



Partner Policy: Participants With Disabilities

Introduction

The EAP is committed to providing equal and direct access to our services regardless of a participant's disability wherever possible. Where direct access to a required and appropriate service is not available to those with disabilities within a Partner organisation, WPO may provide them directly.

Policy

The EAP does not tolerate any form of discrimination of a participant including those with disabilities.

The EAP will make reasonable accommodation(s) to the known physical or mental limitations of each participant to ensure appropriate service is offered. The goal in all circumstances is to focus on what the participant can do rather than what they cannot.

Clinicians are to uphold the same standard of care regardless of a person's disability by implementing best practice interventions. This would include strength-based strategies that honour autonomy and respectful services.

Technological advances are constantly increasing the options available to those with disabilities; these options will be explored with an open mind whenever a participant with a disability accesses the EAP service.

Partners may, when serving participants with disabilities, refer the participant to WPO if it is felt that services not provided by the Partner directly, but available within WPO, may be of particular benefit to the participant. WPO can potentially provide access not just telephonically but also via video, a Text Telephone Device, Instant Messaging, email or SMS.

Clinical Practice

The following accommodations should be considered when serving a participant with the impairments indicated.

- Deaf or Hard-of-Hearing Participants
 - Participants who are unable to engage in a clinical conversation via telephone or video because they are deaf or hard-of-hearing can potentially use a Text Telephone Device, video, Instant Messaging, email or SMS to complete an initial brief intake (demographics and basic presenting issue) and a risk assessment. Where these access methods are not available within the Partner Organisation, the participant should be referred to WPO. Where risk is identified appropriate action will be taken to mitigate the risk. Where appropriate and available, the participant will be offered an in-person clinical conversation to discuss their needs going forward with an appropriate provider; for example, one who can use sign language. The participant may choose to lip read. Where there is no other alternative available, they can attend EAP sessions with an interpreter which the EAP will fund. Following the in-person clinical conversation (which constitutes the initial session of the benefit) the provider will review the case with an EAP clinician and agree the way forward with the participant via the preferred method of contact.
 - Generally, only in-person or on-line interventions will be suitable for those who are profoundly deaf. The WPO computerised CBT program, video or even telephone counselling may be an option for those who can lip read or have advanced technological aids available to them; such participants should be referred to WPO for further assistance.
 - On occasion a deaf or hard-of-hearing participant may access the service telephonically or via video through a third party. In these cases, the clinician will ascertain the participant's relationship with the Third Party. If the latter is a Professional Interpreter the call can continue (as if an interpreter on a Language Line is being used), however, if the Third Party has a personal relationship with the participant (e.g. a friend, family member or colleague) explain, through the Third Party, that in order to maintain confidentiality/consent the participant will need to contact us through a Text Telephone Device, Instant Messaging, email or SMS Text.

- Blind or Partially Sighted Participants
 - Blind or partially sighted participants should be able to engage in all of the EAP's services; depending on the technological aids available to them. Clinicians will not assume that blind or partially sighted participants do not have access to the written word and will explore all options with them as appropriate.

- Housebound or Wheelchair User
 - WPO does not provide in-person counselling in the home.
 - Those participants who are considered appropriate for EAP sessions but who are unable to attend outside the home due to a disability, can be offered Structured Telephone or Video Counselling as appropriate. Minors, Couples or Family Counselling is available subject to those policies.
 - Providers with wheelchair accessibility can be identified to meet the participant's needs.

- Participants with Cognitive Impairments
 - For persons with a diagnosed cognitive impairment, or those who present as such, the telephonic/video clinical conversation will determine whether a short-term solution-focused intervention is likely to be effective and beneficial. Where short-term counselling is considered unlikely to be beneficial, or possibly even harmful, the participant will be offered resources that best match their needs.
 - Although WPO adheres to age requirements for eligibility of EAP services, a participant's capacity to consent to, and engage with, services will be ascertained based on their cognitive abilities. Where an adult individual presents as unable to engage in a clinical conversation via telephone/video themselves due to a cognitive impairment they are unlikely to be able to engage successfully in short-term EAP sessions and should be referred to more appropriate community services.

CHANGE HISTORY:

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Stakeholders: Global Infrastructure, Clinical Operations, Quality, Learning & Development, Sales & Account Management.

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