



# HIV, disability equality and the continued use of pre-employment health questions

February 2019



---

# Contents

<b>1. Executive Summary</b>	<b>4</b>
<b>2. Overview</b>	<b>5</b>
2.1 Pre-employment health questions	5
2.2 The policy background – the Disability Employment Gap	6
2.3. Why is this important for people living with HIV?	7
<b>3. Our Project</b>	<b>9</b>
3.1. Overview of the project	9
3.2. Why we chose the social care sector	9
3.3. Public Sector Equality Duty	9
3.4. What we did – FOI to local authorities	10
3.5. What we did – challenging providers	10
<b>4. Findings</b>	<b>11</b>
<b>5. Recommendations</b>	<b>12</b>
5.1. Local authorities	12
5.2. EHRC	12
5.3. CQC and Skills for Care	12
<b>6. Acknowledgements</b>	<b>13</b>
<b>Endnotes</b>	<b>14</b>

# 1. Executive Summary

Under Section 60 of the Equality Act 2010, it is generally unlawful for employers to ask job applicants about their health, unless and until the applicant has been offered a job.<sup>i</sup> This is to ensure that employers do not discriminate against applicants on the basis of their health or disability.

Ensuring that people with disabilities are able to access employment is especially important given the Disability Employment Gap. More than half of people with disabilities are not in employment despite many people with disabilities actively seeking employment.<sup>ii</sup> As with other disabilities, people living with HIV are disproportionately affected by unemployment, with around 10% of those living with HIV unemployed.<sup>iii</sup>

Anecdotally, we were aware that pre-employment health questionnaires were still being used in contravention of the Equality Act. The aim of this project was to identify whether this practice was widespread. The project focused on the social care sector in London, as we had already received a number of complaints related to this sector. A Freedom of Information (FOI) Request was issued to all London local authorities to obtain a list of social care providers commissioned in their area. The online application forms of each provider were then reviewed to identify whether they contained unlawful health questions.

We found 71 social care providers using unlawful health questions. Of these, we successfully challenged 45 providers to change their practice by removing questions about health from their forms. 21 providers who did not respond to our correspondence have subsequently been referred to the Equality and Human Rights Commission (EHRC). Five providers appear to have closed since we started the project.

This project highlights the poor implementation and knowledge of Section 60 across the social care sector. EHRC, CQC and Skills for Care should be raising awareness of Section 60 across the sector.

Local authorities, under the Public Sector Equality Duty, are obliged to ensure that the services they provide and commission comply with equality legislation.<sup>iv</sup> In light of our findings, we are calling on local authorities to audit their providers to ensure that their providers are not using unlawful recruitment practices.



## 2. Overview

### 2.1 Pre-employment health questions

Section 60 of the Equality Act 2010 makes it generally unlawful to ask job applicants questions about their disability and health when they are applying for a job.<sup>v</sup> The primary purpose of the legislation is to prevent employers disregarding applications prior to an offer of employment because of someone's health or disability, which could amount to unlawful discrimination. Disallowing health questions prior to an offer of employment also means people with disabilities are not put off applying for jobs by intrusive health questions, nor do they have to share medical information which is irrelevant to the role. Section 60 is not there to prevent employers selecting the best candidate for the job; instead it is to ensure decisions on recruitment are objectively made, based on an applicant's actual ability.

Section 60 applies to all employers and employment agencies across England, Scotland and Wales.<sup>vi</sup> It also applies to any stage of the recruitment process before an applicant has been offered a job.<sup>vii</sup> This includes enquiries about a job applicant's disability and health during the recruitment process on application forms or specific pre-employment health questionnaires. It also includes verbal questions put to job applicants, for example over the phone or during interviews.<sup>viii</sup> Employers are also banned from asking for health-related information from any third party – for example, a current or ex-employer of the applicant.<sup>ix</sup>

There are a few key exemptions where it is acceptable to ask questions relating to health and disability. These are intended to be very narrow in scope. These exemptions are:

- To find out if a job applicant can take part in any assessment to test their ability to do the job or to find out if reasonable adjustments are needed to enable a disabled job applicant to take part in any assessment.
- To find out whether a job applicant will be able to carry out an intrinsic part of the job.
- To find out whether a job applicant has a particular disability where having that disability is an occupational requirement of the job.
- To monitor the diversity of people applying for the job (this should be kept separate to the application form).
- To take positive action in relation to disabled people – for example, to decide if job applicants qualify for measures the employer takes to improve the employment rates of people with disabilities.<sup>x</sup>
- Where another legal requirement means an employer has to ask health or disability-related questions.

An applicant cannot bring a claim against an employer for simply using unlawful health questions. However, if an applicant is asked about their health or disability for any reason other than those outlined above, and is then rejected, they could make a direct disability discrimination claim to an Employment Tribunal. The employer would then be required to show that it had not discriminated against the applicant.

The EHRC is the public body responsible for the enforcement and promotion of equality and non-discrimination laws in England, Scotland and Wales.<sup>xi</sup> The focus of their regulatory role is to help organisations achieve the highest standard of equality and ensure compliance with equality legislation. Where an organisation asks pre-employment health questions, people can refer them to the EHRC who in the first instance will write to the organisation to ask them to either change their practice or to confirm why they believe the questions do not breach section 60. If the organisation does not change their practice and the EHRC thinks that the organisation has committed an unlawful act, then it has a range of enforcement powers, details of which can be found on their website.

**Case Study 1:**

Lucy\* applied for a job in 2016. In the equal opportunities section of the application form Lucy confirmed that she had a disability and said that she did not need any reasonable adjustments to attend interview. She also said if she got the job she may need time to attend medical appointments and occasionally work from home. Following submission of her application she received an email which offered her an interview. The email also contained a request for information about her health and disabilities, which she had to provide before interview. This counts as unlawful health-related questioning.

Lucy decided to provide this information, including information about her HIV status, over the phone prior to interview. Lucy stated that her health would not affect her ability to work if reasonable adjustments were put in place. She was reassured that this information would be treated confidentially and that only her line manager would be made privy to it.

Lucy was offered the job but after starting her new role the reasonable adjustments she had asked for were not put in place. Her employer also refused to pay her for sickness leave when she was recovering from surgery related to her disability. When she pressed for reasonable adjustments more assertively her line manager compared her to her colleagues without disabilities and implied that she was less able than them. She was then fired without any warning. Lucy is now pursuing a disability discrimination claim against her former employer in an employment tribunal. She has subsequently discovered that her HIV status was shared with many people in the organisation without her consent.

\*All names have been changed.



**2.2 The policy background – the Disability Employment Gap**

Compliance with Section 60 is vital to reducing barriers to employment for people with disabilities. This is particularly important within the context of the Disability Employment Gap. The Disability Employment Gap is the difference between the rate of employment amongst people with disabilities compared to the rate amongst those without a disability. In the most recent Office for National Statistics (ONS) data, 51% of people with a disability in the UK are employed.<sup>xii</sup> The employment rate for people without disabilities is around 81%.<sup>xiii</sup> In April-June 2018 the disability employment gap was 30.4 percentage points.<sup>xiv</sup>

While some people with disabilities are ‘economically inactive’ meaning they are unemployed and not seeking work currently, many people with disabilities are actively seeking employment. There are currently an estimated 393,000 people with disabilities who are seeking work but unemployed.<sup>xv</sup>

Recent data shows that people with any kind of disability had lower employment rates than those without disabilities.<sup>xvi</sup> People with severe and specific learning difficulties, a speech impediment or mental illness fare particularly badly, with less than a quarter in employment.<sup>xvii</sup>

The UK Government has committed to supporting one million more disabled people to enter and stay in work over the next 10 years.<sup>xviii</sup> The Government have pledged to “measure progress on our goal to get one million more disabled people in work by tracking the number of working-age disabled people in employment in the UK, aiming to see the number rise to 4.5 million by 2027”.<sup>xix</sup>

Section 60 may be only one piece of the puzzle in terms of breaking down barriers to employment for people with disabilities and health conditions, but it is an important one. However, unless Section 60 is properly enforced we will not see the true gains we should expect from this piece of legislation.

### 2.3 Why is this important for people living with HIV?

The Equality Act 2010 defines HIV as a disability from the point of diagnosis.<sup>xx</sup> This means that people living with HIV are protected from discrimination by law. For multifaceted reasons, including stigma and unlawful discrimination, people living with HIV are more likely to experience unemployment and poverty than the general population.

The use of pre-employment health questions is an example of unlawful discrimination that contributes to the disproportionate burden of unemployment and poverty experienced by people living with HIV. Pre-employment health questionnaires have a particular impact on people living with HIV, as they often do not want to disclose their status for fear of discrimination or a lack of confidentiality. HIV is what we call an 'invisible' disability, a disability that is not immediately apparent. Pre-employment health questions pose a particular problem for people living with HIV, because they force people to make their disability visible when it is not relevant to the job they are applying for.

The disproportionate burden of unemployment amongst people living with HIV is well documented. The 2017 Positive Voices study by Public Health England, which surveyed a representative sample of all people using HIV clinical services, found that 10% of people living with HIV are unemployed.<sup>xxi</sup> This compares to 3.7% of the general population without disabilities and 9.3% of people with disabilities overall.<sup>xxii</sup> This is in spite of higher levels of educational attainment than the general population, with 44% of people living with HIV having achieved undergraduate or postgraduate qualifications (compared to 28% of the general population).<sup>xxiii</sup> Unemployment rates are higher again among people living with HIV who are from black and minority ethnic backgrounds.<sup>xxiv</sup>

Barriers to employment contribute to the disproportionate impact of poverty on people living with HIV. Overall, about one in three (37%) of people living with HIV in 2017 were living in poverty.<sup>xxv</sup> In a recent study, 68% of women with HIV and 44% of men with HIV said they do not always have enough money to meet their basic needs (e.g. utilities, food, rent), and 43% of women with HIV and 22% of men with HIV are behind with household bills.<sup>xxvi</sup>

There is also a clear association between not having enough money and not benefitting fully from HIV treatment and care. The ASTRA study, a cross-sectional questionnaire study in 2011/12 of over 3,000 people with HIV from eight clinics in the UK, found that not being employed and increased financial hardship were each associated with higher prevalence of a viral load which was not suppressed by HIV treatment. An unsuppressed viral load can lead to serious ill health and onward transmission of HIV.<sup>xxvii</sup>

HIV is also a highly stigmatised condition. Misinformation fuels HIV stigma which itself can make people living with HIV wary of disclosing their status to employers when applying for jobs or in the workplace. A popular misconception amongst some employers is that people living with HIV will require a significant amount of time off due to ill health. However, with the introduction of effective HIV treatments (known as antiretroviral therapy), people living with HIV who are diagnosed promptly can remain healthy, have a normal life expectancy and lead active working lives. NAT's research into the employment experiences of 1,800 gay and bisexual men living with HIV found that there was no significant difference in the number of sick days men living with HIV took compared with their HIV negative counterparts. In fact, the majority of respondents had taken no HIV-related sickness days in the last year.<sup>xxviii</sup>

Another misconception is that people living with HIV pose a transmission risk in the workplace. HIV can only be acquired through a small number of transmission routes, which include sexual contact, injecting drug use, and mother to child transmission. In the UK, over 90% of new HIV diagnoses each year are the result of sexual contact.<sup>xxix</sup> HIV categorically cannot be transmitted through casual contact such as touching, kissing, sharing utensils with someone living with HIV, or through spit.<sup>xx</sup> Clinicians also do not consider biting an HIV transmission risk.<sup>xxxi</sup>

In a work environment where there may be exposure to bodily fluids, universal precautions should be adopted since reliance on disclosure is not an appropriate risk management strategy. This is because people who do not know they have HIV are far more likely to be infectious than those on treatment. 97% of people receiving HIV treatment in the UK have 'undetectable' viral loads as a result of treatment. This means the virus is suppressed to the point where they cannot pass it on, even when having sex without condoms.

### Case Study 2:

---

In 2018, Sofia\* sent a recruitment agency her CV. They responded via email offering her an interview and detailing information she should bring along to the interview. This included information on recent blood test results (serology). On the email they said that if she did not bring all the documents the interview would not take place.

She decided to bring along her serology information. At the interview, the interviewer asked Sofia for her serology results and saw that Sofia was living with HIV. The interviewer proceeded by only asking her questions about her HIV status, including how Sofia acquired HIV, and didn't ask any questions relevant to the job. Sofia then questioned the interviewer on her reasons for needing to ask so many questions about her HIV status and whether it was better if a conversation of this nature had been organised with an occupational health practitioner. The interviewer responded saying she needed to know Sofia's status, so she could inform the organisations the agency supplies staff to, which Sofia told her she didn't have a right to do. Sofia was not offered a job with the agency and the incident left her feeling deeply upset.

\*All names have been changed.





# 3. Our Project

## 3.1 Overview of the project

Despite pre-employment health questions being banned since October 2010, we were aware from anecdotal evidence that they were still being used. In order to establish the extent to which unlawful health questions are still being used, we decided to investigate by focusing in on a specific sector in a specific location. As many of the examples we had heard of from people living with HIV who had contacted us were in the social care sector, we decided to focus on providers of social care in London.

Our approach involved establishing how many social care providers were operating in London and then investigating whether they were using pre-employment health questions by obtaining applications forms from their websites. Where we found unlawful health questions being used, the provider was contacted and asked to remove the questions from their application forms.

## 3.2 Why we chose the social care sector

People living with HIV often call NAT for advice on employment and discrimination issues. In recent years, it was notable that many of the calls regarding pre-employment health questions were from people applying for jobs in the social care sector.

Focusing on social care built upon NAT's previous work supporting social care providers to meet the needs of their service users living with HIV through our guide entitled 'HIV: A guide for care providers'.<sup>xxxii</sup> Due to the advancements of HIV treatment, we are now seeing people living with HIV reach their 50s and beyond (currently 39% of people living with HIV accessing HIV treatment are over 50<sup>xxxiii</sup> and this is set to rise to over 50% by 2028).<sup>xxxiv</sup> As people living with HIV age their social care needs will naturally increase. Social care providers have historically not needed to meet the needs of people living with HIV as they get older, so are less likely to be well versed in what the needs of someone ageing with HIV look like.

People living with HIV are likely to be well represented in the social care workforce. In a survey we carried out with a sample of gay men living with HIV, around one in ten stated they worked in the 'healthcare and medicine' sector. Further, Black Africans account for 29% of people living with HIV accessing HIV care in the UK, and 40% of Black Africans receive HIV care in London.<sup>xxxv</sup> And while Black Africans (along with Black British and Caribbean populations) make up 3% of the general population they account for 12% of people working in social care.<sup>xxxvi</sup>

Due to the nature of social care work, which can involve exposure to bodily fluids, we were interested to investigate whether social care providers have misguided fears about HIV transmission, and misinformed and stigmatising concerns around the ability of someone living with HIV to carry out the functions of a social care role.

## 3.3 Public Sector Equality Duty

Local authorities are the responsible commissioner for social care services in their area. This creates an important level of accountability around equality and discrimination.

Local authorities are bound by the Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010.<sup>xxxvii</sup> The PSED applies to the 'protected characteristics' under the Act, one of which is disability. The PSED places public bodies under a duty to have due regard to the need to 'eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act'. Case law has set out broad principles considering what a relevant body has to do to fulfil its obligation to have due regard to the aims set out in the PSED. One of these principles is that the duty is a non-delegable one. This principle means that public bodies are responsible not only for their organisation's process for having due regard to equality legislation, but they must also ensure that any third parties which exercise functions on their behalf are:

- capable of complying with the Equality Duty;
- required to comply with it;
- and that they do so in practice.

It is therefore a duty that cannot be delegated. This means that local authorities have a responsibility to ensure that social care providers which they commission are not acting in a way that might contravene equality legislation.

### 3.4 What we did – FOI to local authorities

---

We started by sending an FOI to all local authorities in London asking them what providers they commissioned for social care (both domiciliary and residential) and to rank these providers in order of the value of the contract.

All 33 local authorities in London responded and we identified thousands of commissioned providers. We looked at the websites of over 1,000 providers, including at least the top five providers with the highest value contracts in each local authority. Where we found application forms on their websites, we checked to see if they included unlawful health questions.

In total, out of the 1,000 providers we looked at, we identified 71 organisations in breach of Section 60. This is unlikely to be the total number of organisations using unlawful health questions since there were a number of limitations to our approach. We were only able to look at providers' websites so we were unable to assess the compliance of those providers that did not put their application forms on their websites or did not have websites. Many providers had their application forms behind a portal system that applicants have to create an account for before accessing. Finally, it is also possible that providers could ask health-related questions at a later stage of the application process but still before the offer of a job. It is extremely concerning that so much unlawful behaviour has been so easily identified in spite of these limitations, and that our findings are likely to be a conservative reflection of the reality.

### 3.5 What we did – challenging providers

---

Once identified, the 71 providers using unlawful health questions were contacted by letter, informing them of their breach of legislation and asking them to confirm a change in practice. The EHRC guidance on pre-employment health questions was attached to each letter.<sup>xxxviii</sup> Where providers did not respond within two months multiple attempts were made to contact them by email and phone in order to establish dialogue.

Where providers did respond, they were supported to modify their application forms – including how to identify which questions were unlawful, how to comply with Section 60, what questions would fall under an exemption, and how to lawfully ask questions about reasonable adjustments that may be needed for the recruitment process. NAT literature and guidance on ensuring wider employment and social care practices meet the needs of people living with HIV was also shared with providers. There is obvious overlap between care providers supporting service users with disabilities and employees with disabilities; an organisation that treats its employees well is more likely to treat its service users well and vice-versa.

Providers that either refused to change their practice or did not respond to correspondence were referred to the EHRC for enforcement action.

## 4. Findings

Of the 71 social care providers in breach of Section 60, 45 were successfully challenged to change their practice by removing questions on health from their application forms. 21 providers who had not responded have been referred to the EHRC. There were 5 providers who appear to have closed since the project began.

Overall, this project has identified that implementation of section 60 of the Equality Act remains patchy despite the length of time since its introduction. Correspondence with providers indicated that the primary explanation for non-compliance was a lack of awareness about section 60 in particular. This highlights an opportunity for the EHRC to improve awareness of section 60 amongst employers in this sector. Whilst this project was limited to the social care sector, its findings should prompt the EHRC to undertake an urgent assessment of compliance with section 60 in other employment sectors across England, Scotland and Wales.

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 places a duty on social care providers to only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role.<sup>xxix</sup> Employees, by reason of their health, must be able to properly perform tasks which are intrinsic to the work for which they are employed, following any necessary reasonable adjustments. CQC state that to meet this regulation "providers must operate robust recruitment procedures, including undertaking any relevant checks. They must have a procedure for ongoing monitoring of staff to make sure they remain able to meet the requirements, and they must have appropriate arrangements in place to deal with staff who are no longer fit to carry out the duties required of them."<sup>xl</sup>

Regulation 19 was used by some providers as justification for including questions about health within their application forms. However, this regulation does not conflict with the requirements of the Equality Act, since the Regulation only permits providers to ask health questions for the purpose of establishing that the applicant is able to carry out the

intrinsic functions of the role. Providers can include safeguards such as a requirement to undertake an assessment with Occupational Health, DBS checks, and qualification and experience requirements, none of which involve asking about health before an applicant is offered a job. It is important that national level regulators and training bodies such as CQC and Skills for Care inform social care providers that duties under both the Equality Act and the Health and Social Care Act are not contradictory. These bodies could also do more to raise awareness of section 60 more generally within the sector as part of their obligations under the Public Sector Equality Duty.

Local authorities should also exercise their Public Sector Equality Duty by doing more to raise awareness of this issue amongst the social care providers they commission. Audits of providers to identify and eliminate use of unlawful health questions could easily be carried out and help to establish a culture of compliance amongst providers. The EHRC could provide support to local authorities where providers are refusing to change their practice.



# 5. Recommendations

## 5.1 Local authorities

- Directors of Adult Social Services (DsASS) should audit all their providers to ensure compliance with section 60 of the Equality Act. Thereafter, any new providers commissioned by the local authority should be audited for their use of unlawful health questions.
- DsASS should implement a policy of refusing to renew contracts with social care providers known to be acting unlawfully in their recruitment practices. Providers that refuse to change their practice should be referred to the EHRC.
- Local authority tenders should include an explicit requirement for providers to comply with section 60 in their recruitment process.

## 5.2 EHRC

- EHRC should conduct an assessment of compliance with section 60 within different employment sectors across England, Scotland and Wales to identify whether increased education is required for employers about their obligations under the Equality Act.

## 5.3 CQC and Skills for Care

- CQC and Skills for Care should continue to raise awareness of Section 60 amongst providers registered with them.
- CQC and Skills for Care should ensure that providers are aware that the duty put on providers under Regulation 19 (Health and Social Care Act 2008) to employ 'fit and proper persons' does not conflict with the duty under Section 60 (Equality Act 2010).
- CQC should ensure that more CQC inspectors are aware of Section 60. Where inspectors identify unlawful practice, they should encourage the provider to remove health questions from their recruitment processes and refer providers who refuse to comply with Section 60 to the EHRC.



## 6. Acknowledgements

Thank you to the people living with HIV who provided case studies for this report. We are grateful to Trust for London for funding this project. We would like to thank all the local authorities that responded to our FOI, as well as all the providers that worked with us to change their recruitment practices to comply with the Equality Act 2010. Thank you to CQC, Skills for Care and Care England for supporting us on the project. A special thank you to Susan McMahon at the EHRC for all her advice throughout.



# Endnotes

<sup>i</sup> Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>ii</sup> House of Commons Library, 'Briefing Paper: People with disabilities in employment', 30<sup>th</sup> November 2018. Accessed 3<sup>rd</sup> December. Available here: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540>

<sup>iii</sup> Data received in a data request from PHE. PHE's report on Positive Voices is due to be published in 2019.

<sup>iv</sup> Section 149, Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/section/149>

<sup>v</sup> Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>vi</sup> Equality and Human Rights Commission (EHRC), 'Pre-employment Health Questions: Guidance for employers on Section 60 of the Equality Act 2010', June 2014. Accessed 3<sup>rd</sup> December 2018. Available here: <https://www.equalityhumanrights.com/en/publication-download/pre-employment-health-questions-guidance-employers-section-60-equality-act-2010>

<sup>vii</sup> Ibid.

<sup>viii</sup> Ibid.

<sup>ix</sup> Ibid.

<sup>x</sup> Ibid.

<sup>xi</sup> You can find more information on the Equality and Human Rights Commission (EHRC) here: <https://www.equalityhumanrights.com/en>

<sup>xii</sup> House of Commons Library, 'Briefing Paper: People with disabilities in employment', 30<sup>th</sup> November 2018. Accessed 3<sup>rd</sup> December. Available here: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540>

<sup>xiii</sup> Ibid.

<sup>xiv</sup> Ibid.

<sup>xv</sup> Ibid.

<sup>xvi</sup> Ibid.

<sup>xvii</sup> Ibid.

<sup>xviii</sup> Department of Work and Pensions & Department of Health, 'Improving Lives (The Future of Work, Health and Disability)', November 2017. Accessed 3<sup>rd</sup> December 2018. Available here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF)

<sup>xix</sup> Ibid.

<sup>xx</sup> ACAS, 'Conditions automatically treated as a disability – The Equality Act and Cancer, MS and HIV'. Accessed 3<sup>rd</sup> December 2018. Available here: <http://www.acas.org.uk/index.aspx?articleid=5847>

<sup>xxi</sup> Data received in a data request from PHE. PHE's report on Positive Voices is due to be published in 2019.

<sup>xxii</sup> House of Commons Library, 'Briefing Paper: People with disabilities in employment', 30<sup>th</sup> November 2018. Accessed 3<sup>rd</sup> December. Available here: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540>

<sup>xxiii</sup> Data received in a data request from PHE. PHE's report on Positive Voices is due to be published in 2019.

<sup>xxiv</sup> Ibid.

<sup>xxv</sup> Public Health England, 'Positive Voices. Changing Perceptions, Talking about HIV and our needs', November 2018. Accessed 12<sup>th</sup> December 2018. Available here: [https://www.nat.org.uk/sites/default/files/publications/web\\_PV\\_Changing%20Perceptions-needs-report.pdf](https://www.nat.org.uk/sites/default/files/publications/web_PV_Changing%20Perceptions-needs-report.pdf)

<sup>xxvi</sup> Ibid.

<sup>xxvii</sup> Burch L et al 'Socio-economic factors and virological suppression among people diagnosed with HIV in the United Kingdom: results from the ASTRA study' J Int AIDS Soc. 2014; 17(4Suppl 3): 19533 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4224851/>

<sup>xxviii</sup> NAT (National AIDS Trust), 'Working with HIV', August 2009. Accessed 3<sup>rd</sup> December 2018. Available here: <https://www.nat.org.uk/sites/default/files/publications/Aug-2009-Working-with-HIV.pdf>

<sup>xxix</sup> Public Health England. National HIV surveillance data tables to end December 2017. Tables No.1: 2018.

<sup>xxx</sup> Cresswell FV et al, 'A systematic review of risk of HIV transmission through biting or spitting: implications for policy', April 2018. HIV Med. 2018 Apr 23. doi: 10.1111/hiv.12625.

<sup>xxxi</sup> Ibid. There have only been four cases of highly plausible and confirmed HIV transmission through biting in the history of the HIV epidemic, all taking place in **extreme** circumstances that were very violent. Clinicians therefore consider the risk to be 'negligible' – by which they mean so low to be vanishingly rare and therefore extra precautionary measures beyond universal precautions are not necessary.

<sup>xxxii</sup> NAT (National AIDS Trust), 'HIV: A guide for care providers', July 2017. Accessed 3<sup>rd</sup> December. Available here: [https://www.nat.org.uk/sites/default/files/publications/NAT\\_Res\\_Dom\\_Care\\_Report\\_July\\_2015.pdf](https://www.nat.org.uk/sites/default/files/publications/NAT_Res_Dom_Care_Report_July_2015.pdf)

<sup>xxxiii</sup> Nash S, Desai S, Croxford S, Guerra L, Lowndes C, Connor N, Gill ON. Progress towards ending the HIV epidemic in the United Kingdom: 2018 report. November 2018, Public Health England, London.

<sup>xxxiv</sup> Yin Z, Kall M, Skingsley A, Delpech V. Over half of people in HIV care in the United Kingdom by 2028 will be aged 50 years or above. 15<sup>th</sup> European AIDS Conference. Barcelona, Spain; October 21-24 2015.

<sup>xxxv</sup> Public Health England. National HIV surveillance data tables to end December 2017. Tables No.1: 2018.

<sup>xxxvi</sup> Skills for Care, 'The state of the adult social care sector and workforce in England', September 2018. Accessed 18<sup>th</sup> December 2018. Available here: <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf>

<sup>xxxvii</sup> Section 149, Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/section/149>

<sup>xxxviii</sup> Equality and Human Rights Commission (EHRC), 'Pre-employment Health Questions: Guidance for employers on Section 60 of the Equality Act 2010', June 2014. Accessed 3<sup>rd</sup> December 2018. Available here: <https://www.equalityhumanrights.com/en/publication-download/pre-employment-health-questions-guidance-employers-section-60-equality-act-2010>

<sup>xxxix</sup> Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: <https://www.legislation.gov.uk/ukdsi/2014/9780111117613/regulation/19>

<sup>xl</sup> CQC, 'Regulation 19: Fit and proper persons employed', May 2017. Accessed 12<sup>th</sup> December 2018. Available here: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed>







# SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

NAT is the UK's policy charity dedicated to transforming society's response to HIV.

We provide fresh thinking, expertise and practical resources.

We champion the rights of people living with HIV and campaign for change.

**[www.nat.org.uk](http://www.nat.org.uk)**

Aztec House, 397-405 Archway Road, London, N6 4EY

T: +44 (0)20 7814 6767 | F: +44 (0)20 7216 0111 | E: [info@nat.org.uk](mailto:info@nat.org.uk)

National AIDS Trust is a Registered Charity No. 297977  
and a Company Limited by Guarantee No 2175938, (registered in England and Wales)  
Registered Office: Aztec House, 397-405 Archway Road, London, N6 4EY

© 2019 National AIDS Trust

