issues sensitively

Jean has lived with depression for most of her adult life. She is supported well by close family and friends, and has a psychotherapist with whom she has worked on a long-term basis. She experiences occasional episodes where she requires medication although this is usually only on a short-term basis to enable her to cope with specific difficulties. Her superintendent has noticed that recently she has appeared lethargic when attending meetings or leading worship. He discussed this with her, but Jean did not feel that her behaviour or energy levels had been any different from normal. She felt rather threatened by his comments and wondered whether the superintendent wished her appointment to be curtailed. For his part, the superintendent was clear that he simply wished to ensure that Jean was coping and had access to appropriate support. However, this misunderstanding soured what had been a good relationship.

Having considered the matter further, the superintendent decided that he wished to seek independent occupational health advice on Jean's condition. He completed a first draft of a referral form and sought Jean's comments. She objected to the phrase "Jean has appeared to be tired and lethargic recently" but the superintendent was adamant that this was his perception, and the main reason for the referral. Jean therefore agreed that the sentence be prefaced with the phrase "It is the superintendent's view that ...". This reassured her and gave her a helpful context to discuss these perceptions with the occupational health adviser. To further reassure her she asked that a copy be made available to her psychotherapist, and this was set out clearly in the form to avoid any confusion.

Once the form is completed it is sent electronically to Interhealth, who will then contact the minister to make an appointment for the assessment. It is sometimes helpful for the Superintendent to be present at least for part of a workplace assessment, although this is not always appropriate.

After the assessment has taken place Interhealth prepare a report which is sent to the superintendent/chair/warden as appropriate, the minister and anyone else it has been agreed should receive it. The report remains confidential to these parties and is covered by the provisions of the Data Protection Act, the minister being the 'data subject'. The data subject can agree that the report be shared more widely, but is required to give permission for this.

Actions to take after the report is received

The assessment report will contain advice and recommendations about how the minister should be supported. The recommendations will include details of equipment and adaptations to be purchased, suppliers and costs. These will have been discussed with the minister when the assessment took place. The circuit (acting on behalf of the Connexion) is not required to implement all of the recommendations of the report if they are not operationally feasible but must give due consideration to them, and must be robust in doing so. Case study 5 (above) looks into this in more detail.

Case study 5 – acting on the recommendations of the assessment: Parkinson's Disease

Peter is a presbyter who has been living with Parkinson's Disease for five years. Although there has been some

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deterioration in his condition his symptoms have been stable over the last two years. However, he has noticed that he becomes increasingly tired, particularly in the afternoons. This means that he finds evening meetings difficult.

Following discussions with his superintendent a workplace assessment was organised. As a result of this a number of recommendations for equipment and other support were made, including voice-activated software to assist with lack of dexterity in his hands. In addition, the occupational health report recommended that Peter no longer undertake evening meetings as a way of addressing his tiredness at this time of day.

Peter discussed the report in detail with his superintendent. She was very supportive of the recommendations, but felt that it was not feasible for him to only work during the daytime. Many of his meetings had to take place in the evening due to the fact that key people in the circuit worked full time and were only available after 7pm. Others had caring responsibilities that continued until 6pm. In light of this his superintendent agreed that as many meetings as possible be arranged in the daytime, but where this was not feasible it was agreed with Peter that he should rest in the afternoon preceding the evening meeting so that he was less tired when he went to the meeting.

Funding for assessments and support identified in this process

The cost of a workplace assessment is in the region of £500 plus travel expenses for the assessor. The cost of adaptations, support and training is variable, depending on the nature of the disability/impairment of the minister.

Case study 6 – an example of support/ adaptations recommended, and costs

Althea has recently started in a new circuit and asked for a workplace assessment in light of her dyslexia and previous repetitive strain injury (RSI). The workplace assessment has recommended the following:

***For the dyslexia** – voice-activated software, coloured slides for reading material, coloured paper for printing, mind- mapping software, 3 half-day training sessions on work organisation, prioritisation skills and using the new software, 1 half-day awareness raising session for her superintendent and key circuit staff about how to work productively with a dyslexic person. The cost of this equipment and training is £1,500.*

***For the RSI** – a lightweight laptop, ergonomic mouse, wrist support and new office chair. The cost of this equipment is £600.*

Central government funding is sometimes available from a government agency called Access to Work. This agency is responsible for considering funding requests made by employers and related bodies. Usually they are prepared to consider funding requests made as a result of a professional workplace assessment, which is why these are a key part of the overall process. Access to Work will not usually consider requests made without the formal assessment process taking place, and generally do not fund the costs of workplace assessments, or initial diagnostic reports in the case of dyslexia. Also, it should be borne in mind that given the pressures they are themselves under, Access to Work may take many months to process requests for support, leaving the individual minister potentially vulnerable during this time. For an organisation of the size of the Methodist Church, the general policy of Access To Work is that the Church must pay a significant contribution towards the cost of adaptations and equipment. Details of Access to Work can be found at **www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347.**

It is recognised that ministers are stationed connexionally by the Conference and that these costs would be a significant drain on individual circuits. In light of this the Connexional Allowances Committee (CAC) which administers grants from the Fund for the Support of Presbyters and Deacons (FSPD) has agreed to consider requests for funding of both assessments and the subsequent adaptations and training flowing from them. However, there are a number of conditions attached to this agreement:

(i) Circuits may apply for full funding in advance of receiving Access to Work approval, but should approval and funding eventually be granted by Access to Work, all monies received from this organisation must be returned to the CAC;

(ii) The CAC will not fund any costs which could be met by the state by means of the benefits system. Ministers wishing to access CAC funding are therefore required to clarify the position with the relevant authority before making an application to the CAC. Furthermore, any application made must set out in detail any state support available and received for these purposes.

Case study 7 – funding of adaptations for a minister living with rheumatoid arthritis

Sarah is a deacon with a diagnosis of rheumatoid arthritis. Over the last two years she has experienced increased mobility difficulties. Following discussion with her

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superintendent and the warden of the Diaconal Order she has had a workplace assessment which has recommended that she be given a stair lift in her manse, an adapted car and some carer support in the early morning, due to difficulties with personal care when her joints are stiff. She has made an application to the CAC for funding for these items.

In considering her request the CAC felt that initially they could not agree any of these matters because she had not sought funding from her Local Authority Social Services Department. Sarah then approached her Local Authority who agreed to pay for the provision and fitting of the stair lift, an adapted car and the carer support she required. However, the Local Authority would not pay the maintenance costs for the stair lift, or the redecoration that was required after it had been fitted. Sarah obtained detailed costs for these items and submitted an application to the CAC, who were pleased to agree them. The CAC further agreed that they would pay the annual maintenance costs of the stair lift on production of receipts each year.

Adjustments to working arrangements – some general issues to consider

The case studies in this guide have been written to provide examples of how ministers might be supported in living with impairment and disability. Drawing from these examples, a framework for thinking about adjustments that can be made in response to specific situations and conditions can be found in Appendix 2.

How to apply for funding

Funding requests should be sent to Ministerial Benefits, Finance Office, Methodist Church House, 25 Marylebone Road, London NW1 5JR. Each request will be considered carefully by the Connexional Allowances Committee and the minister will then be informed of the decision. Payments are made by cheque or BACS.

Sources of further advice and guidance

Wellbeing Officer, Development and Personnel (based at Methodist Church House) – **020 7467 5192**, **wellbeing@methodistchurch.org.uk**

Interhealth Worldwide – **020 7902 9000**, **occhealth@interhealth.org.uk**

Wellbeing section of Methodist Church website **www.methodist.org.uk/ministers-and-office-holders/wellbeing**

Access to Work: **www.gov.uk/access-to-work**

Guidance on supporting ministers experiencing stress – ministerial stress risk assessment (see wellbeing website)

Guidance on general risk assessments (see wellbeing website)

Appendix 1

Supporting ministers with disabilities and impairments – notes on our responsibilities under the Equality Act 2010

This guide has been produced to assist superintendents, district chairs, the warden of the Diaconal Order and minsters themselves in understanding the Church's responsibilities under the Equality Act for ministers with disability or impairment. The aim is to ensure that ministers with disabilities are supported in an appropriate and lawful way.

This guidance sets out the overall legal framework as defined under the Equality Act 2010 and provides examples of how this might be applied both to ministers and in wider society. Part 1 looks at the legal definition of disability, whilst Part 2 considers the duty to make 'reasonable adjustments' for a person with a disability.

The legal definition of disability

Under the Equality Act a person is defined as having a disability if they have a **physical or mental impairment** and the impairment has a **substantial** and **long term** effect on their ability to carry out **normal day-to-day activities**. Given individuals' wide ranging experience of disability, this simple definition belies a degree of complexity, and it is useful to consider the meaning of the highlighted words.

'Physical or mental impairment' – impairments can arise from a wide range of conditions, for example sensory impairments affecting sight or hearing, impairments with fluctuating effects such as rheumatoid arthritis, or those with progressive effects such as muscular dystrophy. They may also result from mental-health conditions such as anxiety attacks and phobias, or mental-health illnesses such as depression and schizophrenia. A diagnosis of cancer, HIV infection or multiple sclerosis automatically leads to a definition of disability (from the time of the diagnosis), regardless of the severity or otherwise of the condition at that point.

Example – A man is obese. His obesity in itself is not an impairment, but it causes breathing and mobility difficulties which substantially adversely affect his ability to walk. It is the effects of these impairments, rather than the underlying conditions themselves, which need to be considered.

'Substantial' - the requirement that an adverse effect on normal day-to-day activities should be a substantial one reflects the general understanding of disability as a limitation going beyond the normal differences in ability which may exist among people. In addition, consideration needs to be given to the time taken to carry out an activity and the way in which the impairment requires the person to carry out the activity. The effects of treatment and medication should also be considered, along with environmental factors and coping strategies.

Example – A person who has obsessive compulsive disorder (OCD) constantly checks and rechecks that electrical appliances are switched off and that the doors are locked when leaving home. A person without the disorder would not normally carry out these frequent checks. The need to constantly check and recheck has a substantial adverse effect.

'Long Term' - a long-term effect of an impairment is one which has lasted at least 12 months or where the total period for which it lasts, from the time of the first onset, is likely to be at least 12 months.

Example – A woman experienced an anxiety disorder. This had a substantial adverse effect on her ability to make social contacts and to visit particular places. The disorder lasted for eight months and then developed into depression, which had the effect that he was no longer able to leave her home or go to work. The depression continued for five months. As the total period over which the adverse effects lasted was in excess of 12 months, the long-term element of the definition of disability was met.

'Normal day to day activities' - day-to-day activities are things people do on a regular or daily basis, and examples include shopping, reading and writing, having a conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities. Normal day-to-day activities can include general work-related activities, and study and education-related activities, such as interacting with colleagues, following instructions, using a computer, driving, carrying out interviews, preparing written documents, and keeping to a timetable or a shift pattern. Where activities (such as work activities) are themselves highly specialised or involve highly specialised levels of attainment, they would not be regarded as normal day-to-day activities for most people.

Two examples – A person works in a small retail store. His duties include maintaining stock in a stock room, dealing with customers and suppliers by person and telephone, and closing the store at the end of each day. Each of these elements of the job would be regarded as a normal day-to-day activity, which could be adversely affected by impairment.

A watch repairer carries out delicate work with highly specialised tools. She develops tenosynovitis. This restricts her ability to carry out delicate work, although she is able to carry out activities such as general household repairs using more substantial tools. Although the delicate work is a normal activity for a person in her profession, it would not be regarded as a normal day-to-day activity for most people.

The duty to make 'reasonable adjustments' for a disabled person

Equality law recognises that bringing about equality for disabled people may mean changing the way in which work (in its broadest sense) is structured, the removal of physical barriers and/or providing extra support for a disabled person. This is the duty to make reasonable adjustments.

The duty to make reasonable adjustments aims to make sure that a disabled person has the same access to everything that is involved in getting and doing work as a non-disabled person, as far as is reasonable. It may involve making adjustments for the individual or others changing they way they work to accommodate that person. For candidates with disabilities, we are under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles they may face.

Many of the adjustments we can make will not be particularly expensive, and we are not required to do more than what is reasonable (although 'reasonable' is not defined in the legislation or guidance). In particular, the need to make reasonable adjustments for an individual person:

- must not be a reason not to recommend someone for ministerial training if they are deemed suitable;
- must be considered in relation to every aspect of a candidate's role, both in training and future ministry.

That said, the benchmark for considering adjustments in individual cases is the ability of the minister to carry out their circuit ministry with appropriate support. If the minister is unable to carry out this role a more appropriate course of action may be to apply for ill-health retirement, or apply to the Stationing Advisory Committee for permission to be without appointment at their own expense and/or seek other work.

The duty contains three specific requirements. These are:

Requirement one - changing the way things are done
(equality law calls this a provision, criterion or practice)

Example – A church has a policy that designated car parking spaces are not available to anyone, and spaces are taken up on Sunday mornings on a 'first come first served' basis. However, a minister has a mobility impairment and needs to park very close to the church entrance. She is given a designated parking space and this is likely to be a reasonable adjustment.

Requirement two - making changes to overcome barriers created by the physical features of the workplace

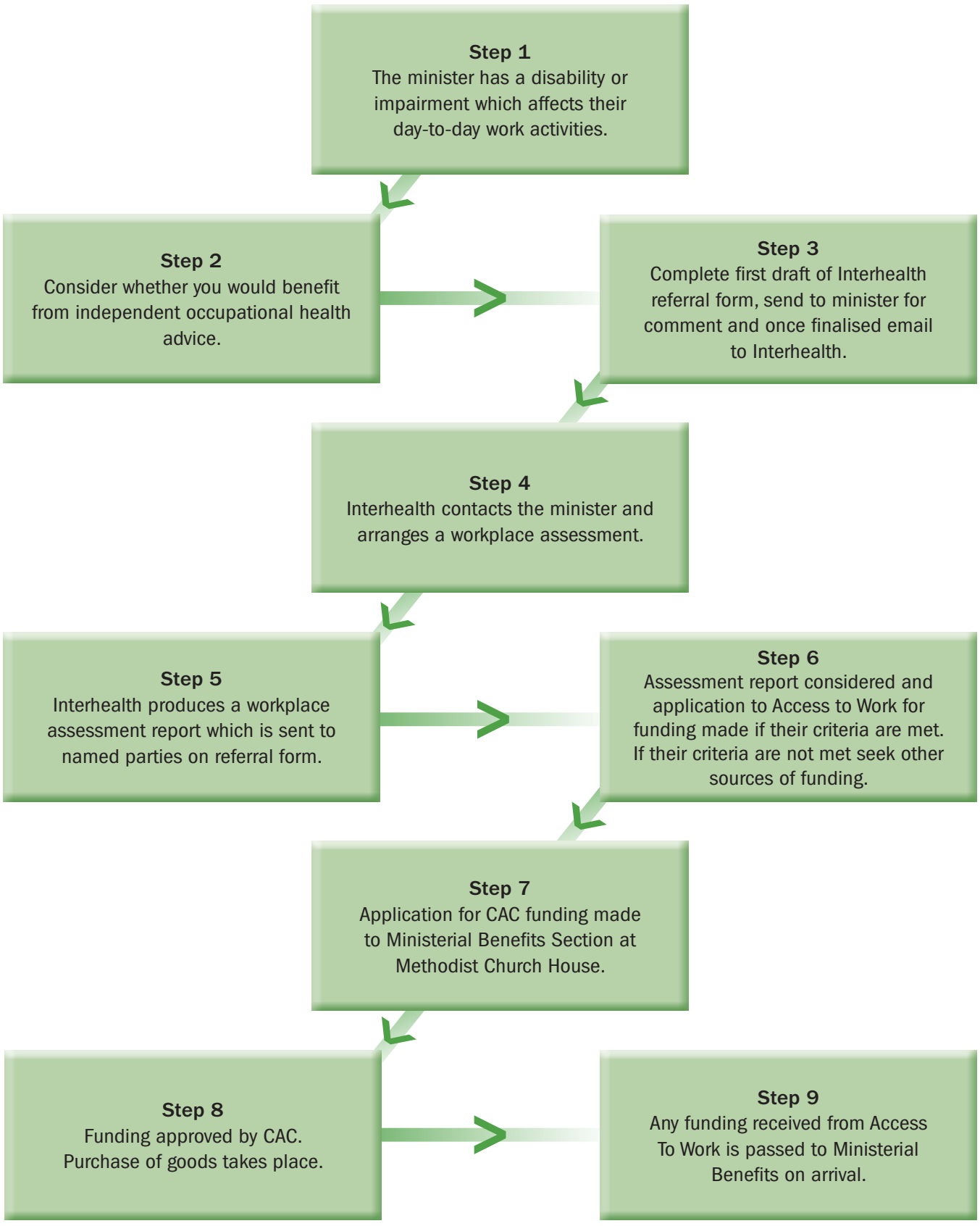
Example – Clear glass doors at the end of a corridor in a community hall present a hazard for a visually-impaired deacon. Adding stick-on signs or other indicators to the doors so that they become more visible is likely to be a reasonable adjustment for the premises to make.

Requirement three – providing extra equipment
(known in equality law as an auxiliary aid) or getting someone to do something to assist the disabled person (an auxiliary service).

Example – A minister is dyslexic. He finds it very difficult to read text written on white paper. The superintendent ensures that all written communications within the circuit are sent to him on cream paper in plain Arial or Calibri (rather than Times New Roman or similar) fonts at size 14 or above. He is also provided with voice-activated computer software to assist him with writing emails and computer generated documents.

Nine steps to access support for a minister with a disability or impairment

This is a simplified version of what is sometimes a complex process. The purpose of this diagram is to outline the key steps in the process only.



Appendix 2

Framework of adjustments to working arrangements

For physical health issues:

- adaptations to the manse (eg stairlifts, rails, height adjusted kitchen units, ramps, provision of downstairs bathroom, voice-activated software, specialist IT packages, periods of time set aside for rest, reduction in evening meetings attended, widened doors, ramps, internal chair lift, wet room, emergency button, key guard access, voice activated phone, hard flooring, colour - enhanced doorways);
- adaptations to the church building and equipment (eg ramps, clear signage for those with visual impairments, hearing loops, production of documents using specific fonts).

For mental health issues:

- time off for attending counselling/psychotherapy (rather than fitting this into the regular day off);
- provision of appropriate support from colleagues, the superintendent, mentor, spiritual director, monitoring of work load and responsibilities;
- evening meetings starting no later than 8.00pm and finishing by 9.30pm: morning meetings starting after 10.00am.

For a range of conditions:

- modifications to hours (meetings starting later than 9.00am);
- planning of meetings (to support the specific needs of an individual who functions best at certain times of the day):
- modification of the circuit plan to accommodate the needs of an individual.