

# Into Physiotherapy

Welcoming and Supporting  
Disabled Students

Jane Owen Hutchinson and Karen Atkinson



THE CHARTERED SOCIETY OF PHYSIOTHERAPY



supporting blind and  
partially sighted people

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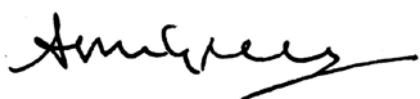
# Foreword

As chair of the CSP's Council, I am delighted to support the publication of this important resource. We are indebted to Karen Atkinson and Jane Owen Hutchinson for producing its content, and to all those other CSP members (educators, practice educators and students) who have assisted with its development, including through providing 'real life' examples. The joint publication of the resource with the RNIB is very positive. We thank the Institute for making possible its presentation in this easy-to-use, hardcopy format.

It is essential that we promote and enable all individuals who can meet the high standards associated with the profession to become physiotherapists. As part of this, it is vital that we ensure all parts of our curricula are accessible to - and welcoming and supportive of - individuals with a disability.

As this resource acknowledges, there is already much excellent activity within physiotherapy education, in both university and practice settings. At the same time, it is imperative that we, as the CSP, promote and share best practice, facilitating disabled students to join and contribute to our profession.

We hope this resource will sustain on-going activity to ensure that physiotherapy represents the populations that it serves, and that disabled students are enabled and supported to qualify, contribute to patient care and achieve a fulfilling professional career as a physiotherapist.



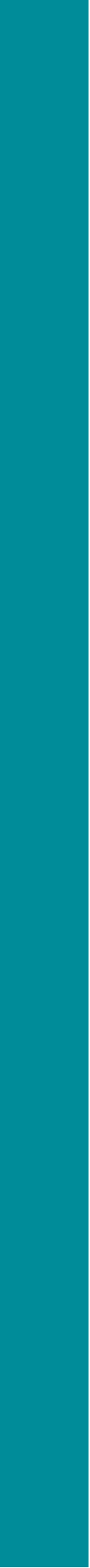
**Ann Green**  
CSP chair of Council

RNIB is committed to promoting equality of opportunity in educational and workplace settings. This jointly produced RNIB and CSP guidance resource aims to facilitate this process. Understanding and encouraging equality and diversity issues is a key task for academic and practice-based allied health professionals. Genuine, rather than 'tick box' equality of opportunity for disabled students, is something that can only be achieved with effective co-operation and collaboration from all relevant parties.

RNIB is proud that our Allied Health Professions Support Service team has produced this comprehensive and valuable guidance which we know will make a significant contribution to improving the experiences of disabled physiotherapy students.



**Phillippa Simkiss**  
Head of Evidence and Service Impact  
(RNIB)



# Preface

**Becoming a physiotherapist remains an inspiring goal for many people. Whilst physiotherapy has, for many years, been recognised as an excellent career option for visually impaired people, increasingly those with a range of visual and other disabilities have successfully completed qualifying programmes. By reflecting the diversity present within the patient population, the presence of disabled staff enhances the quality of health-care services.**

There is considerable anecdotal evidence that patients are reassured by the presence of disabled staff within the health care team whom they perceive to be particularly knowledgeable and empathetic, with a unique insight into their treatment-related needs.

There is no intrinsic reason why physiotherapy curricula should be inaccessible to disabled students. A welcoming attitude from staff, together with careful planning and a flexible and adaptable approach to curriculum delivery, ensures that disabled students will be able to participate in the educational experience alongside their non-disabled peers.

This is not to deny the considerable demands placed upon all students on qualifying physiotherapy programmes. Rather, it is to suggest that additional stress associated with the necessity to overcome disabling barriers can be significantly reduced for those students whose disability requires them to adopt different ways of learning.

Recognising, in particular, the need for guidance for staff involved in providing practice education, the CSP published the document **CSP Guidance: Supporting Disabled Students on Clinical Placements** in 2004. Legislative changes, together with requests for more detailed guidance from both academic and clinical staff, have prompted us to produce this document. Its production has been financed, for the most part, by the Royal National Institute of Blind People (RNIB), with support from the CSP and the involvement of CSP members. Our thanks go to the CSP and RNIB staff who have supported us in undertaking this work.

The information contained within this document is intended to be advisory. It does not represent 'rules' to which staff must rigidly adhere at all costs; rather, it seeks to introduce general principles on which to base practice. Its objective is to help staff to consider how best to encourage applications from disabled students, to adopt an anticipatory approach to educational provision and to develop policies, practices and procedures to ensure that they are not disadvantaged during their subsequent educational experience. The guidance does, however, refer to the statutory requirements by which all education providers must abide whilst providing a range of

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practical suggestions for consideration by physiotherapy staff.

We are certain that physiotherapy departments within universities will aspire to going far beyond the statutory requirements to encourage and support disabled students. Our hope is that the information and guidance contained within this document will provide staff with the confidence to evaluate current practice, introduce appropriate modifications and engage in an ongoing dialogue with disabled students, all with a view to adopting inclusive practices and thereby enhancing the educational experience for everyone.

**Jane Owen Hutchinson**

Manager Allied Health  
Professions Support Service (RNIB)

**Karen Atkinson**

Manager RNIB AHPSS  
Resource Centre

# Introduction

## The context of disability

- What are your reactions to 'disability'?
- What images come to mind?
- How would you describe a disabled person?

Responses to these questions will be contingent upon such factors as personal acquaintance with disabled people (as family members, friends, colleagues or patients), work and life culture and exposure to the media. Our experience suggests, however, that irrespective of their background, most people equate disability with barriers of one kind or another (physical or environmental). This is not to deny the existence of these barriers, or to imply that everyone's attitude is negative; rather, it is to suggest that the myths associated with disability itself and the misconceptions about what disabled people can, and cannot do, are perhaps the most disabling barriers of all. More than any other, they preclude disabled people from full participation in education and employment and are often the reasons why many continue to remain on the margins of society.

Barriers associated with myth and misconception are, by their nature, particularly difficult to overcome because they are associated with people's attitudes that, are often founded on ignorance, fear and prejudice lead to a stereotypical concept of a disabled person. Such perceptions are frequently reinforced by negative images of disability in the media and literature within a social culture of 'normality'.

There are, however, numerous examples of positive images of disability within the physiotherapy profession. These provide valuable opportunities for disabled people to demonstrate their abilities to excel and to achieve considerable success within a competitive employment context through clinical specialisation, management, private practice, research and teaching. Many have made significant contributions to the work of the CSP, including participation in its committees and Council. Regrettably, these achievements have failed to eliminate the continued existence of some entrenched attitudes.

This text reflects our general commitment to the philosophy and language of what, in general, might be described as the social model of disability. Barriers faced by disabled people are (largely) created by external factors. Disability is not an individual's 'problem' to be solved by that individual alone, with the (onerous) responsibility to conform to the prevailing social culture by striving to be 'normal'. The pressure to attain 'independence' at all costs is physically and psychologically debilitating and can have far-reaching consequences for a student's educational experience.

We want to encourage a climate in which diversity and difference are positively valued and where attitudes to custom and practice are flexible. Disabled students are all different and, depending upon their particular impairment, may choose to achieve the course objectives differently from non-disabled students. This is not to advocate the

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compromise of professional standards; rather that attitudes to practice should be adaptable, students' rights are respected, and their contribution to everyone's educational experience recognised and valued.

Along with the Department of Business, Innovation and Skills (BIS) and other professional and regulatory bodies, such as the General Medical Council, we wish to encourage disabled students into health-related careers. It is envisaged that this resource will support and facilitate in this process. It is intended to be advisory, helping physiotherapy programme teams and practice educators to consider how best to encourage physiotherapy students. It refers to the statutory requirements with which universities and work-based placements must comply, as well as providing a wide range of practical suggestions.

# Key Concept 1

## Accessibility

Accessibility is an essential factor for inclusion to be effective. If information and/or teaching practice of any kind is inaccessible, barriers are erected that will exclude a range of students. In essence, good teaching practice for disabled students is generally good practice for all students. The DRC (2007) states:

“Developing teaching methodology so that it responds to the whole range of disabled students has the additional effect of making it more accessible to the whole student body” (p129).

An example is to ensure that all information generated in an academic department or a clinical setting is available electronically. This will not only provide equality of access for all learners, but will eliminate the panic and tension that is inevitable in ad hoc provision.

There may be occasions when requests are received for materials to be produced in specific alternative formats; e.g. Braille. This would usually be considered to be a reasonable adjustment for an individual student and may take additional time to produce. With the technology and software that is currently available, however, (e.g. Dolphin EasyConverter; see **Appendix 2** for more information on assistive technology), electronic media can now be produced more easily in a full range of formats.

Specific teaching practice can also be made more inclusive:

**A student who has chronic fatigue syndrome found it difficult to concentrate for long periods of time in lectures. As a result of this issue, lecturing staff gradually modified their practice to include short breaks and a range of different approaches and activities in teaching sessions. They reported an overall improvement in all students' engagement and the student feedback for the module was significantly more positive.**

### 1. Anticipatory changes

It is important for academic and clinical staff to engender an inclusive atmosphere by thinking about and actioning change in an anticipatory and proactive way. This is facilitated through access to regular staff development and evaluation of practice through personal reflection and peer review. The essential factor is ongoing modification of practice, following feedback from both students and colleagues in academic and clinical settings, and evaluation.



It is important to note that many adjustments can easily be implemented at little expense.

## **2. Working in partnership**

In order to improve the accessibility of the teaching and/or practice placement setting, it may be helpful to work in partnership with a range of disability support colleagues and to develop working relationships with local disability organisations (e.g. local branches of Mind, RNIB, RNID and dyslexia associations). This enables staff to find out about appropriate access equipment, and accessible information and environments. Personnel from many of these organisations are skilled in conducting access audits and might agree to audit a university or practice area to identify accessibility issues that could be addressed (DRC 2007).

## **3. Accessible information**

### **3.1 General university/placement provider information**

As part of the anticipatory work required by the Disability Equality Duty, most general university or placement provider information will, or should already, be accessible and available in a range of formats. Content should be reviewed to ensure that it contains positive stories and images of disabled individuals. Duties of universities also include reviews of the accessibility of any information provided for open days, summer schools, recruitment fairs, taster days and any projects or schemes carried out with schools.

### **3.2 Programme/placement information**

Programme/placement information should be available in potentially accessible formats. The most adaptable is electronic format as this is easily converted into other media (e.g. large print, MP3 and Braille) and can be conveniently disseminated via methods such as virtual learning environments (VLEs), email, audio file or memory stick. Many academic staff are now placing some materials onto university websites using blogs and podcasts. This adds to the range of accessible information.

### **3.3 PDF**

Material provided in .pdf form is still essentially inaccessible, especially to those students who need to manipulate text (e.g. by using enlargement or speech technology). For this reason, the use of this format should be avoided, or the information provided via an alternative method.

### **3.4 Websites and Virtual Learning Environments (VLEs)**

Dissemination of electronic material does assume that websites and VLEs are accessible. However, this is not always the case. It is important for academic staff to be aware of this issue as they may well be producing excellent accessible information but subsequently loading it onto an inaccessible system.

Accessible websites have, for example:

- Uncluttered and simple page structures
- Clear and logical navigation
- Text alternatives to describe images
- Appropriate use of colours
- Good contrast between content and background
- Readable and resizable fonts and layout.

As noted on RNIB's website:

“Some people prefer large text, while others can only read smaller text. Most people need a highly contrasting colour scheme, while others can only read yellow text on a black background. To cater for everyone, websites should be flexible in design, enabling the individual to adjust the text and colour settings to suit their needs.”

(RNIB <http://www.rnib.org.uk/wedo/research/hints.htm>)



## Web links

Examples of accessible websites are available at:

[www.equalityhumanrights.com/en/Pages/Accessibility.aspx](http://www.equalityhumanrights.com/en/Pages/Accessibility.aspx)

<http://www.bdadyslexia.org.uk/>

[www.rnib.org.uk](http://www.rnib.org.uk)

More detail on accessible websites is available at:

[http://www.rnib.org.uk/xpedio/groups/public/documents/Code/public\\_rnib008789.hcsp](http://www.rnib.org.uk/xpedio/groups/public/documents/Code/public_rnib008789.hcsp)

<http://www.hobo-web.co.uk/tips/>

Detailed and technical guidance on website design is available at:

<http://www.w3c.rl.ac.uk/>

There are also many companies that can provide feedback on the accessibility of an institution's website. They can provide advice and guidance, or be involved in the design or redesign of accessible websites.

The DRC commissioned the Publicly Available Specification (PAS) 78, published in 2006: PAS 78:2006 Guide to good practice in commissioning accessible websites. An overview of this publication is available at: <http://www.bsi-global.com/Shop/Publication-Detail/?pid=000000000030129227>

There is currently a public consultation on a British Standard being developed on accessible websites BS 8878. Web accessibility. Building accessible experiences for disabled people. Code of practice. An overview of this publication is available at: <http://www.bsi-global.com/en/Shop/Publication-Detail/?pid=000000000030180387>

Both of these publications can be purchased at the above web addresses.

### 3.5 Electronic information

Electronic information should be easily navigable using either mouse or keyboard short cuts. Standard templates should be used and unnecessary formatting and enhancements (such as boxes) avoided as this can interfere with the assistive technology (such as speech or scanning software with optical character recognition; see **Appendix 2** for more detail) that students may use to access the material.

### 3.6 Textbooks

It is useful for academic staff to be aware of the availability of any accessible versions of textbooks that are linked to their programmes. Some texts are now available electronically and others can be accessed via audio methods.

RNIB produces books in DAISY format (digital talking books) on CD. Anyone who has difficulty reading print is eligible to join RNIB's library, including the Talking Book Service. Books that are recorded in DAISY format can be played on a DAISY player (of which there are several varieties – desktop and portable), or by specific software on the computer. Some digital audio players (such as Apple iPod and some mobile phones) can play DAISY books, but they may not allow access to all of the navigation features. Available titles can be viewed on the RNIB website Talking Books and library Catalogue.

Individuals can also contact RNIB transcription services to request books or sections of books to be produced in DAISY format, large print and Braille. This service is free of charge. Institutions can also obtain DAISY and Braille copies of textbooks. There would, however, be a charge for this service. The CSP produces an edited Braille version of the *Physiotherapy* journal which can be accessed by visually impaired members. RNIB produces a DAISY recording of *Frontline*.



## Web links

The JISC TechDis website: <http://www.publisherlookup.org.uk/> is designed for educationalists who are seeking electronic sources of textbooks for their disabled students.

RNIB's Talking Book Catalogue is available at:  
<http://info.rnib.org.uk/tbookcat/pages/search.asp>

## 4. General principles regarding information in teaching and learning

- Students are provided with teaching materials in advance (e.g. PowerPoint slides, hand outs, session outlines)
- Students are used as a resource
- Students' access requirements for teaching materials are discussed individually
- There is regular monitoring of student information requirements.

## 5. Good practice points in provision of written material (Word files, paper-based and PowerPoint)

Do:

- Produce all information digitally
- Keep layout simple and clear
- Use minimal formatting
- Justify documents to the left
- Keep text to a minimum
- Use a clear font (e.g. Arial, minimum size: 12 point)
- Offer larger font sizes
- Use line spacing of minimum 1.5
- Use good contrast in documents (and make available with different background/foreground colours)
- Use matt paper
- Use headings, bullet points and pointers to aid navigation around documents
- Use clear, good quality diagrams in documents
- Modify/simplify diagrams and use limited labelling
- Avoid use of colour as an indicator
- Use a dark background with light text (yellow or white) in PowerPoint slides to reduce glare

- Use an appropriate size font in PowerPoint presentations (minimum size: 28 point)
- If providing PowerPoint hand-outs of the slides, produce in landscape format
- Consider alternatives or additions to diagrams, charts and graphs (e.g. verbal description, models or one-to-one tutorials).

#### **Don't:**

- Use capitalisation (this is generally less accessible as it is more difficult to identify words when all letters have similar shapes; this is a particular barrier for people with dyslexia and/or visual impairment)
- Use italics (generally fainter and less accessible due to forward slope)
- Underline (cuts through parts of letters that go below lines such as 'y' and 'g' so making them difficult to read)
- Use shadow effect for text (words are not clear because contrast is reduced)
- Use full justification (gives irregular spacing between words and between letters within words which makes recognition of words and visual scanning more difficult)
- Superimpose text over pictures/images (makes text difficult to read because of 'information overload' and reduction in contrast)
- Enlarge A4 documents to A3 size (visual scanning becomes difficult because of the increased line length; A3 paper is more difficult to handle and file)
- Use complex animation effects (makes text difficult to read and is distracting/irritating)
- Use too many slides (poor teaching practice – trying to fit too much into defined time period)
- Use some of the standard templates in PowerPoint that have poor contrast.



#### **Web links**

DRC (2007) Understanding the Disability Discrimination Act: a guide for colleges, universities and adult community learning providers in Great Britain. Available at: <http://www.equalityhumanrights.com/en/publicationsandresources/Pages/UnderstandingtheDDA.aspx>

RNIB (2006) See it Right: Making information accessible for people with sight problems. RNIB, London available at: [http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public\\_seeitright.hcsp](http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_seeitright.hcsp)

## 6. Preparing the physical environment

Preparing the physical environment is particularly relevant in respect of buildings, whether they are owned, rented or leased. In all cases, buildings must be accessible for wheelchair users and others with mobility impairments.

### 6.1 Reasonable adjustment of the physical environment

The DDA covers all aspects of the physical environment. A 'pan disability' approach therefore needs to be taken. Much of this is the responsibility of estates managers and staff, but it is also important for academic staff to be aware of the requirements of people who have physical and sensory impairments.

Examples of facilities for people who have physical impairments:

- Ramps
- Lifts
- Accessible toilet facilities
- Designated, reserved accessible parking
- Automatic doors
- Flexible height desks
- Safe havens and personal escape plans.

**A student who is a wheelchair user went to use an accessible toilet. When he came out into the corridor again, no one was around and consequently he was trapped for half an hour between two heavy fire doors which he was unable to open. He was only able to exit the building when, by chance, someone came along and opened the door for him.**

Examples of facilities for people who have sensory impairments:

- Loop systems
- Flashing fire alarms
- Clear, well-lit signage
- Braille instructions
- Contrast in paintwork/decor
- Good/consistent lighting levels and/or flexible lighting.

All new building plans should be disability equality impact assessed to ensure inclusivity of design features and that requirements for disabled people are built in from the beginning. Existing buildings can be assessed via an access audit in order to determine strengths, weaknesses and areas for modification/change to improve accessibility. Any changes identified need to be prioritised and a plan drawn up

to show what actions will be taken with estimated dates for completion. This plan needs to be regularly monitored and reviewed.

It is acknowledged that changes to existing buildings can take time due to factors such as planning and financial constraints. In the interim, it is important to make temporary arrangements in order that disabled people are not substantially disadvantaged.



### **Legal note:**

The principles to be followed emerge clearly from one of the first cases to be brought under the higher education provisions of Part 4 of the DDA (Potter v Canterbury Christ Church University). Craig Potter, a wheelchair user, was unable to access the main stage at his graduation ceremony at Canterbury Cathedral in 2004. Other students mounted the steps to receive a handshake from the chair of governors; Craig was greeted at the bottom of the steps because no ramp was provided to allow him access to the stage. The court found that this placed him at a substantial disadvantage, meaning that he was unable to participate fully and with dignity in the degree ceremony. As a result he was awarded £4000 damages against the university by the court for injury to feelings.

This was a clear case of a university's failure to anticipate the need for an adjustment and it was too late to comply with the duty when it was required.

### **6.2 Access audits**

Access audits should be conducted and access plans prepared. If a university is working in partnership with local disability organisations, they may have the skills to carry out these audits in order to identify accessibility issues and areas for potential improvement.

One in four universities in the UK are members of DisabledGo, an organisation that carries out audits and then provides detailed online access guides. A surveyor is sent to each venue featured on the website. The questions the surveyor asks and the data collected have been decided by disabled people through ongoing consultation and feedback. Once the survey has been completed, the information is made available on the DisabledGo website ([www.disabledgo.com](http://www.disabledgo.com)).

Physical features for review include: steps, stairways, kerbs, exterior surfaces, paving, parking areas, building entrances, exits, emergency escape routes, internal and external doors, gates, toilets, washing facilities, lighting, ventilation, lifts, escalators, floor coverings, signs, furniture, and temporary or moveable items.

### 6.3 Assistive technology and other equipment

It is important for academic staff to be aware of the availability and accessibility of specialist equipment in order to provide informed advice to students. Staff members at the computer help desk and in IT services, the disability service and the library should be able to provide guidance on the availability of equipment. Technicians local to the school/department may also be able to help.

The university should have a range of equipment and computer software in place to respond to the specific requirements of disabled people. An overview of assistive technology and other equipment is provided in **Appendix 2**.

### 6.4 Timetabling

Staff responsible for timetabling need to be fully aware of any access issues. These might include:

- Physical accessibility of classrooms
- Ease of access and use of practical rooms (regarding the physical features of individual rooms, arrangement of furniture and any practical equipment which is used for teaching sessions)
- Presence of loop systems
- Distance between rooms used for consecutive teaching sessions
- Flexibility of seating; i.e. fixed or moveable
- Flexibility of lighting conditions.

### 6.5 Health and Safety

All health and safety policies and procedures must be inclusive in relation to disabled people (e.g. emergency evacuation strategies). It is also important to develop risk assessment procedures that take account of the requirements of disabled people. Schools/departments should review their risk assessment procedures and conduct risk assessment reviews of the environment.

Before it closed in 2007, the Disability Rights Commission agreed a joint statement with the Health and Safety Commission on the overarching principles of health and safety management and disability in the workplace. This statement is intended to promote a positive and sensible approach to risk management, encouraging the inclusion of disabled people in the workplace.





## Web links

The Health and Safety Executive provides a useful step-by-step guide to risk assessment at:

<http://www.hse.gov.uk/risk/fivesteps.htm>

DRC and HSC (2007) 'Statement on overarching principles of health and safety management and disability': [www.hse.gov.uk/aboutus/diversity/jointstatement.htm](http://www.hse.gov.uk/aboutus/diversity/jointstatement.htm)

# Key concept 2

## Competence Standards

### 1. What is a competence standard?

Section 28S of the Disability Discrimination Act defines a competence standard as:

“An academic, medical or other standard applied by, or on behalf of, an education provider for the purposes of determining whether or not a person has a particular level of competence or ability.” (DRC, 2007).

The concepts of competence and capability are inextricably linked. Competence is defined as:

“The complex synthesis of knowledge, skills, values, behaviours and attributes that enable individual professionals to work safely, effectively and legally within their particular scope of practice. At the centre of this are the core concepts of professionalism, autonomy, self-regulation, awareness of the limits of personal practice and the practice of the profession to which individuals belong, and within which structures, career-long learning and development to meet identified learning needs forms an integral part.”

“Capability refers to an individual’s potential to develop and relates to their future competence” (CSP, 2007).

Competence standards apply to all aspects of programmes, including admissions (entry) criteria, programme assessments and awarding qualifications. Qualifications bodies need to review their competence standards to ensure that they are relevant and necessary and that they do not discriminate in any way against disabled people.

A competence standard is considered to be a “proportionate” means of achieving a legitimate aim. There is no duty to adjust the standard itself (DRC, 2004). It is worth emphasising that there is no requirement to compromise professional standards; rather, it is the methods by which those standards are to be assessed that may require a reasonable adjustment. Similarly, the conditions under which a competence is to be demonstrated may require adjustment.

### 2. HPC registration

Eligibility for registration with the Health Professions Council (HPC) requires all students to meet the learning outcomes of their qualifying programmes. With reference to physiotherapy, competence standards are defined by the HPC’s Standards of Proficiency (HPC, 2007), and how these are articulated by universities in their learning outcomes for individual qualifying programmes. There is no

suggestion that disabled students should be exempt from meeting academic or clinical requirements. To practise physiotherapy, disabled students must demonstrate fulfilment of the HPC Standards of Proficiency (HPC, 2007).

Example of a competence standard in the academic setting:

**In order to pass the learning outcomes of the anatomy syllabus, all students are required to demonstrate knowledge in this subject area in order to meet the physiotherapy competence standards and ultimately to qualify as a physiotherapist.**

Under the DDA, a university is not required to adjust this standard. Institutions must, however, take account of the learning needs of disabled students and must make appropriate reasonable adjustments to accommodate these needs. Such reasonable adjustments should reflect a flexible approach to the ways in which disabled students are permitted to demonstrate their knowledge and skills and the means by which this is assessed.

Competence standards are, effectively, entry and assessment criteria. They must be reviewed from a disability discrimination perspective and must describe relevant and genuine competences that are strictly necessary for programme completion. This will ensure that all students can demonstrate their particular competence or ability in a particular area (Equality Challenge Unit 2006).

### **3. What would not be considered to be a competence standard?**

Under the terms of the DDA, the following examples are unlikely, in most cases, to amount to competence standards:

- Being able to cope with the demands of a programme, which might be relevant to some students who have anxiety conditions
- Having good health and/or fitness (rather than sufficient health)
- Specific levels of attendance (although attendance is linked to learning, particularly with reference to practical skills; students need to show how they can “catch up” on such skills following non-attendance)
- Speaking or writing clearly.

If students are unable to attend parts of a programme as a consequence of disability, it should usually be possible for them to take some time out of the programme without incurring a penalty and to re-attend at the next opportunity. Some universities may set specific attendance levels in order for students to remain on a programme and sometimes in order to be allowed to sit particular assessments. Whilst this is not a competence standard, it is an issue of which the students need to be aware.

## 4. Issues relating to health standards

Experience confirms that generalised health standards can lead to universities and their occupational health services attempting to pre-judge the ability of disabled people to be able to practise competently and safely at the application stage or at entry to programmes. It is important that disabled students – as for non-disabled students – are given the opportunity to develop the relevant competencies during the programme, with adjustments made to enable them to achieve the programme requirements (DRC 2007).

## 5. Reasonable adjustments

As emphasised above, reasonable adjustments do not have to be made to competence standards, but they do have to be made to the ways in which those standards are assessed or performed. It is important, particularly in examinations, to recognise that disabled students sometimes employ different methods and techniques in order to carry out required activities.

Examples of reasonable adjustments to competence standards:

**1. A student who has dyslexia stated that he experienced considerable stress when undertaking handwritten examinations in an examination hall. These difficulties were duly recorded in his study needs assessment. It was recommended that the student should be allowed to answer all written examination papers on a computer with Text Help software and that a separate room, together with an invigilator, should be allocated for this purpose.**

**2. During practical assessments of physiotherapy skills, students were required to give verbal responses to questions from assessors at each station. A hard of hearing student stated that she was not confident of being able to hear the questions accurately and expressed concern that this might adversely affect her responses and thus jeopardise her grades. It was agreed that a lip speaker could accompany her during all practical assessments, that an additional 25% time would be allowed to accommodate this, and that her assessments would be scheduled at the end of a morning or an afternoon session.**

Additional examples might include:

- A deaf student using a lip-speaker in order to interpret patient information
- A person with mobility impairment using a support worker (See **Appendix 10**)
- Use of additional IT or other equipment, such as a goniometer with tactile markings, that enables access to information.

It is important to identify which competence standards are genuine. For example, a requirement that a student should be able to complete a task within a certain time would only constitute a genuine competence standard if speed were an intrinsic part of the task. It is not appropriate if the time restriction is actually irrelevant, either to the task itself, or to the fulfilment of the learning outcome. Due to custom and practice, however, the performance of the task may be tested in a timed assessment. Time extensions for academic and practical examinations would be regarded as an appropriate reasonable adjustment for those students whose impairment prevents the completion of such tasks within a standard time frame.

Where competence standards are found to have an adverse impact on disabled people, it is important to consider whether those standards are, in fact, necessary. If they are, consideration needs to be given to how adjustments can be made to enable disabled people to meet their requirements (DRC, 2007).

In the clinical situation, an example of a genuine competence standard might be the ability to maintain accurate patient records. To require all students to have legible handwriting would, however, be discriminatory. A reasonable adjustment would be to permit a disabled student to use a digital recorder to make verbal notes during a patient assessment. Voice recognition software on a computer can then be used to convert speech into text that can subsequently be printed out.

In the case of genuine competence standards for potential applicants and for the different stages of the programme, academic staff should be prepared to negotiate on an individual basis the ways in which these competences will be demonstrated by disabled students.

## 6. Grounds for appeal

Grounds for appeal would be justified if staff made assumptions – based on lack of knowledge - about a disabled student's capabilities in relation to meeting a particular competence standard. An example might be the assumption that a registered blind student could not, as a direct consequence of reduced vision, safely operate electrotherapy or laboratory equipment. Custom and practice provide evidence that blind physiotherapists can, by virtue of having developed particular personal strategies, carry out such activities safely and effectively.

It is also important to emphasise that whilst HPC Standards highlight the importance of maintaining competence and the need for constant self-monitoring of practice, they endorse the right of all registrants to choose to specialise in a particular field. This principle is significant for disabled practitioners who, both as students and employees, may elect not to work in certain clinical areas for reasons related to their individual impairment. The right to make this decision would be upheld by the HPC.

**On being asked, “ What do you think is the most challenging issue in relation to disability and qualifying physiotherapy programmes?” one member of academic staff said, “The expectations of some clinicians and academics is that we all have to do everything to be a physiotherapist.”**

## 7. References

Chartered Society of Physiotherapy (2007) Competence and capability resource pack Part 1 (2nd ed). CSP, London.

DRC (2007) Report of a DRC formal investigation - Maintaining Standards: Promoting Equality. Professional regulation within nursing, teaching and social work and disabled people's access to these professions. Available at [http://www.maintainingstandards.org/files/MS\\_Report\\_of\\_a\\_formal\\_investigation\\_full\\_report.doc](http://www.maintainingstandards.org/files/MS_Report_of_a_formal_investigation_full_report.doc)

Equality Challenge Unit (2006) Disability Legislation: Practical Guidance for Academics. ECU, London.

Website: [www.ecu.ac.uk](http://www.ecu.ac.uk)

Health Professions Council (2007) Standards of Proficiency – Physiotherapists, HPC, London. Available at [http://www.hpc-uk.org/assets/documents/10000DBCStandards\\_of\\_Proficiency\\_Physiotherapists.pdf](http://www.hpc-uk.org/assets/documents/10000DBCStandards_of_Proficiency_Physiotherapists.pdf)



# Key Concept 3

## Disability Etiquette

Academic and clinical staff often feel anxious when meeting disabled students, especially for the first time. They worry about saying the ‘wrong’ thing or behaving in what might be an inappropriate or unacceptable way. It is important to note that a rude, patronising or thoughtless manner is often perceived by disabled people to be more offensive than the language used.



- It might be helpful to ask yourself;

**How do I like to be treated?**

In general, the best advice is to relax and apply the principles of common sense: listening to the way in which disabled people talk about their abilities and experiences, observing their behaviour, and being guided by how other students or staff interact and communicate with them. Most importantly, talking with the student will provide an opportunity for useful information exchange.

**A deaf physiotherapy student said,**  
**“My confidence slowly came up as I had extremely good clinicians who never assumed anything of me and asked me questions about my deafness, which I felt helped our working relationship.”**

### 1. Terminology

The language that people use has an influence on how they conceive of, and deal with, people and situations. The language of the medical model of disability reflects the belief that disability is the ‘problem’ of the individual who has the responsibility for dealing with it; the language of the social model of disability locates the ‘problem’ within social “attitudes, systems and practices” that act as barriers to full participation (Rose, 2006 p5). Because health care students and workers operate within a medical culture of diagnosis, treatment and cure, this inevitably encourages a tendency to adopt a medical model perspective when interacting with disabled individuals. This is often reflected in the behaviour of healthcare staff and the language they use. It is essential to combat the perception within the health care professions that disabled people are vulnerable individuals who can only be the recipients of help or care and cannot be professionals who are actively involved in the delivery of health care services themselves (DRC, 2007).



**On being asked “What do you think is the most challenging issue in relation to disability and qualifying physiotherapy programmes?”, one academic member of staff said, “Gaining a change in culture both from academic and placement staff. We are health professionals and some find it difficult to accept that a physiotherapist does not have to be ‘absolutely normal’ or a role model of health. This cultural change needs to occur in academia and practice. The social model, rather than the medical model, should be used.”**

Since the advent of the social model of disability, terms that reflect dependency, passivity, suffering, or that depict disabled people as ‘abnormal’, as abstract medical conditions (e.g. an epileptic), as heroes or victims, have been replaced by language that celebrates diversity and emphasises independence, choice, empowerment and rights. Whilst there is some agreement regarding appropriate terminology, no rigid consensus exists. In addition, disabled people will have particular preferences and a lead can be taken from them on an individual basis.

In the context of the language debate, it is useful to distinguish between ‘impairment’ and ‘disability’. These terms are not used interchangeably by many disabled people.

- “Impairment is the physical, mental or sensory characteristic, feature or attribute that affects the function of an individual’s mind or body.
- “Disability is the loss or limitation of opportunities to take part in society on an equal level due to social, attitudinal and environmental barriers such as inaccessible buildings, inflexible organisational procedures and patronising or negative attitudes”  
(Rose, 2006 p5).

Thus, “I am visually impaired” and therefore “I have a disability” (i.e. the problem is located within the individual) as opposed to, “I have a visual impairment” and therefore, “I am disabled” (i.e. disabled by barriers erected within society).

There is a recognised exception to this general rule. ‘I am Deaf’ (with a capital ‘D’) is often used by people who are proud to belong to a community of other Deaf people with whom they identify and celebrate their difference. This group often use British Sign Language as their first or preferred language. The term ‘deaf’ may either be used by people whose hearing has deteriorated over time or by those people who both speak and lip-read.

**Examples of acceptable terms in common use include:**

- Disabled person/person with a disability/"I have X impairment"
- Non-disabled people
- Vision or visually impaired/blind/partially sighted
- Hard of hearing/deaf: used to describe lip-readers who may have residual hearing
- Deaf: used to describe people who belong to a Deaf community and who are often sign language users (see above)
- Mental health condition/mental illness/mental health service user
- Specific learning difficulties; e.g. used to describe people who have dyslexia, dyscalculia or dyspraxia (now also described as forms of neurodiversity)
- Learning difficulty
- Service user
- Wheelchair user
- Accessible to wheelchair users
- Accessible toilets/parking; parking for blue badge holders
- Personal assistants/support workers.

**Examples of terms that are unacceptable include:**

- The disabled
- The blind/deaf
- The handicapped
- Normal/able bodied
- Abnormal
- Severely disabled
- Hearing impaired/impairment (see above)
- Any word that replaces a person's identity: someone has an impairment and is not 'a dyslexic'
- Invalid
- Special needs, disabled people are not 'special' and therefore do not have 'special needs'
- Wheelchair bound
- Wheelchair accessible
- Suffers from/victim of/crippled with/afflicted by
- Confined to
- Carers
- Phrases such as 'blind as a bat' or 'deaf as a post'
- Descriptions of buildings by impairment: the 'deaf school' or the 'blind college'.

Academic and clinical staff should not feel embarrassed about using terms that have associations with a particular student's impairment. Use of terms such as 'see' and 'look' (in the context of visual impairment) and 'walk' and 'run' (in the context of physical impairment) are acceptable.

**A visually impaired student reassured his tutors in practical sessions that he was quite happy to be told to, “Come and have a look at this”, during demonstrations of assessment and treatment techniques. This meant that he didn’t miss out on detail that might be observed by other students. He also explained it that it was unhelpful when staff said “You put your hand there”, or, “Position yourself like this”, as this meant nothing to him because he was unable to see them.**

## **2. Meeting disabled people: general principles**

- Do not make assumptions about the presence/absence/effect of an impairment
- If possible, communicate in advance of the meeting
- Offer assistance
- Ask what kind of assistance would be most useful
- Avoid giving assistance before the offer has been accepted
- If assistance is refused, this is not intended as an insult
- Listen to the person’s instructions/comments
- If appropriate, make physical contact (e.g. guiding the hand of a blind person to the back of the chair)
- Talk directly to the disabled person and not through a third party: “Does s/he take sugar?”
- Speak clearly, do not shout
- Make eye contact
- Respect the individual’s right to confidentiality, privacy and personal boundaries/space.

Disability awareness training will provide insights as to what might be appropriate in different situations, but it is always good practice to check with the individual. Some kinds of interaction may require training (e.g. the recommended way to guide a blind person or the use of sign language).

**Tutors spent some time at the beginning of a programme discussing basic communication strategies with a deaf student who used lip reading. The following points were noted:**

- **Face student when talking**
- **Enunciate words clearly**
- **Attract student's attention before speaking**
- **Keep objects/hands away from the face**
- **Don't turn the lights off in lecture room**
- **Try to control background noise**
- **Provide lecture materials in advance**
- **Facilitate the use of support worker/notetaker in class if required**

**It was agreed that the student would give staff feedback on the accessibility of their classes.**

### **3. Hidden disabilities**

Not all disabilities are obvious. It is important to be aware that there may be individuals in the room who are affected by these.

Examples include:

- Some recognised conditions (e.g. epilepsy, diabetes, asthma)
- Forms of neurodiversity
- Some visual impairments
- Some hearing impairments
- Most mental health conditions.

Even when a disability is not obvious, its effect on the individual may, nevertheless, be significant. It is also useful to remember that the impact of a disability may vary, depending upon factors such as:

- Environment (e.g. differing lighting or noise levels)
- Time of day (e.g. if effects of medication or fatigue are issues)
- The nature of task being undertaken (e.g. practical as opposed to written activities)
- A range of social/psychological factors.

These factors may cause the individual to behave differently according to the particular situation. Initially, such variations in behaviour may be somewhat disconcerting to the observer. For example, a registered blind person may have excellent mobility skills during the day, but might require assistance as soon as lighting levels decrease.

Attention to inclusive practices in both the academic and clinical settings will facilitate participation by all individuals, but particularly by those who have 'hidden' impairments.

## 4. References

DRC (2007) Report of a DRC formal investigation - Maintaining Standards: Promoting Equality. Professional regulation within nursing, teaching and social work and disabled people's access to these professions. Available at [http://www.maintainingstandards.org/files/MS\\_Report\\_of\\_a\\_formal\\_investigation\\_full\\_report.doc](http://www.maintainingstandards.org/files/MS_Report_of_a_formal_investigation_full_report.doc)

Rose C (2006) Do you have a disability – yes or no? Or is there another way of asking? Guidance on Disability and Disclosure and Respecting Confidentiality. Learning and Skills Development Agency, London



## Web links

There are many publications that offer guidance on appropriate behaviour and communication with disabled people.

A National Framework for Disability Equality and Etiquette Learning has recently been developed and is available at:

[www.health.heacademy.ac.uk/news-events/dl/TheDEELNationalFramework](http://www.health.heacademy.ac.uk/news-events/dl/TheDEELNationalFramework)

The BBC offers some useful tips and advice on how best to welcome learners with a range of different impairments at:

[http://www.bbc.co.uk/ictcoach/accessibility/dle\\_p1.shtml](http://www.bbc.co.uk/ictcoach/accessibility/dle_p1.shtml)

SCIPS (Strategies for Creating Inclusive Programmes of Study) is the result of an HEFCE-funded project conducted at the University of Worcester:

<http://www.scips.worc.ac.uk/>

The disability etiquette guidance from SCIPS, including useful suggestions on language and common courtesies, is at:

<http://www.scips.worc.ac.uk/etiquette.html>

The Employers' Forum on Disability also publishes a Disability Communications Guide on language and etiquette, specific impairments and preferred modes of assistance, and how to recognise and avoid attitudes and behaviour that can create misunderstandings and barriers:

<http://www.efd.org.uk/publications/disability-communication-guide>

# Key Concept 4

## Disclosure of Disability

### 1. Opportunities for disclosure

There is no legal duty for applicants or students to disclose information about their impairment/disability. It is important, however, that they should be encouraged to do so in order that reasonable adjustments can be implemented. It is generally accepted that the advantages of disclosing a disability far outweigh the disadvantages, both for students and for the staff team.

**One student said, “I have never lied about my condition. I don’t see the point, it is part of me, it is part of my life and it is who I am”.**

It is important to note that, whilst many disabled students would agree with this in principle, they may, for the reasons given below (see **Barriers to Disclosure**), still choose not to disclose. For this reason, applicants and students should be encouraged to disclose a disability at all stages of a programme.

For example:

- Information about the disclosure process clearly signposted on university websites and in all publicity materials
- During outreach work with local schools and colleges
- During the stages of application
- At open days
- At interview
- During the clearing process
- During induction
- Well in advance of assessment periods
- At academic reviews
- During personal tutorial sessions
- Prior to, and during, each practice placement.

The DRC’s post-16 Code of Practice suggests the following:

- Asking applicants to declare their disabilities on application and enrolment forms
- Publicising the provisions made for disabled students, or providing opportunities for students to tell tutors or disability officers in confidence
- Defining competence standards against which all applicants can measure themselves
- Asking students once they are on a programme whether they need any specific arrangements because of a disability
- Explaining to students the benefit of disclosure and how this information will be kept confidential (DRC, 2007a).



- **How do you encourage disabled applicants and students to disclose?**

## 2. Positive action

Applicants and students are more likely to disclose a disability at institutions that have policies, practices and procedures that are positive, well-publicised and familiar to all staff.

The following list provides examples of positive actions:

- Literature containing positive and non-stereotypical images of disability
- Literature welcoming disabled applicants and providing detailed information on the range of facilities for disabled applicants and students
- The adoption by staff of an open, non-judgemental attitude
- Encouragement of open and honest dialogue in a safe and supportive environment
- Reassurances about confidentiality and the processes involved in sharing appropriate information with relevant individuals
- Reassurance that failure to disclose a disability or long-term health condition will not be seen as evidence of 'bad character', or as something that should lead to disciplinary action
- Flexible/adaptable institutional policies, practices and procedures
- Good channels of communication between academic, clinical, I.C.T. and disability support staff
- Regular opportunities for students to make informed choices regarding their access requirements and general support needs
- Implementation and recording of effective support mechanisms
- Accessible environment
- Accessible electronic and paper-based information
- Accessible teaching and learning opportunities
- Provision of appropriate access technology and adaptations to university network
- The practice of inclusive teaching
- Introducing new students to the university disabled students' and staff network.

**A physiotherapy student who has mental health issues disclosed his disability on the UCAS form. He said that he had been reassured by the information provided about disability support on his university's website and that all his contacts with admissions and disability support staff had been extremely positive. He had been worried about negative attitudes and stereotypical reactions but felt that it would have been irresponsible not to disclose. He received a great deal of support whilst on the programme but found the reception from practice educators rather variable. Once each placement began, however, he said that he felt that, in general, he was treated fairly.**

In addition, it is important to consider how requests for information are made and what model of disability is reflected in the language used. UCAS, for example, requires applicants to enter a code against a specific impairment, the medical model of disability. Disabled people might be more willing to consider – and disclose – their particular access needs if the institution uses language that reflects the social model of disability to obtain information. Some examples might include:

- Additional support for students who have literacy difficulties
- Facilities for students who use computers with assistive technology
- Flexible arrangements for taking examinations and assignments
- A bank of staff who can act as note-takers
- Loan of DVDs with audio description and/or subtitles
- Loan of anatomy and physiology models
- Facilities for producing tactile or audio labels.

Many people would feel more comfortable responding to questions about what services they might need, rather than disclosing a specific impairment. They are likely to perceive staff as being welcoming and friendly because the focus is on services, not on medical conditions.



**• Do you know what facilities and services are available in your university to support disabled students?**

### **3. Confidentiality**

Students' confidence in the system will be enhanced if the university has a well-publicised confidentiality policy. It is also important for staff to reassure students that any information they disclose concerning the existence or nature



of their impairment will remain confidential. When considering reasonable adjustments, however, a request for a high level of confidentiality could reduce the possibility of implementing support.

**As a result of having bi-polar affective disorder (a recurring form of depression) a student requested to work only 4 days each week on her 5-week practice placement. The reason that she gave to her practice educator for this, however, was her having a long journey to the placement. The request was denied because: 1. It was considered to be detrimental to her overall placement experience; 2. It was not consistent with usual practice and 3. It left her no flexibility in placement hours in case of illness or other absence.**

**If the student had felt more confident about disclosure and had not wanted the information to be kept confidential, some modification of her working hours on placement would have been considered to be a reasonable adjustment.**

#### **4. Level of disclosure**

Students should be reassured that it is possible, with their permission, to share information with appropriate staff about a reasonable adjustment. The information does not need to include any details about each student's impairment.

Discussion should establish to whom the student is willing for the information to be communicated and in how much detail. An agreement should be recorded and signed by both parties.

**A member of academic staff said, "I think it is really important that students are encouraged to be open about their issues but, more importantly, that they can articulate their strategies for dealing with them. We discuss this with students and they complete a form at the start of the programme which identifies clearly who will be told about issues, who will tell them, and what will be disclosed".**

#### **5. Barriers to disclosure**

A significant number of people who, under the legislation, are classified as disabled, do not consider themselves to be so. AGCAS (2007) reported that in 2005, 7 per cent (13,960) of students gaining first degrees identified themselves as having a disability or learning difficulty. It is reasonable to assume that this does not reflect the true percentage, as many students who have unseen impairments do not choose to disclose. This may be for a variety of reasons, such as thinking that disclosing will jeopardise their place on the programme, or that they might be treated

differently from non-disabled students (Rose, 2006).

The motivations for this are complex and associated with cultural, social and psychological factors. These include:

- Pressure from others to be 'normal'
- Pressure from others to conform socially
- Fear/previous experience of discrimination, bullying, harassment, victimisation, isolation, rejection
- Fear/previous experience of disclosure triggering stereotypical reactions causing stigma and prejudice
- Denial of impairment
- Unwillingness to identify with other disabled people
- Embarrassment when associated with particular images/stereotypes of disability
- A need to be accepted, especially by peer group
- Aesthetic considerations (e.g. refusal to wear a hearing aid, spectacles with 'thick' or coloured lenses or to use a walking stick).

**A Deaf applicant did not disclose her disability as she had Deaf friends who had been refused places on degree programmes. Not disclosing meant that, once enrolled on the programme, she had to conceal the fact that she was a lip reader, an activity which she found very stressful. She had a very poor experience on her first practice placement and, consequently, made the decision to disclose. At this point her practice educator told her, "I don't see how I can pass you because you are Deaf". She became very depressed. After this, she found that academic staff were willing to be supportive, but were unsure as to what help would be appropriate. Due to high stress levels, she decided to take a break from the programme. During this time she made contact with the disability support unit and was able to organise effective support. This enabled her to return and successfully complete the degree. This situation led academic staff to undertake disability-awareness training. They then disseminated to their practice educators through their regular update sessions.**

If students exercise the right not to disclose a disability, they must accept the responsibility for not doing so. This may result in support not being implemented. In turn, this could adversely affect students' educational achievements.

Students have the right to disclose a disability at any point during the programme, but this may delay provision of appropriate support. It must be remembered, however, that universities have a duty to anticipate the potential requirements of disabled students. Delay in the implementation of such support structures should, therefore, be minimal.

People who have fluctuating conditions, such as depression or multiple sclerosis,

face particular difficulties concerning disclosure and may only disclose when they are faced with a crisis in their education or work placement (DRC, 2007b). Even then, they may make the decision not to disclose. This can lead to lack of support and/or misconceptions about reasons for poor performance or underachievement.

**A student was happy to disclose that she has an on going back problem as she felt that it “didn’t carry any embarrassment factor”. She was not willing, however, to disclose that she is a mental health services user because, “There’s a stigma to it and it’s not something you talk about. I don’t think I would get the understanding”.**

Particularly for those students who have mental health issues, disclosure may trigger fear of being stigmatised. What might only be a temporary state of mental distress (e.g. response to bereavement) may be recorded as a permanent ‘condition’ that might have on going negative consequences.

## **6. Non-identification with ‘disability’**

There may be students who do not identify or who do not wish to identify themselves as disabled.

**One student said, “If I’m asked, ‘Are you disabled?’ I tend to say ‘No’ because I really don’t consider myself disabled”.**

**Another student said, “The word itself suggests you’re incapable, the whole stigma that goes with it says you can’t function, you can’t do something. It’s negative in itself”.**

Students may, however, acknowledge having particular learning requirements. These should be regarded sympathetically.

**A student identified herself as being extremely stressed during practical examinations, especially when timetabled towards the end of the day. She said it would be really helpful if she could take an exam in the first half of the morning as this would reduce her stress levels. This was considered to be a reasonable request and was agreed with the module leader.**

If these types of scenario occur and it becomes evident from the discussion that there are underlying disability-related issues, every effort should be made to encourage students to discuss and identify the precise nature of their individual learning support needs. As in all cases, the importance of establishing an on-going dialogue between staff and students, with the aim of determining specific learning requirements, cannot be over-emphasised.

## 7. After disclosure

Once disclosure has taken place to a member of staff and the student has given explicit consent for specific information to be shared with other staff, in legal terms, the whole institution is considered to know. If the person has not given permission for this information to be shared, this has an impact, in legal terms, on what the institution can reasonably be expected to undertake on behalf of the student. The institution, not the student, is responsible for establishing effective communication channels whereby the information is conveyed to other staff. It is important, however, for all staff to respond sensitively to disclosure.

**One student said, “I disclosed to my personal tutor who then told me that because she knew, all the staff on my programme and all my practice educators had to know about it. I was really unhappy about this... I had only just been diagnosed... it was very personal and I wasn’t ready for it. I felt like leaving”.**

Under the Data Protection Act (1998), staff are not permitted to disclose information about students’ disabilities (considered to be sensitive, personal data) without their consent.

It is important, however, to find a balance and good communication channels are essential. Those students who have disclosed and provided permission for appropriate information to be passed on, should not subsequently discover that they need to go through the process again each time they meet a new lecturer or arrive at a new practice placement. An individual’s right to privacy should be respected, but all students should be given the option for information to be shared with relevant staff if they wish (Stanley et al, 2007).

## 8. References

AGCAS (2007) What happens next? A report on the first destinations of 2005 graduates with disabilities. Association of Graduate Careers Advisory Services and Disability Development Network. Available at [www.agcas.org.uk/publications/](http://www.agcas.org.uk/publications/)

Data Protection Act (1998) available at: [http://www.opsi.gov.uk/acts/acts1998/ukpga\\_19980029\\_en\\_1](http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1)

DRC (2007a) Understanding the Disability Discrimination Act: a guide for colleges, universities and adult community learning providers in Great Britain. Available at: <http://www.equalityhumanrights.com/en/publicationsandresources/Pages/UnderstandingtheDDA.aspx>

DRC (2007b) Report of a DRC formal investigation - Maintaining Standards: Promoting Equality. Professional regulation within nursing, teaching and social work and disabled people's access to these professions. Available at: [http://www.maintainingstandards.org/files/MS\\_Report\\_of\\_a\\_formal\\_investigation\\_full\\_report.doc](http://www.maintainingstandards.org/files/MS_Report_of_a_formal_investigation_full_report.doc)

Rose C (2006) Do you have a disability – yes or no? Or is there a better way of asking? Guidance on disability disclosure and respecting confidentiality. Learning and Skills Development Agency, London

Stanley N, Ridley J, Manthorpe J, Harris J, Hurst A (2007) Disclosing Disability: disabled students and practitioners in social work, nursing and teaching. Social Care Workforce Research Unit, UCLAN



## Web links

A useful resource for students about Disclosure is available at: <http://www.skill.org.uk/uploads/disclosure.doc>

# Key Concept 5

## Inclusion

Inclusion is founded upon a philosophy that values each individual. It is inextricably linked to the concept of equality, 'diversity' and 'difference' being respected and positively regarded. Because each person is equally valued and respected, everyone's needs are taken into account, not only within an educational context but in society in general. In these terms, disability is regarded as a welcome difference and not as a deficit or burden.

“.....labelling learners, in terms of what has been deficient within them, can form a barrier to listening to them as learners with distinct voices. This barrier can deny learners the opportunity to contribute to the culture, organisation and character of educational institutions, and, as a result, can ensure they are excluded within them”.

(Veck, 2007 p1)

### 1. Inclusive physiotherapy education

An inclusive approach to physiotherapy education might be interpreted as the preparation of all students to work effectively with colleagues and patients, irrespective of their individual differences. This would be regarded as the desired 'product'. In order to achieve this, however, academic and practice experiences need to be genuinely inclusive.

The term 'inclusion' is “a complex, contradictory and contested concept that lends itself to varying interpretations and manifestations in educational practice” (Moran 2009, p 46). It involves cultural, social justice and political elements:

- Cultures should be receptive to, and value diversity; they should promote the concepts of equity and entitlement
- Social change which, more recently, has become embedded within a human rights discourse and
- Political critiques of social values, priorities, structures and institutions.

Whilst diversity and difference should be both identified and celebrated, this does highlight obstacles such as the “dominant definitions of success, failure and ability” (Moran, 2009 p46). With the increasing emphasis on standards and competences in physiotherapy and in physiotherapy education, elements that focus on personal values, opinions, beliefs, personalities and life experiences can be somewhat stifled and expected to develop almost in spite of the educational experience. It is crucial that students' expectations of physiotherapy are not inextricably linked with dull

routine and homogeneity of practice. The values dimension of physiotherapy must permeate all aspects of professional development and students should be encouraged to explore, share and confront personal and alternative perspectives and positions. This can only be facilitated if physiotherapy educators are familiar with the issues and take the trouble to address them in their teaching sessions.

Whilst it is acknowledged that academic staff are required to juggle many sets of standards and competences in the development or modification of educational programmes, these need to be carefully interpreted. All teaching staff should reflect upon their own values and beliefs and consider how these might influence this interpretation. For physiotherapy education to be truly inclusive and so to engender inclusive approaches in students, staff must provide opportunities to challenge belief systems and the dominant ideologies in society and, in particular, within the health care system that are likely to influence their practice.



- How inclusive is your teaching practice?
- How inclusive is your institution as a whole?
- In what ways do you think your own knowledge, beliefs, opinions and expectations influence how you interact with colleagues and students?

## 2. Equality impact assessments

In order to increase student participation and prevent exclusion, it is necessary to evaluate current policies, procedures and practices. Since the Disability Equality and Race Equality Amendment Acts and the Gender Equality legislation were enacted, institutions (HEIs and NHS Trusts) have been required to produce associated equality schemes. The law requires the involvement of individuals from these under-represented groups in the development and monitoring of the disability, race and gender equality schemes. The schemes involve equality impact assessments of all existing and new policies and subsequent procedures and practices. This regular evaluation ensures that institutions are responsive to, and able to accommodate, a wide range of learning needs, thus reducing the barriers for everyone, not just those students and employees with impairments. This is a step towards inclusion for traditionally excluded groups.

As a result of these impact assessments, it is possible for appropriate reasonable adjustments to be implemented. These account for differences in learning needs and the fact that learning takes place at both formal and informal levels.

### 3. Inclusion in planning and design

It is also important to consider issues of inclusion and equality impact when planning and designing the external environment, modifying the curriculum, developing existing or creating new teaching and learning opportunities, designing or modifying assessments and implementing changes. In this context, students' rights – and reciprocal responsibilities – must be considered, with students regarded as valuable information resources, rather than as 'problems' to be overcome. If disabled students are viewed as valuable resources in the management of change, this encourages permanent attitude modification and fosters a climate of trust. All staff and students then benefit from mutual support and in which learning is facilitated.

“Don't say you are right too often, teacher  
Let the learners realise it.  
Don't push the truth:  
It's not good for it.  
Listen while you speak!”

(Brecht, 1953-56)

### 4. References

Brecht B (1953-56) Listen while you speak! p436 in: Willett J, Manheim R (1976) (Eds) Bertolt Brecht: poems 1913 – 1956. Methuen, London.

DRC (2007) Understanding the Disability Discrimination Act: a guide for colleges, universities and adult community learning providers in Great Britain. Available at: <http://www.equalityhumanrights.com/en/publicationsandresources/Pages/UnderstandingtheDDA.aspx>

Moran A (2009) Can a competence or standards model facilitate an inclusive approach to teacher education? International Journal of Inclusive Education 13 (1): 45 – 61

Veck W (2007) Listening to include. International Journal of Inclusive Education, 1 – 15 (To link to this article: DOI: 10.1080/13603110701322779 URL: <http://dx.doi.org/10.1080/13603110701322779> )





## Web links

Web links for general inclusion issues:

(<http://www.csie.org.uk/inclusion/what.shtml>)

[http://www.eenet.org.uk/theory\\_practice/whatisit.shtml](http://www.eenet.org.uk/theory_practice/whatisit.shtml)

<http://www.allfie.org.uk/pages06/about/integration.html>

The following web link from the Learning Development Agency has a focus on FE, however, it provides very clear key messages on inclusion for anyone working in education at any level: Beyond Prejudice: inclusive learning from practice

[www.lsnlearning.org.uk/search/Resource-32253.aspx](http://www.lsnlearning.org.uk/search/Resource-32253.aspx)

The Equality Challenge Unit has a specific focus on HE and is a good resource for all equality issues. <http://www.ecu.ac.uk/>

For specific information on inclusion and disability go to:

<http://www.ecu.ac.uk/inclusive-practice/?browse=subject&filter=disability>

This website also provides guidance on how to carry out equality impact assessments in HE. Access this at:

<http://www.ecu.ac.uk/publications/files/conducting-equality-impact-assessments.doc/view?searchterm=equality%20impact%20assessment>

Web links for work on inclusive teaching and learning practice:

<http://www.open.ac.uk/inclusiveteaching/pages/inclusive-teaching/index.php>

<http://www.nottingham.ac.uk/pesl/resources/disability/>

[www.plymouth.ac.uk/disability](http://www.plymouth.ac.uk/disability)

<http://jarmin.com/demos/> (2003 so quite old now but still a good overview)

<http://dart.lboro.ac.uk/case.html>

[http://www.heacademy.ac.uk/ourwork/learning/disability/inclusion\\_contacts\\_database](http://www.heacademy.ac.uk/ourwork/learning/disability/inclusion_contacts_database)

# 1. Introduction

## 1.1 Who should read this guidance?

This guidance is aimed primarily at academic staff involved in the design and delivery of physiotherapy programmes. It will also be of interest to physiotherapists involved in planning, organising and delivering practice education. Staff who provide IT services and disability support staff will also find useful information on how to improve services to disabled students. Practice educators who support students on work-based placements should also see **Section 4**.

Service managers may also find the guidance helpful as a way of familiarising themselves with their obligations under current legislation in relation to the range of options available for supporting disabled students during work-based practice placements.

Disabled individuals who are considering applying for a place on a physiotherapy programme and disabled students who are currently undertaking physiotherapy degrees can also be referred to these resources.

The document does not deal with employment law in great detail. However, employers should be aware of their duties under the DDA.

## 1.2 How to use this guidance

This guidance charts the journey that a disabled person might take from initial consideration of physiotherapy as a career to successful completion of the degree programme.

Elements 1 to 3 contain some background information about the guidance, the importance of disabled people in physiotherapy, regulation and career opportunities. Duties under the legislation are briefly outlined in Element 4. While 5 highlights actions that can be taken by a university with regard to inclusive practice and encouraging, welcoming and supporting disabled students.

Having set the scene, the guidance explores the stages in a typical 'physiotherapy education' journey for a disabled individual, together with the responses that can be expected at each stage.

This resource is designed to enable easy navigation through each stage with links made to other relevant sections and sources of information.

Various key concepts such as inclusion and disclosure of disability (see Contents for a full list) are relevant to all readers (applicants, students, academic and clinical staff); reference is made to these sections as appropriate throughout the section and hyperlinks provided. Additionally, links and references to other resources that provide extra information are included.

The various elements contain examples to illustrate specific points. Many of these are based on the actual experiences of disabled students and the staff members who have been involved in their educational experience.

The situations in which disabled students find themselves are likely to be far more complex than those depicted in the examples provided. It is essential, therefore, that whenever possible, the disabled person concerned is fully involved in any decision-making process and that this is carried out on an individual basis. If the situation is too complex to be resolved 'in house', advice can be sought from a wide range of organisations, some of which are listed below.



## Web Links: Helpful organisations

Chartered Society of Physiotherapy: [www.csp.org.uk](http://www.csp.org.uk)

Health Professions Council website: [www.hpc.org.uk](http://www.hpc.org.uk)

Skill: links to specific disability organisations available at:  
<http://www.skill.org.uk/page.aspx?c=81&p=161>

Skill: links to general disability organisations available at:  
<http://www.skill.org.uk/page.aspx?c=79&p=160>

Skill: links to educational organisations offering advice for disabled students available at: <http://www.skill.org.uk/page.aspx?c=82&p=162>

The Voluntary Organisations Disability Group (VODG) links to websites of member organisations available at:  
<http://www.vodg.org.uk/?lid=3012>

For Northern Ireland, Queen's University Belfast links to useful organisations available at: <http://www.qub.ac.uk/directorates/sgc/disability/AdditionalResources>

The Equality Challenge Unit promotes equality and diversity in higher education and has web pages and publications supporting the needs of disabled students and staff:  
<http://www.ecu.ac.uk>

More information for disabled students is available from the Equality and Human Rights Commission at: <http://www.equalityhumanrights.com>

### 1.3 Why is this guidance needed?

As noted in the preface, the CSP's (2004) document requires updating. Feedback suggests that, whilst a range of physiotherapy staff have found this document to be very useful, there have been requests for more information to be available, particularly to academic staff. Policies, practices and procedures have improved dramatically in many institutions over the years; our experience suggests, however, that there is still room for improvement:

**One student said: “Many of my lecturers do not appear to understand the part they play in making the course accessible to me. It is not just getting me a copy of a PowerPoint before the lecture”.**

**Another student said: “All the staff that I have come across outwardly appear to want to do the ‘right thing’ to help me access the course but getting them to do this has been impossible. It would be good if they all had a clear understanding of their corporate and personal duties as a result of disability legislation.”**

But there are also many examples of positive practice:

**A tutor regularly asked for feedback on the accessibility of lectures because she wanted to improve the quality of her practice and because she recognised the need to make reasonable adjustments. On one occasion, a Deaf student said that when long papers were distributed during the lecture, it was very difficult for his sign language interpreter to interpret and for the interpreter quickly to understand what was being said.**

**Sign language interpretation creates a time lag and is likely to be slower than reading. In addition, interpreters need regular breaks. The student therefore requested that any papers should be sent both to himself and to his interpreter prior to the lectures.**

**The tutor agreed to this, and realised that there might be other students attending who would benefit from seeing papers beforehand. Distributing papers before lectures became regular practice and was welcomed by all students.**

**A student told his practice education co-ordinator that he took medication for a mental health issue and that, consequently, he felt tired in the morning. He asked to have the hours of his placement adjusted accordingly. The appropriate adjustments were made in negotiation with the student, the university and his practice educator and he successfully completed the placement.**

**A blind student who was also a guide dog user needed a larger room in the student residences in order to accommodate her dog and a range of extra assistive technology equipment she used for her study. This was successfully negotiated with the university’s accommodation officer who had a good understanding of the issues as she had completed the mandatory staff development of an online disability awareness module during the previous month.**

Similar situations are experienced by students in other professions. For example, a medical student said:

**“I had the needs assessment today and, as well as quite a bit of DSA-funded stuff I didn’t realise [what] I was entitled to. The recommendations included provision of reasonable adjustments such as practice attachments being suitably located where possible, written exams being done in a small room as opposed to a large sports hall... and also to try and time OSCE exams so mine are earlier rather than later in the day. The assessor also suggested I have a mentor. It was a very useful meeting and I would never in a million years have thought to ask to be able to do my exams in a smaller room.” (GMC, 2008)**

It is essential that academic and clinical staff have a clear understanding of the types of support that are available for disabled students and that they can provide appropriate advice and guidance. As the example above illustrates, some individuals entering health-related programmes do not know what support they can access. Many students do not know what the programme entails and therefore are unable to predict the kinds of support they might need. Disabled students have, however, made it clear that they want:

- Timely and accurate information, available in a range of formats
- A positive and welcoming attitude, reflected in the institution’s literature and from staff
- Opportunities to discuss their individual requirements with staff in a supportive and non-judgemental environment
- Reasonable adjustments in the delivery of the theoretical, practical and practice elements of a programme
- Understanding and supportive offers of practical assistance when required
- Protection from discrimination
- An accessible physical environment
- Unprejudiced career advice.

Enshrined within the disability equality schemes ([hyperlink](#)) of all higher education institutions (HEIs) is the commitment to valuing diversity and promoting equality and to ensuring that all processes and procedures are fair, objective, transparent and free from unlawful discrimination. This guidance reflects the CSP’s commitment to these principles.



- **Were you involved in designing your institution’s disability equality scheme?**
- **If not, do you know where to locate it and have you read it?**
- **Have you seen the university/trust action plans and subsequent reports of progress against these?**
- **Have you seen your departmental/school disability action plan and are you aware of those specific action points to which you could contribute?**

## 2. The importance of disabled people in physiotherapy

A physiotherapy tutor asked one of his disabled students to meet and talk to the new intake of students at the beginning of term. He said: “It was obvious from observing the audience that [she] had a particularly motivational effect on our new students”.

It is difficult to estimate the numbers of disabled practitioners working in physiotherapy. Whilst the CSP membership database is able to collect demographic data on disability, few members disclose this information. This could be for a number of reasons. For example they may:

- Choose not to do so
- Be unsure about how the information would be used
- Not see its relevance
- Not wish to identify with disabled people or be associated with particular images/stereotypes
- Not consider themselves to be disabled.

It is possible to estimate that approximately 1% of all physiotherapists in the UK have a visual impairment. Anecdotal evidence from discussions with academic colleagues suggests that all physiotherapy programme teams have supported (and are still supporting) many more students with other impairments such as mental health issues, deafness, neurodiversity issues (particularly dyslexia), physical impairment and long-term health conditions. This would indicate that there are a significant number of disabled physiotherapists working alongside their non-disabled colleagues; some of these individuals will have declared their disability and others will have chosen not to do so.

The physiotherapy profession gains considerable benefits from its disabled members. Whilst being responsive to disability and equality legislation is important, attitude change is also required if the diversity of the profession is to be increased. In order to reflect the characteristics of the general population, physiotherapy needs the knowledge and skills of disabled people to undertake important roles within the healthcare system.

Currently, many disabled physiotherapists are demonstrating their ability to make a significant contribution to the knowledge and practice of physiotherapy. Whilst the number of disabled applicants is increasing (a factor which may be due to legislative changes and consequent implementation of appropriate policies and practices leading to higher disclosure rates) further attitudinal change is required if potential and current students are to participate fully in the educational experience.

Disabled people make a valuable contribution to patient care, employment practices and to physiotherapy research by providing direct knowledge and experience of disabling conditions and their associated barriers to full participation in society. Experience confirms that many patients identify with disabled practitioners. They are perceived as having a unique insight into the impact of a particular condition on daily life and the ability to translate this knowledge into practical advice and help. Examples of the achievements of disabled people are useful, not only in providing role models for those considering physiotherapy as a career, but also for encouraging attitudinal change in staff.

There are many examples of disabled physiotherapists working in the areas of education, management and research; there are also individuals working in high-level clinical posts.



- Do you know the disabled physiotherapists or physiotherapy lecturers who are working in your area?
- If so, it may be helpful to talk to them to find out about their experiences.
- If not, perhaps there are issues in your area of work that preclude disclosure that need to be addressed. If staff members do not find the atmosphere conducive to disclosure then applicants and students are unlikely to feel safe to disclose their own impairments.



## Web Links

There is more information about disabled people in the population, employment and in higher education available at:

<http://www.shaw-trust.org.uk>

<http://www.hesa.ac.uk/index.php/content/view/153/161/>

<http://www.officefordisability.gov.uk/docs/res/annual-report/odi-annual-report-2008.pdf>

Information on Equality and Diversity issues in the NHS is available at:

<http://www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/Pages/Home.aspx>

Information on Employment Rights for Disabled is available at: <http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/YourEmploymentRights/index.htm>



### 3. Regulation and career opportunities

Various documents form the backdrop to the education and practice of all physiotherapists. Most readers will be familiar with these:

- HPC: Standards of Conduct, Performance and Ethics and Standards of Proficiency – Physiotherapy  
(For disabled individuals there is also: A disabled person's guide to becoming a Health Professional available at <http://www.hpc-uk.org/assets/documents/1000137FAdisabledperson'sguidetobecomingahealthprofessional.pdf>)
- CSP : Rules of Professional Conduct, Code of Ethics and the Learning and Development Principles

Completing an approved programme of study does not guarantee that individuals will become registered with the HPC; it does, however, indicate that they meet professional standards. Being registered as a health professional is not a guarantee of employment. It is important to emphasise that 'fitness to practise' is not the same as 'fitness to work'; 'fitness to work' is a status that is decided at a local level between registrant and employer (HPC, 2007).

#### 3.1 Fitness to practise

The HPC exists to protect the public from practitioners whose practice falls below their required standards. HPC registration is a mark of quality: fitness to practise. This applies to all physiotherapists. Failure to adhere to the HPC's requirements will jeopardise any practitioner's registration and licence to practise.

The HPC notes that the vast majority of registrants have no contact with the fitness to practise process and that the numbers involved are very small in relation to the numbers on the register. In fact, the evidence suggests that the professions regulated by the HPC are 'low risk' when compared to professions registered with other regulators. In 2007/8, only 0.24% of all registrants (across 13 regulated professions) were subject to a complaint. Less than 1% of these were about the physical or mental health of the registrant (HPC, 2008).

Fitness to practise is defined as "the combination of conduct, competence, health and character necessary to practise safely and effectively" (HPC, 2008 p23). Most complaints (88%) relate to issues of conduct or professional behaviour and not to competence.

#### 3.2 Disability, ill-health and fitness to practise

It is important to differentiate between disability and ill-health in relation to fitness to practise. Having an impairment does not mean that a person is in a permanent state of poor health. People who have certain long-term health conditions (such as diabetes or epilepsy) are protected from discrimination under the DDA. A disabled person can be in good or poor health.

Some conditions can fluctuate or deteriorate, which may affect performance. These could affect the person's fitness to work, but may have no bearing on their fitness to practise.



### 3.3 Implications for progression

As is the case for non-disabled students, some disabled students may be unable to complete a qualifying programme of study for reasons that are not necessarily associated with their impairment. It is crucial for staff to be aware of this distinction:

- If the cause of failure is judged to be academic, staff should have confidence to act accordingly.
- If the cause is judged to be disability-related, appropriate action should be taken to identify the underlying issues: have all reasonable adjustments been considered and implemented?

There could be occasions when, even with appropriate adjustments and support in place, some students may be unable to complete the programme.

**A visually impaired student's eye condition becomes increasingly painful and cannot be satisfactorily controlled by medication.**

**A student sustains an injury that makes it impossible to carry out the required clinical and practical skills.**

If, after graduation, a practitioner develops an impairment, legislation requires the employer to make appropriate reasonable adjustments to enable employment to continue. The government's Access to Work (AtW) scheme exists to support both employees and employers in facilitating the participation of disabled people in employment (See **Appendix 1**).

### 3.4 Physiotherapy: a variety of career options

Physiotherapy is not a single career: there are many options. Following graduation, all students make choices depending upon their individual preferences and professional judgement. Physiotherapists practise in those areas in which they consider themselves to be competent. In this respect, disabled people are no different from their non-disabled peers and will make decisions about their career progression in relation to areas of interest and previous experience.

Similarly in relation to medical training the GMC (2008) states:

**“The point of a medical course is to produce a doctor fit for clinical practice. What doctors then choose to do with their career is a matter for them”.**

It may be the case that some disabled therapists, for disability-related reasons, will choose to practise within particular clinical specialties. It would be inappropriate to imply, however, that it is legitimate for anyone to prescribe specific clinical areas in which disabled physiotherapists are licensed to practise and to argue for the introduction of 'restricted practice'. To do so is to make stereotypical assumptions about what disabled people can, and cannot, do and to discriminate against them by not permitting the same freedom of choice as that which is available to non-disabled practitioners.

## 4. Overview of Legislation

Parts of the DDA under which education providers have duties:

Part 4 of the Disability Discrimination Act 1995 (DDA) as amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability (Northern Ireland) Order 2005 (SENDI). Education providers will also need to refer to Part 1 of the DDA (definitions), Part 2 (employment), Part 3 (goods and services) and Part 5A (the Disability Equality Duty).

In providing education, it is unlawful to discriminate against disabled people without justification, or to treat a disabled person less favourably than others because of a disability. The law also requires universities and placement providers to make reasonable adjustments, to avoid placing disabled people at a substantial disadvantage. There is an anticipatory aspect to the duty and institutions must be able to predict the kinds of possible adjustments that disabled people as a group may require when using any of their goods, facilities and services. Areas where adjustments may be required include:

- Publicity (in all formats)
- Recruitment
- Admissions
- Accommodation
- Learning and teaching
- Assessment
- Awards ceremonies
- Alumni activities

### 4.1 Duties under the legislation

Universities, placement providers and employers have four fundamental duties in relation to disabled people:

- Disability discrimination: The duty to avoid unlawful discrimination (see Section 4.2 for types of discrimination)
- The anticipatory duty (a general duty): The duty to ensure that, as far as possible, reasonable adjustments relating to the provision of services for disabled people have been anticipated.
- Reasonable adjustments (a duty to individuals): The duty to make reasonable adjustments to policies, practices, facilities and procedures to meet the specific requirements of each disabled person.
- The Disability Equality Duty: The duty to promote equality and to eliminate discrimination (see **Appendix 5**).

## 4.2 Types of discrimination

### 4.2.1 Direct discrimination

This is defined as less favourable treatment of a disabled person because of that disability.

This may occur as a consequence of prejudiced or stereotypical assumptions about disabilities; it may also arise due to general misconceptions relating to the effects of specific disabilities and their consequent limitations on a person's intellectual and/or physical abilities. It is unlikely that such assumptions would be made relating to non-disabled people under similar circumstances.

#### **Examples of direct discrimination:**

- 1. An applicant to a physiotherapy programme disclosed a hearing impairment on her application form. Because the admissions tutor believed that deaf people cannot be physiotherapists, the candidate's application was rejected.**
- 2. On learning that a student has dyslexia, a practice educator refused to accept him on placement because the educator believed that people who have dyslexia would be incapable of operating safely in an intensive care setting and would therefore constitute a health and safety hazard.**

Direct discrimination may occur inadvertently. An individual might discriminate against a disabled student without realising that discrimination had taken place. Direct discrimination can never be legally justified.

### 4.2.2. Disability-related discrimination

This is defined as less favourable treatment of a disabled person, not directly because of the disability but for a reason relating to it.

#### **Examples of disability-related discrimination**

- 1. A student who has bi-polar affective disorder was told that he could not carry medication with him at university because of a policy that did not permit any drugs to be brought on to the campus.**
- 2. A student who has a hearing impairment was told that she could not bring her assistance dog into lectures because the tutor was under the impression that, under university regulations, animals were not permitted to enter any of its buildings.**

Disability-related discrimination may be permissible, but only after due consideration has been given to the duty to make reasonable adjustments relating to the requirements of disabled people. If, following such consideration, it is concluded that no effective adjustments can be implemented, actions that would otherwise amount to disability-related discrimination may be justified.

#### 4.2.3 Failure to make reasonable adjustments

This is defined as adapting policies, practices and procedures to take account of the requirements of disabled people. The duty to make reasonable adjustments is a cornerstone of disability legislation in relation to promoting equality of opportunity for disabled people. Under this duty, it is legally permissible to treat disabled people differently from and/or more favourably than, their non-disabled peers, to compensate for inherent disadvantage relating to disability and the need to promote equality.

##### **Example of failure to make a reasonable adjustment:**

**With the intention of being fair to all students, staff agree to implement a practice education programme that allocated placements on a random basis. A student who experiences fatigue on long journeys requested to be allocated placements close to home. The practice education co-ordinator stated this request could not be granted because all placements were allocated by a centralised, computerised management system which served several universities. The student was advised to negotiate any changes with other students who may be willing to swap.**

#### 4.2.3 Failure to make reasonable adjustments

This occurs when someone is identified as causing a particular 'problem' and is consequently treated unfairly. This might be because that person has made a complaint with reference to the university's complaints procedures or is involved in a legal case, either as a plaintiff or as a witness.

If a person receives unfair treatment as a consequence of issuing a complaint alleging discrimination, or for providing information or evidence in support of someone else who has brought legal proceedings alleging discrimination, the institution could be prosecuted for victimisation.

##### **Example of victimisation:**

**A student who has mobility and hearing impairments made a formal complaint because the reasonable adjustments that had been negotiated prior to his commencement on a respiratory practice placement had not been implemented on his arrival. Staff decided, without reference to the student, that he would not be permitted to undertake the placement. He was informed that he would be required to repeat it at a later date when other students would be preparing for assessment. This would be regarded as unfair treatment as the student could not be held responsible for the failure to provide support.**

#### 4.2.5 Harassment

This is a freestanding concept in disability discrimination legislation. Higher education institutions have a duty to prevent the harassment of disabled students.

Harassment is deemed to occur when, for a reason relating to someone's disability, an individual engages in unwanted conduct that has the purpose or effect of:

- Violating the dignity of the disabled person, or
- Creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Harassment of disabled students may be unrecorded because many disabled people do not choose to raise formal complaints or grievances because they believe that such actions are likely to adversely affect their interactions with peers and staff which they fear would jeopardise the quality of their future educational experience.

In order to eliminate the practice of harassment, some organisations may need to address this issue specifically in order to promote effective cultural change. Senior managers have a vital role to play in ensuring that all staff are aware of the appropriate procedures in relation to responding to complaints and how to avoid behaviour that is likely to result in a complaint being lodged by students and colleagues.

#### Examples of harassment:

**1. A visually impaired student wears glasses with yellow tinted lenses to reduce glare. He was continually asked by one lecturer, in the hearing of other students, how he could possibly be a physiotherapist if he "cannot see properly". His informal complaint to his personal tutor was dismissed as trivial; he was advised not to take such matters seriously and to ignore remarks that were not intended to be offensive.**

**2. Upon realising that a member of their project group has dyslexia, students complained to the supervisor that they were at a disadvantage in relation to other groups and to include a disabled student would jeopardise their final result. Believing that this student would be incapable of making any significant contribution to the group, the students refused to include her in their discussions.**

The Disability Equality Duty (see **Appendix 5**) underpins the response to these types of unlawful discrimination.

Because universities provide the education and training necessary for a student to register as a physiotherapist with the HPC, they must ensure that the assessments for which they are responsible are free from disability discrimination. Universities must therefore be able to demonstrate that all their policies, practices and procedures are equitable.

European and international students have the same rights under the Act as home students. Universities must ensure that the necessary systems are in place to identify the needs of disabled students coming from outside the United Kingdom.

International students are not, however, eligible for Disabled Students' Allowances so institutions must take responsibility for providing the funding for any reasonable adjustments that are deemed to be necessary.



## Web Links: Legislation

A useful summary of education providers' responsibilities called Understanding the DDA: A guide for colleges, universities and adult community learning providers in Great Britain is at: <http://skillcms.ds2620.dedicated.turbodns.co.uk/uploads/Understanding%20the%20DDA.doc>

Information about SENDO is at:

[http://www.equalityni.org/sections/default.asp?cms=news\\_campaigns\\_sendo&cmsid=1\\_21\\_31&id=31&secid=1](http://www.equalityni.org/sections/default.asp?cms=news_campaigns_sendo&cmsid=1_21_31&id=31&secid=1)

SENDA is at:

<http://www.opsi.gov.uk/acts/acts2001/20010010.htm>

Guidance on all aspects of the DDA was published by the Disability Rights Commission (DRC) (for Great Britain) and the Equality Commission for Northern Ireland in the form of codes of practice and briefing guides. These are now available on the Equality and Human Rights Commission website:

<http://www.equalityhumanrights.com/en/publicationsandresources/Disability/Pages/Education.aspx>

The DRC Code of Practice on post-16 education sets out legal and practical guidance on how to comply with Part 4 of the DDA:

<http://www.equalityhumanrights.com/Documents/DRC/rename/tsodrccop-web%20post%2016%20cop%20240407.pdf>

The Northern Ireland Further and Higher Education Code has similarly detailed guidance.

The Learning and Skills Development Agency booklet How to Actively Involve Disabled People is at: [http://www.lseducation.org.uk/dda/files/pubs/B1\\_062488.pdf](http://www.lseducation.org.uk/dda/files/pubs/B1_062488.pdf)

### 4.3 Who is responsible?

Overall responsibility for complying with disability discrimination legislation lies with the governing body of the university or Trust/PCT. The legislation states that 'responsible' bodies are liable for the actions of their employees during the course of their employment.

**A lecturer regularly turned his back on the class whilst speaking and demonstrating techniques. He also turned off the lights in the lecture theatre during PowerPoint presentations, even though he knew that one of the students needed to lip read. This lecturer had attended disability awareness training but his subsequent practice was not monitored. This failure to make reasonable adjustments resulted in the student being seriously disadvantaged. Consequently, even though the institution was unaware of this lecturer's discriminatory practices, it was deemed to be legally liable.**

Points to note:

- Staff who knowingly commit or collude in unlawful practices may be liable for prosecution.
- If it is stated that a particular practice is lawful, staff acting upon that statement, in good faith, would not be deemed to be acting unlawfully.
- If the individual issuing that statement does so knowing that it is false, s/he would be committing an offence.

### 4.4 Who is a disabled person?

The Disability Discrimination Act (1995) as amended by the 2005 Act (DDA) defines a disabled person as:

**“Someone who has a physical or mental impairment that has a substantial and long-term, adverse effect on his or her ability to carry out normal day-to-day activities”.**

For the purposes of the Act:

- 'Substantial' means neither minor nor trivial
- 'Long-term' means that the effect of the impairment has lasted or is likely to last for at least 12 months or for the rest of the person's life (there are special rules covering recurring or fluctuating conditions)
- 'Normal day-to-day activities' are listed in the Act and include mobility, manual dexterity, speech, hearing, seeing, understanding danger, and memory.

People who have a range of impairments and long-term health conditions are included in this definition. Conditions included are:

- Sensory impairments (hearing; seeing)
- Neurological conditions (e.g. multiple sclerosis)
- Neurodiversity (e.g. dyslexia)



- Mental health issues (e.g. depression)
- Cancer
- HIV.

It is important to note that those who would not necessarily describe themselves as 'disabled' (e.g. people who have dyslexia) are protected under the DDA if the effects of the impairment are 'long-term' 'adverse' and 'substantial' in relation to normal day-to-day activities. Conditions that are excluded from the definition include:

- Addictions to, or dependency on, alcohol, nicotine, or any other substance unless it has been medically prescribed
- Hay fever, unless this aggravates the effect of another condition.

Section A6 of the Equality and Human Rights Commission's document *The Guidance on matters to be taken into account in determining questions relating to the definition of disability*, states:

"A disability can arise from a wide range of impairments which can be:

- sensory impairments, such as those affecting sight or hearing
- impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgic encephalitis (ME)/chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy
- progressive, such as motor neurone disease, muscular dystrophy, forms of dementia and lupus (SLE)
- organ-specific, including respiratory conditions, such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease
- developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia
- learning difficulties
- mental health conditions and mental illnesses, such as depression, schizophrenia, eating disorders, bipolar affective disorders, obsessive compulsive disorders, as well as personality disorders and some self-harming behaviour
- produced by injury to the body or brain."

Universities, placement providers and employers should refer to this definition when considering how to support disabled applicants, students and employees. They should also take steps to encourage a greater understanding of who is protected by the Act, and seek to protect the rights of disabled people in their use of all their services.

It can be seen that the definition of disability is very broad. It includes many conditions that are described as 'invisible' and many that are not generally regarded as disabilities. As discussed in the **Key Concept** section on **Disclosure**, many people who are 'technically' disabled (i.e. are legally covered by the DDA) do not necessarily describe or consider themselves as such. It would probably not occur to them to ask for reasonable adjustments because they would believe that they were not eligible to receive such support.



A mature individual who was thinking of applying to a physiotherapy programme attended an open day. During discussion with a tutor, she mentioned that she was diabetic because she was concerned that this might have a bearing on her application and ability to undertake study and practice placements. She was directed to the disability tutor who explained that she was covered by the DDA and could therefore access specific support to enable her to participate fully in all aspects of the programme.

She was very encouraged by this discussion as she had never considered herself to be disabled and so had not explored the possibility of receiving support. She successfully obtained a place on the programme and contacted the disability service in plenty of time to undertake an assessment of study needs.



## Web Links: Definition of disability

Definition of a disabled person, go to:

<http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/>

Guidance on questions relating to the definition of disability, go to:

<http://www.dwp.gov.uk/publications/dwp/2005/dda/ddaguidance.pdf>

and:

Disability Discrimination Act: Guidance on matters to be taken into account in determining questions relating to the definition of disability. Available at:

[http://www.equalityhumanrights.com/uploaded\\_files/definition\\_of\\_disability.pdf](http://www.equalityhumanrights.com/uploaded_files/definition_of_disability.pdf)

DRC's post-16 Code of Practice, go to:

<http://www.equalityhumanrights.com/Documents/DRC/rename/tsodrccop-web%20post%2016%20cop%20240407.pdf>

A Code of Practice, drawn up further to an Act of Parliament, does not carry the force of law. A breach of the Code may, however, have serious implications and a court will examine whether or not an education provider has followed the Code.

#### 4.5 Monitoring

It is essential that anticipatory and individual provisions put in place for disabled students are monitored and reviewed on a regular basis. This is required by the legislation; more importantly, however, it enables institutions to assess the effectiveness of actions taken and can lead to modification of, and improvement in, services.

Educational public authorities are required to set out in the DES:

- Arrangements that are in place for gathering information on the effect of existing policies and practices on the educational opportunities available to, and on the achievements of, disabled students
- Arrangements that are in place for gathering information on the effect of existing policies and practices on the recruitment, development and retention of disabled employees.

This information must be analysed and used as the basis for preparing disability action plans and for reviewing the effectiveness of those actions taken. The DES should also include a statement concerning the ways in which the information gathered will be used, particularly regarding the arrangements for reviewing the effectiveness of the action plan and for preparing subsequent schemes.

This monitoring will contribute significantly to the effectiveness of any programme concerning equality of opportunity and will help to ensure that disabled people are not disadvantaged or under-represented. Without monitoring, it is impossible to track positive steps and their effects.

Monitoring should be regular, standardised and recorded.



#### Web Links: Meeting legal requirements

Relevant Equality Challenge Unit publications include:

Conducting Equality Impact Assessments in Higher Education available at:  
[http://www.ecu.ac.uk/publications/pubs\\_guidance.html#200709ConductingEqualityImpactAssessments](http://www.ecu.ac.uk/publications/pubs_guidance.html#200709ConductingEqualityImpactAssessments)

Involving Disabled People in Disability Equality Schemes: Briefing paper for the higher education sector available at:  
[http://www.ecu.ac.uk/publications/pubs\\_guidance.html#200610InvolvingDisabledPeopleinDES](http://www.ecu.ac.uk/publications/pubs_guidance.html#200610InvolvingDisabledPeopleinDES)

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Disability Equality Schemes – the annual report available at:

<http://www.ecu.ac.uk/publications/factsheet/200710-des-annual-report.pdf>

Guidance on developing a disability action plan in Northern Ireland available at:

<http://www.equalityni.org/archive/pdf/ECNIDisPlan.pdf>

For Northern Ireland also see:

[http://www.equalityni.org/archive/pdf/FHECOP\(SENDO\).pdf](http://www.equalityni.org/archive/pdf/FHECOP(SENDO).pdf)

See also:

<http://www.dotheduty.org>

Creating a Disability Equality Scheme: a practical guide for the NHS available at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4139666](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139666)

A template for carrying out Equality Impact Assessments in the NHS is available at:

[http://www.nhsemployers.org/SiteCollectionDocuments/EqIA\\_template200109.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/EqIA_template200109.pdf)

## 5. Staff training programmes

All institutions should organise training programmes for academic, clinical, ancillary and occupational health staff. These sessions should provide genuine opportunities to explore disability-related issues in an open and supportive environment. Regular evaluation and updating of these programmes should guarantee that staff are well informed of their duties under the DDA and DED. It is important to draw on the expertise of disabled students and staff when creating and delivering these sessions and to seek additional information and input from organisations of disabled people.

Some organisations use e-learning modules as an efficient method of disseminating information about diversity issues in general and disability issues in particular. Once these modules have been completed by staff, they can be followed up with workshops and discussion groups to explore issues of particular interest or concern to colleagues in each department. There are some online disability awareness courses that are freely available on various websites; e.g. the Online Disability CPD course available at: <http://resources.glos.ac.uk/tli/lets/incled/dcpd/dcpdonline.cfm>

Whilst this type of resource is helpful for considering a range of issues individually, it is recommended that staff have opportunities to meet and discuss local issues.

Experience suggests that most academic and clinical staff have a relatively altruistic outlook in relation to considering diversity issues. It appears, however, that they are less confident when asked to plan and implement effective support structures.

Universities benefit from the existence of networks of disability officers and the wealth of knowledge and experience that these staff can offer. The disability service should be the first port of call for enquiries concerning the type of support that might be appropriate and how this can be accessed. These disability networks are generally not as well developed in NHS settings as in other academic areas and so it often falls to university staff to provide background information and guidance to clinical colleagues. This often takes place during practice educator courses or on occasions when disability tutors are able to run workshops for managers and clinicians in local Trusts.

It is recommended that a designated member of staff, or a small group, is allocated the responsibility for keeping up to date with diversity issues in order to fulfil the department's duties under the DDA.

Various areas in which training could be undertaken are mentioned throughout. For specific exercises that might be used in staff development activities, see **Appendix 9**. It is possible that trainers may use simulation exercises in disability awareness sessions. Most disabled people disapprove of this method and consider it to be both ineffective and inappropriate. They believe that it is likely to result in the reinforcement of stereotypical views of disability and disabled people.

A discussion on this subject can be found in **Appendix 8**.

Materials that can be used as a basis for training can also be found in the **Key Concepts** section under **Disability Etiquette**.

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## 6. References

General Medical Council (2008) Gateways to the Professions. Advising medical schools: encouraging disabled students. GMC London available at:

[http://www.gmc-uk.org/education/undergraduate/undergraduate\\_policy/gateways\\_guidance/index.asp](http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/gateways_guidance/index.asp)

HPC (2007) A disabled person's guide to becoming a health professional. HPC London. Available at: <http://www.hpc-uk.org/assets/documents/1000137FAdisabledperson'sguidetobecomingahealthprofessional.pdf>

HPC (2008) Draft report to HPC Council: Continuing Fitness to Practise – Towards an evidence-based approach to revalidation. HPC London. Available at:

<http://www.hpc-uk.org/assets/documents/100023F520080826aPOLPPRCFTPLG-Draftreportincludingannexes.pdf>

# 1. Programme information and marketing

In terms of the student journey, a university's primary responsibility is in the preparation of information about the programmes it offers. This may be directly linked to outreach activities in local institutions such as schools.

## 1.1 Welcoming

General information about the university and more specific information about the physiotherapy programme should make clear that applications from disabled people are welcome. This may be in the context of emphasising that the programme is open to all members of the community. By indicating that this includes disabled people, the institution effectively challenges the continued misapprehension in some quarters that 'disabled people cannot be physiotherapists'.

## 1.2 Positive images

All university publicity material should be reviewed to determine whether it contains positive stories and images of disabled students. Present and/or former disabled students can be asked to contribute to writing the text and to provide practical information and advice in relation to their academic and social experiences. Particular achievements could also be noted, although stereotyping should be avoided.

In relation to programme-specific information, individuals who have gained a place on a physiotherapy programme, or who have gone on to enjoy a successful career in physiotherapy, can be showcased both in the literature and on websites (importantly with their permission and involvement).

It is essential that the specific disability support services on offer from the institution are clearly indicated.

## 1.3 Marketing materials

All information, such as prospectuses and programme leaflets, should be quickly and easily convertible into a range of formats (see below). 'Easy Read' text should also be offered. The availability of these different formats should be clearly advertised to applicants. Information should be:

- Available electronically so that it can be modified as required (e.g. different fonts and font sizes, different background and text colours)
- Produced in an electronic format that is compatible with assistive technology (such as magnification software or speech output systems)
- Offered in both visual and audible media
- Available in different electronic formats, including a version without enhancements such as boxes
- Be easily navigable, if electronic, using either a mouse or keyboard shortcuts
- Available in Braille.



## Web links

Information on how to produce jargon free information available at: <http://www.plainenglish.co.uk/>

RNIB's guidance on providing accessible information available at: [http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public\\_seeitright.hcsp](http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_seeitright.hcsp)

Background information on disabled people and communications from the Office for Disability Issues is available at: <http://www.odi.gov.uk/iod/background/background0104.php>

Paper-based materials should be produced on matt paper to reduce glare and in clear fonts with good contrast between text and background. Text should not be superimposed on graphics as this makes it difficult to read. There should be a clear message about how individuals can obtain the information in different formats.

Providing accessible information not only enables disabled people to read the materials, it also creates a good first impression. Further information on accessibility can be found in the Key Concepts section.

Whether a disabled person chooses to apply to a particular institution will, to a considerable extent, depend upon the impression conveyed in its publicity and other literature and also from verbal communication with staff. The institution's marketing strategy needs careful planning, taking into account the varying access requirements of disabled applicants. It is worth emphasising that many disabled applicants are likely to feel particularly apprehensive about the response they might receive from staff about their disability. They want to undertake study at a university whose ethos is friendly and non-judgemental and in which disabled people feel welcome and valued. Disabled applicants will respond positively to marketing that encourages them to apply. This should include:

- Accessible website
- Availability of prospectuses and other literature in a range of formats, prominently advertised at all stages of the process
- Detailed information of services available for disabled students
- A list of named personnel who can provide additional information
- Textphone facility
- Information on financial assistance
- Friendly and knowledgeable academic and disability staff
- Offers of an informal visit
- Open days and interviews that are fully accessible.

### 1.4 Websites

Web-based communication methods are playing an increasingly important role in today's society and they are being fully utilised by universities to disseminate information. The website is probably the first contact that most prospective

applicants will have with a university and they will use it to find out about the institution, the facilities on offer, the student experience, the available learning opportunities and so on. In particular, disabled people may look for information about the support that is on offer and will begin to form an idea of the institution's overall ethos from the ways in which this is communicated. It is doubly important, therefore, to ensure that websites are fully accessible.

It is most effective and cheaper for accessibility options to be built into a website at the design stage. There are many sources of guidance on what constitutes an accessible website and the commissioning and design process. For information on these, please refer to 'Accessibility' in the **Key Concepts** section.



- **Is your University website accessible?**
- **Does it have accessibility options clearly indicated on the home page (e.g. alternative sizes of font or availability of different background and text colours)?**
- **Does it work with assistive technology such as screen magnification and speech?**
- **Does it have a 'text-only' option?**
- **Does it provide text descriptions of graphics?**
- **Do video clips have subtitles?**
- **Is there an 'Easy Read' version?**



### **Legal reminder: Advertising**

It is unlawful to publish an advertisement that indicates, or might reasonably be understood to indicate that:

- The success of a person's application to a programme may depend to an extent on his or her not having any disability, or any particular disability
- The person who is considering the application is reluctant to make reasonable adjustments.

This means that providers must take great care to ensure that the information contained in their marketing material is not discriminatory.



### 1.5 Open days

Information on the opportunities to attend general open days should be provided. This enables disabled individuals to visit the university together with other potential candidates. If they are thinking of applying to, or have already applied to, the institution they can gain more insight into what it might be like to study there. The format of these events will vary from place to place, but they may provide opportunities to explore the physical environment, collect further information about the programme, meet some academic staff, talk to current students, make contact with the disability service and tour the specific teaching facilities.

In taking account of the institution's anticipatory duty and with reference to inclusive principles, open days for prospective students and other public events need to be carefully planned to ensure that they are fully accessible for disabled applicants. This includes ensuring that:

- When individuals book/register for the open day, they are provided with the opportunity to request adjustments
- All staff have received training in, and/or have an awareness of, how to talk to people with different communication requirements
- All information materials can be provided in a range of formats
- Rooms to be used are accessible for people who have mobility impairments
- Tours are accessible for people who have mobility or sensory impairments
- Talks are given in rooms with hearing loops
- All presentation materials are provided in required formats
- Bowls of water and a spending/toileting area are available for assistance dogs.

Open days can be enhanced greatly by the active involvement of current disabled students who can act as ambassadors.

## 2. Helping applicants to make choices

It is expected that disabled applicants will review the information provided by universities and physiotherapy programmes in the light of their own requirements. Whilst all programmes fulfil the requirements of the Health Professions Council and CSP curriculum guidance, each one is unique in many respects such as exact content, amount of contact time, patterns of study offered (e.g. full-time, part-time, situated learning, accelerated pre-registration MSc programmes), methods of delivery and positioning of practice placements within the programme.

Universities also offer different types of student accommodation and support, and the relationships between a university and the local population will vary from place to place. Some universities are very campus-focused, with all teaching and much of the students' social life centred on one site. Others have less accommodation and fewer facilities available. Depending upon the demographics of the cohort, students may continue to live at home with their parents, or could have their own homes and jobs at a distance from the university.



**Has your staff team thought about the ways in which these factors might impact upon applicants with a range of different impairments?**



## Legal reminder

It is a legal requirement that all university facilities are equally available to students who have a range of impairments. Information about the factors mentioned above should be made available to applicants so that they can use this to select the university and programme which best suits their requirements. It is helpful to provide opportunities for disabled people to discuss their particular requirements before they make an application to enable them to make an informed choice.

Those responsible for physiotherapy programmes should ensure that there is clear and specific information on websites and in marketing materials about the requirements of physiotherapy as a profession and as an area of study. This is not only helpful to prospective disabled applicants, but is also useful for enabling all prospective applicants to make an informed decision about whether or not to pursue an application for a place on a physiotherapy programme.

All staff involved in considering applications, selection processes, career counselling or occupational health should be aware of this information so that they can have an informed discussion with applicants that is based on up-to-date knowledge of the demands of physiotherapy.

It is helpful if everyone involved in admissions procedures is aware that people who have a wide range of impairments are practising physiotherapy successfully.

### 2.1 Encouraging disabled people to apply for physiotherapy

Many of the points discussed above will have a positive effect on encouraging disabled individuals to apply to study on physiotherapy programmes.



## Legal reminder

Discrimination is unlawful:

- In the arrangements made for determining admissions
- In the terms of the offer to admit the disabled person
- By refusing or deliberately omitting to accept an application for admission.

It is important for staff to reflect critically on their recruitment processes and selection criteria. Staff need to be mindful of their duty to make reasonable adjustments so as to avoid discriminatory practices in relation to the following:

- Written, verbal and electronic communication
- Informal visits
- Open days
- Sifting of application forms
- Interview procedures
- Offers of a place on the programme.

The development of appropriate communication skills promotes a good rapport between staff and disabled applicants and puts them at ease. In turn, this engenders trust and a willingness to raise potentially difficult issues such as disclosure of a disability and its academic and social implications.

**A physiotherapy student who has mental health issues disclosed his disability on the UCAS form. He said that he had been reassured by the information provided about disability support on his university's website and that all his contacts with admission and disability support staff had been extremely positive. He had been worried about negative attitudes and stereotypical reactions, but felt that it would have been irresponsible not to disclose.**

## 2.2 Informal visits

As mentioned above, disabled applicants should select the programme and university that best meets their access requirements. Prior to submitting a formal application, some disabled applicants may wish to visit the university to enable them to make an informed decision as to its suitability. As well as meeting staff, and possibly disabled students currently registered on the programme, they want to assess the accessibility of the site itself and that of the local environment. Whilst some potential applicants will initiate a request for an informal visit, it is good practice for staff to offer this facility.

## 3. The application process

It is recommended that applicants should be encouraged to discuss disability-related issues. A statement should be included in mailings or electronic communications to all applicants that makes clear that disability is not a barrier to entry, together with the offer of a confidential discussion about the requirements of the programme.

### 3.1 Accessibility

Applications for most physiotherapy programmes take place through UCAS, which now provides a wholly online process. This should immediately alert admissions tutors that, for some people, there may be accessibility issues. UCAS gives a commitment to make his website conform to accessibility guidelines. When first opening the homepage, however, the text is black on white and the font size is quite small. Whilst there is good contrast, the white background causes considerable glare and there is no built-in facility for users to make simple changes to the background/foreground colours. It is possible to increase the size of the text by going into 'View' on the menu

of the website browser. Unfortunately, however, even the 'largest' size text in the main body of the page is still only about size 12 font.

The website does work well with some assistive technology such as magnification and speech output (ZoomText, SupaNova and Jaws). It is not as successful with some software designed for use by individuals who have dyslexia (Text Help and Inspiration).

### 3.2 Disclosure on application

The UCAS form provides the opportunity to declare a disability. This does not guarantee, however, that applicants will do so.

**A student who has mental health issues said: "I saw the box on the UCAS form where it said I could declare my disability, but there was no way I was going to do that. For one thing I didn't think of myself as 'disabled'. More importantly, I thought it would negatively affect my application. It was only after I'd been at uni for a while and found out about the support available that I realised what it was for. They should explain how the information is going to be used. Then more people might disclose and get help earlier".**

Whilst applicants may not declare a disability on the UCAS form, it is generally agreed that it is helpful to do so since this should trigger a response from admissions staff and a university's disability service.

If potential applicants contact academic or admissions staff to have an informal discussion on disability issues, it is helpful to encourage them to declare their disability on the UCAS form, to reassure them about confidentiality and to give details about how the information will be used. It should be made clear that all information given will have no effect on the outcome of decisions made by admissions tutors or interview panels. It should be explained that the information is only needed to inform the university of an applicant's requirements for the interview (if applicable) and to provide a basis from which reasonable adjustments can be made if a place is offered. More detailed information on **Disclosure of Disability** can be found in the **Key Concepts** section.

### 3.3 Selection

When recruiting students, it is essential that selection and entry criteria and procedures are formulated to ensure that they are non-discriminatory and do not include any unnecessary or marginal requirements.

Selection and admissions procedures should be reviewed regularly to ensure that they are fully accessible. Some forms of discrimination can occur whether or not the provider knows that a person is disabled.

### Example

**As part of its selection procedure, a university required applicants attending for interview to negotiate their way successfully around the campus using a standard map and to arrive at a designated point within a specified time limit. This constitutes disability-related discrimination in so far as a range of disabled candidates may be unable to access and/or interpret the map and so would be significantly disadvantaged.**

It is important to provide training for staff who are involved in selection and admissions. Non-discriminatory practices should be embedded throughout the process to avoid any potential breaches of the legislation, including those which are unintentional.



### Legal reminder

Physiotherapy programme teams have a duty to ensure that they have clearly identified which entry requirements are genuine competence standards (and so lawful under the DDA) and which are not. All assessments of competence are subject to the reasonable adjustments duty. See the **Key Concepts** section for more detail on **Competence Standards** and **Appendix 6** on **Reasonable Adjustments**.

#### 3.4 Entry criteria

It is important that entry criteria for programmes do not ask for skills, achievements or personal characteristics that are not actually required for participation in, and successful completion of, the programme and that would be difficult or impossible for people who have particular impairments to demonstrate.

Entry criteria require applicants to have certain qualifications. These should form genuine competence standards required for the programme (see **Key Concepts** section for more detail on **Competence Standards**). The criteria for physiotherapy programmes are generally focused on academic achievement attained in the four years prior to application.

##### 3.4.1 Knowledge of physiotherapy

Most academic teams also look for evidence in applications (usually in the personal statement) that individuals have a clear idea of the role of physiotherapists and the areas in which they practise. Applicants usually obtain this understanding through a range of methods, such as work shadowing, work experience, working as a physiotherapy assistant, voluntary work, visits to physiotherapy departments and reading relevant information (e.g. *Physiotherapy Frontline* and the CSP website). All applicants, including those who are disabled, are expected to fulfil these criteria.

### 3.4.2 Selection of a disabled candidate

A disabled applicant's merits should be assessed as though the reasonable adjustments required under the DDA have been made. This fulfils the requirement to consider the need to take steps to account for disabled people's impairments, even if this means treating them more favourably than non-disabled people. If, after allowing for those adjustments, a disabled person would not meet the competence standards for the programme, a place does not have to be offered. Two issues may arise as a result of this requirement:

- Decisions may be skewed in favour of offering a place to a disabled applicant if the individual has chosen not to disclose an impairment
- It is highly unlikely that staff will be able to judge what a candidate could achieve without a proper assessment and the implementation of reasonable adjustments.

A disabled person should not be offered a place on less favourable terms than anyone else. An unacceptable condition might be, for example, that a disabled person is required to agree to extend the time taken to complete the programme from 3 to 4 years. This is based on the assumption that the applicant would be unable to graduate within the usual time frame as a consequence of disability.

### 3.5 Interviews and associated assessment procedures

It would be discriminatory practice to interview disabled applicants formally when non-disabled candidates are not required to undergo this procedure. If an applicant discloses a disability at interview, it is not the interview panel's responsibility to assess for possible reasonable adjustments, or to decide whether these would enable the applicant to study to become, or to practise as, a physiotherapist.

If interviews are required, the interview panel members should follow the same procedures for both disabled and non-disabled applicants. Applicants' impairments are irrelevant at this stage. An applicant's impairment only becomes relevant when applicants are offered a place.

Whilst it is not the role of the interview panel to assess the candidate for possible reasonable adjustments, it is permissible, under the DDA, to ask certain questions about an applicant's impairment, as long as the questions relate to:

- The applicant's requirement for reasonable adjustments
- The applicant's ability to meet the competence standards for the programme.

It is not acceptable for interviewers to initiate a general discussion about an applicant's impairment. This would amount to discrimination. Interview panel members are rarely qualified to make decisions relating to an individual's impairment. In any case, this discussion would unfairly limit the time available for disabled applicants to demonstrate their skills and qualities when compared to that available to non-disabled candidates.

#### 3.5.1 Assumptions

Those involved in interviewing, while ensuring they give as much information as possible about the requirements of a particular programme, should never automatically



assume that applicants will not be able to follow a programme because they have a particular impairment. To do this would constitute direct discrimination.

### 3.5.2 Anticipatory duty

Many universities do not interview applicants for physiotherapy programmes. If it is customary for an interview to form part of the selection process, it would be discriminatory not to interview an applicant who has an impairment or a long-term health condition.

If an interview is offered, account must be taken of the anticipatory duty. Staff should be proactive in finding out the requirements of all interviewees and give particular thought to those of disabled applicants. For example, when inviting applicants to interview, staff should ask whether individuals have any access requirements and what adjustments might be needed to help them to participate fully in the selection process. Ad hoc arrangements made on the day of interview are not recommended. Universities should anticipate reasonable adjustments that might be required by disabled people in general, and should be able to implement them at very short notice if necessary.

### 3.5.3 Non-disclosure

If a university could not reasonably have known that an applicant had an impairment because s/he had chosen not to disclose, it may not be discriminatory if the applicant is unable to participate fully in the interview. Programme staff should, however, still try to make adjustments on the day if they can do so.

**An applicant who is hard of hearing had not notified the university that he required a hearing loop. The interview was scheduled in a room without a loop and other suitable rooms were occupied.**

**The interview chair could first investigate whether rooms could be reallocated, or whether a portable loop was available. The panel could also explore with the applicant whether the interview could take place if the interviewers modified their communication method.**

**If these strategies failed to resolve the issue, it might be possible for the interview to be rescheduled at a time when a room with a hearing loop was available.**

### 3.5.4 Disclosure

It is important that all disabled applicants disclose their access requirements if they expect support to be available at interview. It is also incumbent upon universities to ask applicants whether they require any reasonable adjustments when they attend for interview.

### 3.5.5 Support workers

In some cases, an applicant may wish to be accompanied by an assistant to act, for example, as a lip-speaker. If the applicant is to be accompanied by an assistance dog, a bowl of water and spending/toilet facilities should be provided.

### 3.5.6 Location

The location and fixtures/fittings of the room in which the interview is scheduled to take place should also be considered. As a general principle, rooms used for interviews should be conveniently located within the university's site. Ideally, they should include flexible features such as window blinds and dimmer switches.

### 3.5.7 Written tests and group discussions

In cases where applicants are required to undertake a written test or participate in a group discussion or a tour of the campus, it is important to make reasonable adjustments in advance. Disabled applicants should receive detailed information as to what will be expected of them at interview and should be provided with opportunities to discuss, or at least state, their access requirements.

It should be emphasised that any questions relating to an applicant's access requirements should focus on the type of adjustment needed and not on the nature of the impairment.

**As part of a selection procedure, an applicant who has a visual impairment was informed that participation in a group discussion was required, in which everyone would wear name badges.**

**An appropriate adjustment would be:**

**A member of staff asking the applicant, "How can we organise the group discussion so that you can participate fully?" The applicant can then request that either the group leader could speak the names of the participants at the beginning of the session, or that each person could introduce themselves.**

**An inappropriate course of action would be:**

**A member of staff asking the applicant, "Can you tell me how much you can see so I can make the writing on the name badges bigger?"**

## 3.6 The information exchange

It is considered good practice to offer disabled applicants, at the very least, disability-related interviews (usually described as an information exchange). These are usually face-to-face meetings which can be offered during the application process, or post-selection, on a voluntary basis. In order to avoid the necessity of an applicant having to travel to the university more than once, this information exchange could take place on the same day as the interview. It should, however, be conducted as a separate meeting and it must be made clear that it will not affect the outcome of the selection process. The staffing of these meetings will vary from place to place, but



might include a member of the university's disability staff, the disability tutor for the programme and/or the admissions tutor. In some cases, it may be helpful to invite a representative from an external organisation that has specific expertise in a particular impairment, (e.g. RNID or RNIB).

This information exchange enables the applicant to explore the support available at the institution and to come to an informed decision about whether to accept the offer of a place on the programme. The exchange also enables academic staff to begin to formulate ideas and plans for implementing reasonable adjustments.



## Web link: Selection criteria and interviewing

The **DRC Post-16 Code of Practice** gives more examples of acceptable and unacceptable criteria for selection, and examples of lawful and unlawful interview questions. Available at: <http://www.equalityhumanrights.com/pages/eocdrccre.aspx>

### 3.7 Clearing

Some physiotherapy programmes have a number of places available in August (due to applicants who have been offered conditional places not obtaining the entry requirements) and these places go into the university 'clearing system'.

Some disabled applicants may enter the programme via this route. It is important to ensure that the processes involved in clearing are non-discriminatory and that universities have systems in place to manage the situation effectively. To a certain extent, the anticipatory duty will ensure that support networks are available and that adjustments can be implemented quite quickly. If a programme team has an inclusive approach to teaching and learning, this will also facilitate full participation in the educational experience.

Some disabled applicants will have specific requirements which may involve staff in undertaking additional planning. It is essential, therefore, that part of the clearing process includes opportunities for applicants to discuss/state their support needs. On their initial contact with the institution, all disabled applicants should be informed about the university's disability service, and should be provided with information about the types of support available. If they request student accommodation, disabled applicants must be provided with contact information for residential services staff who should be able to furnish them with details of accessible rooms and facilities (as required).

Disabled students who enter university via clearing will not have been able to apply for the Disabled Students' Allowances (see **Appendix 3** for more detail) in advance. They may therefore need some interim support (e.g. the loan of equipment such as a digital recorder or enhanced access to computing and library facilities).

### 3.8 Justifying a decision to reject a disabled applicant

If universities reject disabled candidates, there may be occasions when justification for these decisions could be required. Justification may involve issues relating to the

candidate not meeting genuine competence standards, once reasonable adjustments have been considered, or there may be other material and substantial reasons.

**A person who has multiple sclerosis applied to study physiotherapy on a full-time basis. Whilst meeting the academic entry requirements, during the interview, the applicant was observed to have an unsteady gait and became visibly fatigued and appeared to be unable to concentrate. After the academic interview there was an opportunity for an information exchange to consider disability-related issues where the applicant revealed that she was experiencing regular exacerbations of her MS. During discussion it became apparent that her appreciation of the demands of the programme was limited.**

**Following further explanation from staff, it was agreed that these would be considered to be material and substantial reasons for rejection. No reasonable adjustments would have enabled this applicant to study safely.**



## Legal reminder:

To ensure fulfilment of DDA duties the following should take place:

- A record should be kept of the selection and interview processes
- The reasons for any decisions should be detailed, using university procedures and forms
- The applicant must be asked to confirm that the information written down is correct
- The applicant's written consent must be obtained for this information to be passed on, to whom and for what purpose.

This information must be kept confidential under the Data Protection Act 1998 (see **Appendix 5**).

In the unlikely event of a rejected applicant making a complaint, objective written notes showing consistency in the decision-making process can provide evidence of non-discriminatory practices. It is the university's responsibility to prove that it did not discriminate.

An accessible and clear process for dealing with complaints and appeals against a decision should be developed. Copies should be made available, in a range of accessible formats, to applicants and students.



## Web link: In case of a complaint

Information about how an applicant might bring a case to court in England and Wales is at: <http://www.courtservice.gov.uk>

For Scotland, the information is at: <http://www.scotcourts.gov.uk>

For Northern Ireland, see: <http://www.courtsni.gov.uk>

The Office of the Independent Adjudicator for Higher Education is at: <http://www.oiahe.org.uk>

## 4. Identifying student requirements

Once an applicant has been accepted onto the programme, his or her requirements, and any related reasonable adjustments, must be addressed. Ideally, this should happen before the programme begins.

### 4.1 Health assessment forms and occupational health checks

It is common practice to ask all applicants who have been offered a place to complete a health assessment form/questionnaire. This is designed to identify, in advance, those students who are likely to require support during the programme. It is also designed to identify anyone who is currently unwell or still recovering from ill health. Depending on specific circumstances, this may lead to an individual being advised to defer entry until recovery is complete. This constitutes a reasonable adjustment and could also be offered to applicants who have temporary impairments.



### Legal reminder:

All universities make health checks on students for the purposes of both patient and student safety. Disability and health are, however, different issues. It would be unlawful if, without justification, a special health check was insisted upon for a disabled person, but not for others. The fact that a person has an impairment or health condition is, in itself, unlikely to justify singling out that person to undergo a health check. Assessments in relation to establishing access requirements, or if a condition is intermittent or deteriorating, are legitimate.

It has been found that generalised health standards can lead to universities and their occupational health services attempting to pre-judge the ability of disabled people to be able to practise competently and safely at the application stage or at

entry to programmes. It is important that disabled students – as for non-disabled students – are given the opportunity to develop the relevant competencies during the programme, with adjustments made to enable them to achieve the programme requirements (DRC, 2007).

#### 4.2 Liaison with academic staff

As described earlier, unless a student enters a programme through clearing, there should have been a number of both formal and informal opportunities for discussion relating to the student's particular educational/study requirements. If, for some reason, this has not occurred, time should be allocated for a discussion of this nature to take place as soon as possible, preferably before the beginning of teaching.

To ensure that agreed adjustments are being implemented, it is important that the situation is monitored. The mechanisms for this may vary but it is recommended that monitoring should take place during meetings with personal tutors. Alternatively, if a staff member has taken on the role of disability tutor, s/he could monitor and record progress. It is also recommended that module leaders and/or programme leaders take responsibility for checking disability provision across modules and the programme as a whole.

It is essential that any information relating to adjustments in the teaching environment (as agreed by the student) are communicated as soon as possible to all relevant staff. This will ensure full participation in the programme from day one.



**Does your staff team have an effective system in place to ensure that everyone who needs to know about a student's requirements receives the relevant information in a timely fashion?**



#### Legal reminder:

Under the Data Protection Act (1998) staff are not permitted to disclose information about students' disabilities (considered to be sensitive, personal data) without their consent. (More detail on **Disclosure** can be found in the **Key Concepts** section.)

#### 4.3 Assessment of study needs and the Disabled Students' Allowance (DSA)

It is good practice for staff from the university's disability service to have been involved in discussion with the applicant/student from the point of first contact. If this has not been the case, the service staff must be informed when a firm offer of a place is made.

The student needs to make an application for a DSA in order to obtain funding to pay for equipment and services required during the programme of study (in both academic and practice settings). In order to ensure that all necessary access equipment and services are available from the start of the programme, an assessment of

the individual's access requirements should be undertaken at the earliest opportunity, ideally prior to the commencement of the programme. This assessment is carried out by the local access centre linked to the university (some institutions have these facilities on site).

It is important to note that not all access centre assessors are necessarily familiar with the requirements of physiotherapy programmes (particularly with regard to practical classes and practice placements). In order to ensure that the student receives the most appropriate advice, disability staff should liaise with relevant academic staff, together with personnel from appropriate external organisations who are able to provide specific advice on these issues.

(More information on assessment and the DSA can be found in **Appendix 3**.)

## 5. Induction week

(It is acknowledged that the introductory week may be known by alternative names in some HEIs.)

Induction activities should be as inclusive as possible so that all students can settle into a programme quickly and begin to feel at ease within their new surroundings and with their tutors and peers.

### 5.1 Identifying possible barriers

Many students find the induction period to be a fairly intimidating experience. Living away from home for the first time, being surrounded by new people, developing new social networks, learning routes around a new campus or city, and being expected to take more responsibility for life in general can be challenging for anyone.

This introductory period may be the first opportunity for some disabled students to consider the implications of their disability in relation to a new study programme and an unfamiliar physical and social environment. The discovery of new and potentially disabling barriers may be an extremely disconcerting process. Many disabled students will find the process of familiarising themselves with their new surrounding to be physically and emotionally draining. Staff involved in this process should try to anticipate the implications of these challenges on students' lives and implement measures designed to reduce general stress levels.



**Has your staff team considered the induction process and any barriers that may reduce participation levels for disabled students?**

- **Do all staff involved in sessions know how to present information in an accessible and inclusive manner?**
- **Are the rooms used for induction sessions accessible – physical accessibility, lighting, hearing loop, nearby toilet?**

- **Is essential programme information such as the timetable available in a range of formats?**
- **Do tutors wear clear name badges and remember to introduce themselves each time they meet the students in the first few weeks?**
- **Are the rooms for consecutive sessions near to each other, or is plenty of time allocated for moving from one to the other?**
- **If a student identifies an accessibility problem during induction, do staff respond quickly and flexibly, to address the issue?**
- **Are staff prepared to provide additional, tailored induction for disabled students if necessary?**

Thinking inclusively will enable the programme team to eliminate barriers and to make the induction period more accessible for all students.

**A programme team used a number of ‘ice breaker’ exercises to enable staff and students to get to know one another. In one of these, the students were expected to stand up in front of a large group of peers and two tutors to introduce themselves and talk about an experience they had had. Several students fed back later in the academic year that they had found this activity to be very stressful as a result of a range of mental health issues.**

**In discussion with these students, the programme team decided to modify this task so that students talked to one another in pairs and then introduced the other person to a small group. It was felt that this would reduce the stress to a more manageable level.**

## **5.2 Opportunities provided by induction**

Induction and enrolment provide opportunities for staff and students to meet, exchange information and develop relationships. A relaxed and friendly environment will enhance the information-gathering process and help disabled students to feel more comfortable to ask questions. There may also be opportunities for the students to be introduced to other disabled people (staff and/or students). The use of a ‘buddy’ system can be helpful for those students who find negotiating new environments quite challenging, particularly those who are unable to access standard maps and other visual information. It is important to note, however, that some disabled students will not wish to be automatically ‘buddied up’ with someone, they may prefer to find their own way around, even if it takes longer to do so. It is good practice to offer a choice.

In some cases, a disabled student may request to arrive at the university prior to induction, with a view to undertaking designated mobility training (i.e. to learn new routes with a support worker, personnel from social services, or from another external organisation).

In general terms, induction can provide the opportunity for universities to:

- Raise awareness of disability issues among all staff and students
- Enable programme staff to promote the kinds of adjustments that can be put in place for disabled students.

### 5.3 Extra induction activities

Disabled students can be offered additional activities during induction to enhance the support available to them at the start of their programme of study. Such activities might include the following:

- Specific orientation tours of the campus including details of layout plus an introduction to key staff working in services such as catering, finance, computer centres and library/learning resource centres
- 'Taster' sessions to meet teaching staff and to become familiar with practical classrooms
- Appointments with disability service staff to discuss and agree the reasonable adjustments that will be implemented at the start of the programme (if this has not already happened)
- Meetings with support workers so that they know one another before providing support once term starts.

### 5.4 Social elements of induction

Induction usually provides opportunities for students to find out about social activities, the student union programme and social/sporting clubs run by the university.

If time and opportunities are available, most students enjoy participating in social activities. It is important to ensure that disabled students can participate fully in such events. The DDA covers all activities that are provided by an institution, including social activities advertised and initiated in the induction period.

Information provided must be accessible and organisers must consider the accessibility of venues. Disabled students may use this framework of activities to meet a range of people and to become more involved in university life.



- **Does the staff team ensure that disabled students can find out about and choose to participate in social activities?**
- **Do you liaise with the student union and any local student groups to ensure that their social activities are accessible to all?**

## 6. Teaching and learning

### 6.1 Programme design

When designing programmes, staff teams need to be aware that they have a duty to consider the requirements of disabled students in advance. According to the DRC (2007, p128) "providers must ensure that teaching and learning is inclusive for all stu-



dents, including disabled students”. They should therefore design programmes and assessments to be as accessible as possible and be flexible in their delivery so as not to disadvantage people who have impairments or health conditions. It is important to note that accessible teaching and learning requires more than making individual reasonable adjustments; it requires embedding accessibility for all students in every aspect of the programme. This could mean that lecturers need to think about alterations in their teaching methodology so that it is more inclusive.

Planning inclusive programmes will involve considering their:

- Objectives and learning outcomes
- Teaching strategies and activities
- Methods of assessment
- Teaching resources
- The requirements of individual students.

All these activities are covered under disability legislation. It is important that all aspects and stages of planning take into consideration the requirements of disabled students.

The delivery and assessment of programmes should be regularly reviewed as part of the disability equality duty and scheme. If new elements are introduced during redesign and revalidation, these should be assessed for any negative impact on disabled people.

Inclusive teaching involves staff doing the following:

- Understanding the impact of different disabilities on teaching and learning
- Anticipating the requirements of students with a disability
- Developing a range of teaching strategies
- Building accessibility into all planning activities
- Understanding how best to work with disability service and access centre staff
- Being reflective practitioners, continually reviewing the effectiveness of their practice to improve inclusion
- Responding to individual students’ requirements.

**A student who is Deaf had an interpreter with him in all of his classes. His tutor approached him before the start of the programme and arranged for a meeting to discuss how they could best work together.**

**This provided the opportunity for the student to talk to the tutor about the importance of the interpreter being able to take short rest breaks (as interpretation can be very tiring), and complex terminology being explained (or providing a glossary in advance) so that interpreter was not slowed up by unfamiliar words. He also explained the importance of ensuring that only one person spoke in group discussions at once to avoid confusion and difficulties in interpretation.**



Involving students in the process of making adjustments is essential in order to develop an understanding of their needs and to working out the most appropriate adjustments to put in place.

A range of sources providing information on how to make teaching and learning more inclusive can be found in the **Key Concepts** section under **Inclusion**.

Information on the specific requirements for students who have different impairments can be found in the information sheets in **Appendix 4**. These provide guidance on making reasonable adjustments in academic and practice situations.

## 7. Organisation of practice placements

(It is acknowledged that HEIs do not all use the same term to denote the role of the person who is responsible for organising practice placements. In this document the term used is 'practice education co-ordinator'.)

Academic staff who act as practice education co-ordinators liaise with practice placement providers and are responsible for the organisation of students' placements. A second aspect of their role is providing training for practice educators.

Practice placements, especially those undertaken early in a programme, can present particular challenges for disabled students. Students who have experienced no substantive issues at school or in the academic setting as a result of their impairment may find that the practice situation requires them to modify their learning strategies and/or to access some specific support. In most cases, through discussion between academic and clinical staff and the student, simple and effective adjustments can be negotiated. Some students, (usually as a result of previous negative experiences), do find this process stressful, feeling at a disadvantage and losing confidence. It is essential, therefore, that this situation is dealt with sensitively, with the focus being on a student's abilities and the support that can be put in place to enable full participation in the placement.

Some students, due to lack of experience as a result of completing few or no practice hours, may not have had the opportunity to develop effective personal strategies for managing a range of practice situations. If this is the case, it may be helpful for them to talk to:

- Students who have gained more practice experience and therefore developed relevant personal strategies
- Academic staff members with experience of negotiating support for disabled students
- Clinical staff with experience of supervising disabled students.

### 7.1 Accessibility

As with all learning opportunities on offer, work placements should be accessible to disabled students and should be reviewed regularly. The following provides some useful questions which staff can use to review the accessibility of the practice placements offered by the university or centralised placement management system (these are based on material produced by the DRC):



- Have practice placements been audited for accessibility?
- Are tutors and practice educators aware of the barriers that the environment may pose for disabled students?
- Have practice placement providers and individual practice educators been trained in disability equality or how to work with disabled students?
- Are students invited to disclose an impairment or health condition when placements are being organised?
- Are students encouraged to disclose an impairment or health condition on first contact with the practice educator?
- Do practice educators ask the students about any particular requirements or reasonable adjustments?
- Are arrangements made to ensure that disabled students can take personal assistants or assistive technology if necessary?
- Are all parties, including the placement provider, clear on who has the responsibility for paying for and making adjustments?
- Do academic tutors keep in touch with disabled students on placements so that they can take action if problems arise?
- Are practice educators aware that requirements for support may change as the placement progresses (e.g. a student may need a reduction in extra time for clerical activities as they become more familiar with the system)?
- If certain elements of a practice placement cannot be made accessible, what alternative learning opportunities are available?
- Would input from a specialist external organisation be helpful and appropriate?

## 7.2 Allocation of placements

Practice education co-ordinators need to be aware of any barriers that might affect disabled students' access to, and participation in, particular practice settings or specific placements. In accordance with the legislation, this may occasionally involve treating disabled students more favourably than their non-disabled peers.

To ensure that appropriate reasonable adjustments are in place, the allocation and organisation of placements for students with a disability should be given priority and should be carried out well in advance. This is both legal and fair in terms of ensuring an equal playing field for these students. Time may be needed for discussion and negotiation of support. Although not a legal requirement, there may be other students, such as those with small children or carer responsibilities, who would benefit from this flexible approach.

## 7.3 Variety or consistency of placements

It is generally acknowledged that a full range of practice placement settings is preferable to ensure a comprehensive student experience. Wherever possible,

this principle should be maintained for disabled students.

For a minority of disabled students, however, it may be necessary for practice education co-ordinators to consider maintaining some consistency of provision of practice placements throughout a physiotherapy programme.

Wherever placements are situated, it is of paramount importance to ensure that all the learning outcomes of a programme are met. This need not mean, however, that every student needs experience of working in every possible environment. Many placements can offer the same or similar learning experiences.

The positive aspects of consistency can include the following:

- Enabling students who find it difficult to negotiate new environments to orientate themselves in placement settings more quickly
- Enabling students to work more effectively for a larger percentage of each of their placements
- General reduction in students' stress levels.

**A qualified disabled therapist carried out most of her placements in her local Trust. This was an excellent arrangement for her as she was a mature student who also had childcare responsibilities. On qualification she obtained a job in the same Trust and felt that this was because the staff already knew her and had seen that she was able to do the job. She said that all the “disability stuff” was already known and dealt with.**

The negative aspects of consistency can include the following:

- Possible limitation of students' practice-based learning opportunities, affecting their overall learning experience and ultimately their employment prospects (this would depend very much on particular settings)
- Negative perceptions by staff of student's abilities.

#### **Example**

**A qualified physiotherapist said “As a student, because of my disability, I negotiated that I could do most of my placements in one large NHS Trust. I thought this was a great idea at the time but, in hindsight, it was a disaster”. She went on to explain that, when receiving feedback from potential employers following interviews, they felt that she had not had enough experience as a student working in different environments and with different groups of staff and so they had not offered her the job.**

- Setting a precedent of particular hospitals being seen as ‘specialist placement’ providers for students with a disability
- Occasional personality clashes affecting students' performance across

a range of placements. (These may also cause stress for clinical staff); in such situations, students who have had a negative experience in one placement may feel that it is unlikely that they will be assessed objectively in subsequent placements in the same Trust.

Because of these issues, it is important that the benefits and drawbacks are discussed thoroughly with individual students prior to any decision being made about placing them consistently in one organisation.

#### 7.4 Pre-placement discussion

It is strongly recommended that placement education co-ordinators provide specific opportunities for disabled students to discuss disclosure and adjustment issues and the implications of these for their practice-based learning. This should provide the students with a number of benefits and opportunities:

- Exploration of their rights and responsibilities and a safe setting to discuss any concerns about their placements
- An information exchange on personal strategies
- Practice in talking about their specific requirements
- Support in developing their personal learning and work strategies.

Some physiotherapy programmes have already embedded this type of procedure into their pre-placement organisation.

It is important that, with a student's permission, all staff who need to know are informed about any agreed reasonable adjustments. At the least, this should include the placement co-ordinator, personal tutor, practice educator and the visiting tutor from the HEI.

## 8. Supporting student progress

### 8.1 Assessment

Assessment processes determine students' ability to:

- Meet academic achievement
- Demonstrate practical skills
- Demonstrate clinical skills
- Meet the learning outcomes for the programme
- Fulfil the HPC Standards of Proficiency
- Meet the CSP expectations of physiotherapy graduates.

Staff who have responsibility for assessment, need to consider how assessments can be made flexible enough, within the wide variety of assessment approaches that are used in physiotherapy programmes, to suit the requirements of different students while at the same time maintaining academic and professional standards.

Assessment is one of the educational components subject to DDA requirements. Universities should set out the rules for student progress in terms such as attainment, experience, timeframes, performance and behaviour. These should all be reviewed in

terms of the DDA and reasonable adjustments made where appropriate.

All assessments should be based on defined competence standards which, in any case, may be part of the process of mapping assessments onto the curriculum during programme development.

**The DRC Post-16 Code of Practice** (paragraph 9.16) lists some possible adjustments (included in the list of reasonable adjustments in **Appendix 6**).

The Code (paragraph 5.75) acknowledges that:

“Sometimes...the passing of an assessment may be conditional upon having a practical skill or ability which must be demonstrated by completing a practical test. Therefore, in relatively rare circumstances, the ability to take the test may itself amount to a competence standard.”

(See the **Key Concepts** section for more information on **Competence Standards**)

It would be appropriate to:

- Determine before the examination, through personal discussion, whether disabled students need reasonable adjustments
- Offer disabled students a contact with whom they can discuss their requirements
- Decide with individual students what adjustments should be made, notify the student and officers, and discuss with them how the adjustments will be implemented.

Whatever adjustments are made, it should be demonstrated that these do not affect the reliability and validity of the outcome of the assessment process.

## 8.2 Making reasonable adjustments

Programme providers regularly make adjustments to assessments in response to individual requirements.

Adjustments for examinations and assessments can include the following:

- Extra time (varying in length, depending on students' individual requirements)

### Comment:

**A university mental health co-ordinator made the point that extra time can be a 'double-edged sword'. Whilst some students with mental health issues find that extra time can provide them with the opportunity to settle down and perform more effectively, others find that it just gives them more time to spend being highly anxious, which does not then enhance their performance. This highlights the importance of a well-informed and sensitive assessment of study needs at the beginning of the programme.**

- Providing a reader or scribe (if using a scribe, it is essential that the student meets the person in advance and has the opportunity to practise this method, otherwise exam performance may be affected)
- Providing rest breaks

- Enabling the student to change position frequently and/or to move around
- Making papers available in alternative formats, such as electronic, large print or Braille
- Use of a computer with appropriate assistive technology
- Making changes to the usual method of assessment, such as showing how an aspect of practice is performed rather than describing it, or vice versa (e.g. allowing students to submit a piece of work on video rather than in writing, or vice versa).

Students who require reasonable adjustments to be made when taking examinations should be invigilated by staff with experience of disability issues and with the skills to manage any unforeseen problems.

#### **Example:**

**A student who has dyslexia used a computer to produce her exam script. Halfway through the exam, the computer failed. The invigilator knew who to contact for technical support and also had the authority to stop the exam for the period required for a new computer to be provided. She also recognised the importance of reassuring the student that this would not in any way affect the outcome of the assessment.**

Adjustments for assignments can include the following:

- Implementing flexible deadlines for those with fluctuating conditions
- Providing study skills support (e.g. covering essay-writing or dissertation skills)
- Providing support in accessing resources for students who are unable to browse in libraries or quickly scan electronic databases
- Allowing the submission of coursework in alternative formats, such as video.

## **9. Preparation for employment**

It is acknowledged that all physiotherapy programmes provide a range of opportunities for all students to prepare for the world of work. It is good practice, however, for staff to consider whether there may be additional issues faced by disabled students when applying for jobs. These might include:

- Disclosure (see **Key Concepts: Disclosure**)
- Accessibility of application procedures
- Researching an employer's overall approach to equality and diversity issues (e.g. is there an easily accessible disability equality scheme, is there an equality and diversity committee/manager?)
- Accessibility of IT systems, especially electronic patient records
- 'Two Ticks' and guaranteed interview schemes
- References
- Access to Work Scheme (see **Appendix 1**)

- Development of personal strategies and knowledge of appropriate reasonable adjustments in the workplace
- Knowledge of appropriate application and interview protocols in relation to disability-issues.

It is possible that academic teams may not possess expertise in all of these areas. Where appropriate, it is recommended that staff make contact with one or all of the following:

- University disability service
- University employability service
- Skill
- Other external organisations with knowledge of issues related to specific impairments (e.g. RNIB, RNID, British Dyslexia Association).

## **10. Graduation and after – ceremonies, references, alumni events and reunions**

Under the DDA, an institution has on-going responsibilities/duties towards disabled individuals who have left the organisation.

These include:

- The accessibility of award ceremonies (refer to outcome of court case discussed in section one relating to this issue)
- The accessibility of other events, such as alumni reunions
- References for graduates (and other former students) not passing on any sensitive information without the consent of the individual concerned.

Universities should review their policies and procedures for these activities to ensure that discrimination and harassment do not occur after students have left (e.g. derogatory comments in references could constitute harassment).





# 1. Introduction

## 1.1 Who should read this guidance?

This guidance is aimed primarily at practice-based educators whose duties include supporting disabled physiotherapy students who are undertaking work-based placements. This group of staff may additionally take part in the design and delivery of physiotherapy programmes and so may also find Section 2 (**Guidance for Academic Staff**) useful. Staff who provide IT services and disability support staff will find useful information on how to improve services to disabled students who are expected to undertake part of their educational experience outside the university environment.

Disabled people who are considering applying for a place on a physiotherapy programme and disabled students who are currently undertaking physiotherapy degrees can also be referred to these resources.

The document does not deal with employment law in great detail; employers should, however, be aware of their duties under the DDA.

## 1.2 How to use this guidance

This section is designed to enable easy navigation through each stage, with reference to other relevant sections and sources of information.

Various key concepts, such as inclusion and disclosure of disability (see contents for full list), are relevant to all readers (applicants, students, academic and clinical staff). Reference is made to these sections, as appropriate, throughout the section. Links and references to other resources providing additional information are included. The various elements contain examples to illustrate specific points. Many of these are based on the actual experiences of disabled students and the staff members who have been involved in their practice placement experiences. The situations in which disabled students find themselves are likely to be far more complex than those depicted in the examples provided. It is essential, therefore, that, whenever possible, the disabled person concerned is fully involved in any decision-making process and that this is carried out on an individual basis. If the situation is too complex to be resolved 'in house', advice can be sought from a wide range of organisations, some of which are listed in Section 1.2 of the **Guidance for Academic Staff** (see also **Appendix 7**).

## 1.3 Why is this guidance needed?

As noted in the preface, the 2004 *CSP Guidance: Supporting Disabled Students on Clinical Placements* requires updating. Feedback suggests that, whilst a range of physiotherapy staff have found this document to be very useful, there have been requests for more information. Since 1995, disability legislation has led to improvements in policies, practices and procedures in the clinical setting. Experience and feedback suggests, however, that in many places there is still room for improvement.

**Example:****A practice placement co-ordinator reported:**

**One manager formally asked the programme to stop recruiting dyslexic students as they “could not be fit for practice.”**

**One clinician was reported as saying:**

**“How can you be a physiotherapist if you can’t see?”**

**An academic member of staff noted:**

**“Some placements have been reluctant and verging on obstructive to the idea of taking disabled students. One placement provider apparently went through his human resources, health and safety and clinical governance departments who all agreed that it was not possible to take the student. At this point there was nothing further we could do.”**

**A qualified visually-impaired physiotherapist noted:**

**“I was often only sent to placements where the educators were ‘willing to take’ a disabled student. I felt this really limited my clinical opportunities and disadvantaged me on qualification.”**

Many of these examples could be attributed to low levels of awareness about disability issues generally and ignorance of the fact that there are many disabled people around the UK who are successfully practising physiotherapy. It is noteworthy that this lack of awareness exists at both individual and institutional levels.

**Members of academic staff note:**

**“We have met some situations of disability discrimination but fortunately these are rare and usually based on lack of knowledge rather than malicious intent.”**

**“We need to gain a change in culture both from academic staff and placement staff. We are health professions and some find it difficult to accept that a physiotherapist does not have to be ‘absolutely normal’, or a role model of health. This cultural change needs to occur in academia and practice.”**

So, as in all areas of diversity work, there are attitudinal issues to be addressed and barriers to be overcome.

But there are also many examples of positive practice:

**“We have an in-house university training programme. The last three updates have included a half-day on supporting disabled students. We also take training out to placement areas and have been covering supporting students with a disability. We hope to continue this until all placement areas have been covered.”**

**“We find that, as well as a pre-placement visit, it is useful to have time on the placement that is not assessed. For example, we had a student with mental health issues and prior to her ‘assessed’ 6-week placement she did one week ‘unassessed’. This allowed her to settle down in the environment, get to know the procedures, surroundings, etc, in a low-stress way.”**

**“We use a pre-placement checklist to promote discussion between practice-based educator and student, and to encourage disclosure.”**

**A student told his practice education co-ordinator that he took medication for a mental health issue and that, consequently, he felt tired in the morning. He asked to have the hours of his placement adjusted accordingly. The appropriate adjustments were made in negotiation with the student, the university and his practice educator. He successfully completed the placement.**

**A physiotherapist who has a visual impairment said, “When my educator on respiratory placement heard she was having a visually-impaired student, she admitted she was terrified. But we spent time discussing strategies and ways of working in advance. I had a fantastic placement – in fact I went back there for my elective.”**

It is essential that clinical staff have a clear understanding of the types of support that are available for disabled students and recognise that they are ideally placed to provide appropriate advice and guidance. Some disabled people who enter health-related programmes are unaware of the type and range of support they can access. Many students do not know what the programme entails and therefore are unable to predict the kinds of support they might need. These issues become even more relevant in relation to the clinical setting. Students who may have developed very successful strategies to enable them to manage the academic environment may find that these do not translate in the practice-based setting. They may find this experience to be disconcerting and may be challenged by the need to develop new approaches. This can be time-consuming and potentially stressful. Offers of pre-placement visits and discussions can help to facilitate this process and alleviate anxiety.

With appropriate support, disabled students will achieve success in their practice-based placements. It is worth remembering that, upon

qualification, disabled employees can expect to receive appropriate support from employers and are eligible to receive financial assistance from the Access to Work (AtW) Scheme. Many disabled practitioners are currently employed in a wide range of clinical and managerial posts. Examples include extended scope practitioners and therapy services managers.



- **Do you know the disabled physiotherapists who are working in your area?**

**If so, it may be helpful to talk to them to find out about their experiences.**

**If not, perhaps there are issues in your area of work that tend to discourage people from disclosing a disability that need to be addressed. If qualified staff members do not find the atmosphere conducive to disclosure, students are unlikely to feel safe to disclose their own impairments.**

Enshrined within the disability equality schemes of all NHS organisations is the commitment to valuing diversity and promoting equality and to ensuring that all processes and procedures are fair, objective, transparent and free from unlawful discrimination. This guidance reflects the CSP's commitment to these principles.



- **Were you involved in designing your organisation's disability equality scheme?**
- **If not, do you know where to locate it and have you read it?**
- **Have you seen your organisation's action plans and subsequent reports of progress against these?**
- **Have you seen your departmental disability action plan and are you aware of those specific action points to which you could contribute?**

## **2. Fitness to practise**

The HPC exists to protect the public from practitioners whose practice falls below its required standards. HPC registration is an indicator of fitness to practise. Failure to adhere to HPC requirements will jeopardise any practitioner's registration and licence to practise in the UK.

The HPC notes that the vast majority of registrants have no contact with its fitness to practise process and that the numbers involved are very small in relation to the numbers on the Register. In fact, the evidence suggests that the health professions regulated by the HPC are 'low risk' when compared to professions registered with other regulators. In 2007/8, only 0.24% of all registrants (across the then 13 regulated professions) were subject to a complaint. Less than 1% of

these were about the physical or mental health of the registrant (HPC 2008).

Fitness to practise is defined as “the combination of conduct, competence, health and character necessary to practise safely and effectively” (HPC 2008 p23). Most complaints (88%) relate to issues of conduct or professional behaviour and not to competence.

### 2.1 Disability, ill-health and fitness to practise

It is important to differentiate between disability and ill-health in relation to fitness to practise. Having an impairment does not mean that a person is in a permanent state of poor health. People who have certain long-term health conditions (such as diabetes or epilepsy) are protected from discrimination under the DDA. A disabled person can be in good or poor health.

Some conditions can fluctuate or deteriorate. This may affect performance and a person’s fitness to work. However, it may have no bearing on fitness to practise.

### 2.2 Physiotherapy: A variety of career options

Physiotherapy is not a single career, as often there are many options. Following graduation, all newly-qualified physiotherapists make choices depending upon their individual preferences and professional judgement. Physiotherapists practise in those areas in which they consider themselves to be competent. In this respect, disabled people are no different from their non-disabled peers and will make decisions about their career progression in relation to areas of interest and previous experience.

Similarly in relation to medical training the GMC (2008) states:

**“The point of a medical course is to produce a doctor fit for clinical practice. What doctors then choose to do with their career is a matter for them.”**

It may be the case that some disabled therapists, for disability-related reasons, will choose to practise within particular clinical specialties. It would be inappropriate to imply, however, that it is legitimate for anyone to prescribe specific clinical areas in which disabled physiotherapists are licensed to practise and to argue for the introduction of ‘restricted practice’. To do so would be to make stereotypical assumptions about what disabled people can, and cannot, do and to discriminate against them by not permitting the same freedom of choice as is available to non-disabled practitioners.

An overview of the legislation as it relates to both the academic and practice settings can be found in **Section 4** of the **Guidance for Academic Staff** and in **Appendix 5**.

## 3. The practice-based setting: Responsibilities

### 3.1 The practice-based educator

It is the practice-based educator's responsibility to provide the framework within which students can make an informed decision about disclosure. Unless this framework is provided, students may not have the information they need to make an appropriate decision, particularly in relation to particular clinical situations.

For a variety of reasons, students do not always find it easy to disclose information about their disability or even their support requirements to practice-based educators. University staff cannot pass on this kind of information unless they have explicit permission from students, as this is classed as sensitive personal information under the Data Protection Act (see the **Key Concepts** section for more detail about the issues surrounding disclosure).

It is strongly recommended, therefore, that all placement providers have a specific policy of expecting all practice-based educators to ask all students prior to the commencement of placements whether they have any specific support requirements. This immediately improves the channels of communication and reduces students' potential anxieties. Furthermore, it indicates that staff members are aware of disability-related issues and are open to discussion about them. It also provides students with an opportunity to disclose a disability.

Practice-based educators have a duty of care to ensure the health, safety and welfare of students, patients and colleagues. Whilst a disability is usually irrelevant in this context, it is important for students to recognise that disclosure of a disability may be appropriate – and even necessary – in some areas of practice.

### 3.2 Managers

Managers have a responsibility to support their staff in accessing continuing professional development [CPD] opportunities relating to equality issues. This should incorporate those elements that are a crucial part of their practice educator role. The importance of this is recognised within the CSP accreditation of practice-based educators [ACE] scheme.

Staff should have opportunities to discuss issues and concerns relevant to supporting disabled students. Discussion of general issues including the organisational/departmental approach and how this translates into practice can be facilitated by managers encouraging the use of in-service training sessions or discussion as part of a staff meeting agenda. More specifically it can be helpful to address these issues prior to an individual student's arrival on placement, particularly if the student concerned is entitled to reasonable adjustments. Such discussion must be subject to the student's consent. It is important to note that individual adjustments can be discussed without needing to know any specific details of a student's impairment.

### 3.3 The student

Students are responsible for deciding whether or not to disclose information about the implications of their disability; they are not obliged to do so and must accept the implications of their decisions. Non-disclosure may result in support not being available. Students are, nevertheless, at liberty to disclose at any point during a placement. Again, they should realise delay in disclosure may affect the level and/or quality of support that can be provided. If, however, a placement provider has already considered and/or carried out anticipatory changes, implementing



support part way through a placement should be a more straightforward process.

If the practice-based educator does not know, and could not reasonably have known, that a student had a disability, charges of discrimination cannot be made if reasonable adjustments are not implemented and the student complains of being treated less favourably than non-disabled students.

It would be reasonable to suggest that it is students' responsibility to develop methods for managing their learning, based on their awareness of particular strengths and areas in which they need to develop or require particular support. Not all students, however, will have had the opportunity to develop this level of awareness before they start a practice placement. Practice-based educators can do much to support and encourage the development of this skill.

#### **Example of a student who developed sophisticated methods for managing his learning**

**A student has a level of dyslexia that impacts significantly on his access to text – both reading and writing. From the outset of the second year of the programme, he independently negotiated adjustments for his placements, with some support from the university. He shadowed his practice educator for a few days before each placement to gauge how much support he would need.**

**The student used mind maps during assessments and a scribe in ward settings. He had Dragon Naturally Speaking software on his laptop, which turns text into speech, and vice versa. Because he used a support worker for some activities, he felt that everyone on the ward should know about his dyslexia and he was comfortable with explaining this to them.**

If a student decides not to disclose a disability to patients, this decision should be agreed with the practice-based educator and recorded. All students need to be clear about the responsibilities that accompany this decision.

#### **Example of a situation that could cause difficulties for a disabled student and practice-based staff**

**A patient sustains an injury during a treatment session. It is subsequently revealed to the patient that the student is disabled. The patient then alleges that the injury was sustained because the treatment was unsafe and this was a direct consequence of the student's disability. The student vigorously denies this and states that the patient's injury was caused by a failure to comply with instructions. Establishing the true cause of the injury becomes extremely difficult: the evidence provided by the patient must be weighed against that provided by the student.**

### **3.4 Confidentiality**

Students may ask for the existence or the nature of their impairment to be kept confidential. Practice placement providers must comply with students' requests unless there are overriding health and safety issues. In such cases the practice-based educator would be strongly advised to discuss the matter with the student with a view to encouraging limited disclosure.

Adjustments should still be implemented, but it needs to be made clear to the student that these may be different from, or less effective than, those that could have been made following disclosure.

## 4. Accessibility

**Section 7** of the **Student Journey** provides information about the organisation and allocation of placements. The section on accessibility is reproduced below as it has some questions that may be useful in reviewing the accessibility of practice placements when preparing to support disabled students (these are based on material produced by the Disability Rights Commission).

As with all learning opportunities on offer, practice placements should be accessible to disabled students and should be regularly reviewed.



- Have practice placements been audited for accessibility?
- Are practice educators aware of the barriers that the environment may create for disabled students?
- Have practice placement providers and individual practice educators received training in disability equality or how to work with disabled students?
- Are students encouraged to disclose an impairment or health condition on first contact with the practice educator?
- Do practice educators ask the students about their particular requirements or whether reasonable adjustments are necessary?
- Are arrangements made to ensure that disabled students can take personal assistants or assistive technology into the clinical setting if necessary?
- Are all parties, including the placement provider, clear on who has the responsibility for paying for and making reasonable adjustments?
- Do academic tutors keep in touch with disabled students on placements so that they can take action if problems arise?
- Are practice-based educators aware that requirements for support may change as the placement progresses; e.g. a student may need a reduction in extra time for clerical activities as they become more familiar with the system?
- If certain elements of a practice placement cannot be made accessible, what alternative learning opportunities are available?
- Would input from a specialist external organisation be helpful/appropriate?



## 5. Legal duties

To comply with disability legislation, providers of paid or unpaid work placements that form part of vocational training programmes need to be aware that they have both general and specific duties.

In providing work-based placements, it is unlawful to discriminate against disabled people without justification, or to treat a disabled person less favourably than others because of a disability. The law also requires placement providers to make reasonable adjustments, to avoid placing disabled people at a substantial disadvantage when compared to their non-disabled colleagues. There is an anticipatory aspect to the duty and organisations must be able to predict the kinds of possible adjustments that disabled people as a group may require when using any of their goods, facilities and services.

An overview of the legislation can be found in **Section 4** of the **Guidance for Academic Staff**.

### 5.1 Adjustments in the practice-based setting

The provider/employer has a duty to make reasonable adjustments to educational/employment practices and premises if these place disabled people at a substantial disadvantage when compared to non-disabled people.

In simple terms, a reasonable adjustment should be interpreted as any alteration or accommodation necessary to enable disabled people to have the opportunity to demonstrate their abilities.

It is important to remember that treating everyone the same does not equate to treating everyone fairly. Legally, it is legitimate to treat disabled people differently, and more favourably, to compensate for the inherent disadvantages associated with disability and, importantly, to promote equality.

In employment, the duty to make reasonable adjustment applies to:

- Any provision, criterion or practice applied by or on behalf of the employer
- Any physical features of premises occupied by the employer that place disabled people at a substantial disadvantage compared with non-disabled people.

Reasonable adjustments in the work-based setting might include the following:

- Modifications to how students are supervised; for example, providing written feedback, considering the time of day or frequency with which feedback is given, or providing feedback in a quiet location
- Providing materials in advance and in alternative formats (see the **Key Concepts** section for information on accessibility)
- Being aware of the existence, role and value to some disabled students of using support workers and providing appropriate time and space for them to undertake their duties
- Using specific equipment and/or software, including provision of desk space and secure storage if necessary
- Flexibility of working patterns to accommodate students who may need some extra time to complete documentation, or who need to eat at certain times or to take medication
- Provision of a carparking space to ensure easy access for students who have mobility impairments.

### Example

A student who has dyslexia found that she was having some issues with writing up her patient records on her first practice-based placement. All physiotherapists in this particular setting completed their notes at the end of the day. The student was spending extra time writing up her notes and was staying much later than other students to finish the task each day. She also could not remember all the information about each patient, as she has some short-term memory issues, which is quite common in people who have dyslexia.

The practice-based educator observed the difference between this student and the others she was supervising and initiated a discussion. As this was the student's first placement, she had not anticipated that record-keeping would be so challenging. The following modifications were agreed:

- The student was provided with a digital recorder (by her university) with which to make verbal notes throughout the day
- Working practice was modified so that the student saw one fewer patient each day
- The student was able to organise her patients so that she could write up her notes during two sessions each day, rather than having to do them all at the end of the afternoon.

These adjustments were noted and signed. It was agreed to review them at the end of each week of the placement. After one week, because of the decrease in her stress levels and the improved structure of her day, the student was able to complete her work in the usual timeframe.

More information on **Reasonable Adjustments** can be found in **Appendix 6**.

## 6. Pre-placement visit

All students are normally advised to contact their practice-based educator prior to the commencement of each placement. Disabled students in particular are strongly advised to discuss with their educator whether a pre-placement visit would be advantageous. It is important, therefore, that practice-based educators are familiar with disability-related issues in order to be able to provide constructive guidance. The following provides some suggestions as to why a pre-placement visit might be useful:

- Familiarisation with the route to the site of the placement
- Familiarisation with the local environment and identification of any barriers that need to be overcome in order to improve access
- Discussion between student and practice-based educator about the requirements of the specific placement
- Identification of any reasonable adjustments that may be necessary to enable full participation
- Identification and agreement as to who is responsible for organising/ implementing any adjustments; i.e. the placement provider, the university, the student, or a combination of these
- Opportunity to record the outcomes of these discussions.

#### **Examples:**

**A student who has a visual impairment found it extremely useful to travel to the placement prior to its commencement in order to familiarise herself with the elements of the journey and to identify and co-ordinate assistance available en route; e.g. at the local bus station. This reduced the stress on the first day of the placement.**

**A student who is hard of hearing was able to take his communication support worker on the pre-placement visit to facilitate communication and to enable both of them to become familiar with the relevant staff members and the environment.**

**A student who has dyslexia was able to discuss with her practice-based educator the personal strategies that she had developed for maximising her organisational skills and time management. She also had the opportunity to see the electronic patient notes system and to negotiate a flexible way of working and some extra time to enable her to complete her documentation in an acceptable period.**

## 7. Learning contracts

It is common practice for students undertaking practice-based placements to formulate learning contracts in negotiation with their practice-based educators. Where appropriate, these contracts should include a section to cover reasonable adjustments and any specific learning requirements that have been identified or recommended. This should then be included as part of the regular recording process for each placement. Again, it is helpful to identify the respective responsibilities of programme staff, the practice-based educators and students.

## 8. Disclosure

It is important for practice-based educators to appreciate that there is no legal duty for students to disclose information about their impairment. They should, however, be encouraged to do so in order that effective reasonable adjustments can be implemented. It is generally accepted that the advantages of disclosing a disability far outweigh the disadvantages, both for students and for the practice-based team.

It is important to note that, whilst many disabled students would agree with this in principle, they may still choose not to disclose (for details please see the **Key Concepts** section on **Disclosure of Disability**). For this reason, students should be given on-going opportunities to disclose an impairment at all stages of a placement. For example:

- Information about the process of disclosure should be clearly signposted on PCT/ Trust websites and in all publicity materials
- Specific information about individual placements provided to students in advance should encourage disclosure
- Practice-based educators should routinely ask all students who contact them if they have any particular learning requirements, or whether there are any reasonable adjustments that staff need to be aware of/implement before or during the placement

Additional opportunities to encourage disclosure present themselves during negotiation of the learning contract, during feedback sessions and at the halfway assessment stage. This provides a prompt for practice-based educators to ask again about support requirements and ensures that an agreed written record is kept of any support that is negotiated.

Another point to consider is that of disclosure of an impairment to patients. As stated above, it is the student's right not to disclose. This relates to interaction with patients, as well as to any other situation. Practice-based educators may wish to discuss this matter with students, but it must be emphasised that students cannot be compelled to disclose, even if a practice-based educator believes that this would be advisable.

## 9. First practice-based placement meeting

At their first meeting with students, practice-based educators may find it helpful to follow a standard format. This could comprise the following:

- Ask all students whether they have any specific learning requirements that need to be considered and acted upon during the placement
- Respect confidentiality
- Rather than asking questions about the impairment and/or symptoms, focus on the practical significance of these on the duties that the student will be required to undertake during the placement and what support is already, or can be implemented, to enable full participation in the placement
- Identify what personal strategies the student has developed and the ways in which s/he currently manages particular situations; then be prepared to make other suggestions
- Ask students what changes, if any, they would find helpful in the context of the placement
- Check with students whether any arrangements have been negotiated prior to the commencement of the placement and ensure that these are still relevant; e.g. pre-arranged times for any appointments, flexible working patterns, space and secure storage for assistive technology, a quiet room for feedback and carrying out documentation tasks.

## 10. Adjustments to the choice of practice-based placement

It is acknowledged that some physiotherapists may be anxious about the prospect of supervising disabled students. This is likely to be due to unfamiliarity with disability-related issues and the wide range of potential reasonable adjustments that can easily be implemented. It is important to remember that all students are likely to be anxious about the prospect of undertaking a practice-based placement. Depending on disabled students' specific issues, particular practice-based placements may be more anxiety-provoking than others.

Experience confirms that some practice-based settings give rise to particular concerns amongst practice-based educators. One area that is often identified is the intensive care unit (ICU). This can be a challenging environment for all students and is very different from other ward-based placements.

Whilst the ICU accommodates patients who are very ill, and contains a considerable amount of complex equipment, it often proves to be an excellent placement for disabled students. No student is expected to undertake a treatment independently in ICU and so close supervision is available. There is usually a high proportion of nurses to patients and staff are available to provide detailed information about each of the patients. At the same time, however, students with particular impairments may identify particular issues. Those who have a visual impairment will need to develop specific strategies to manage their learning in this environment.

In some cases certain disabled students have been offered the opportunity to attend a clinical setting for a short period prior to the commencement of a placement. This has provided a valuable opportunity to observe and become familiar with the environment and to develop effective strategies in discussion with their practice-based educator.

It is good practice to encourage disabled students to be proactive in negotiating themselves into, or out of, specific practice-based areas. On occasions, academic and practice-based staff may be uncertain about how a particular student will manage in certain practice-based areas. Rather than making the assumption that disabled students will be unable to manage a placement, it is important to enter into a dialogue with the student to address any issues identified. Students are often well placed to engage in this discussion as they may have a good understanding of their particular impairment and any related support requirements and reasonable adjustments.

It is possible that, on qualification, a disabled practitioner may negotiate into or out of undertaking certain clinical specialties, just as all physiotherapists make decisions about their personal scope of practice and how they want to develop professionally. For example, some disabled physiotherapists may decide to focus on a particular clinical area such as mental health services, or to negotiate out of the on-call system. Nevertheless, it is important that disabled students are provided with opportunities to experience the same range of practice-based areas as non-disabled students, even if, subsequently, they decide not to work in a particular clinical area or setting on qualification.

#### **Examples:**

**1. A student who has a visual impairment was keen to undertake a paediatric placement. This was initially discouraged by academic staff who believed that the rather 'chaotic' setting might be too difficult for the student to manage. The student was insistent and provided evidence that he had developed a range of personal strategies that he could use in order to manage this environment.**

**He was, therefore, placed in a school for children who have a wide range of physical and sensory impairments. He took the initiative and visited the school in advance to meet the practice-based educator and to become familiar with the environment.**

**He had an extremely successful placement and, during the final evaluation session, the practice-based educator fed back that all staff had learned a great deal from the student and about the ways in which to approach disabled people, both patients and colleagues. Some areas of practice in the school were changed as a result of the student's input.**

**2. A student who has both a visual impairment and a hearing loss was allocated a respiratory placement, which included intensive care. She expressed concerns about the complexity of the environment and said that she was worried about being able to perform effectively.**



**Her reasoning was that due to her visual impairment and hearing loss she could not guarantee to be able to treat patients safely. She believed that she would need to rely too much on her communication worker, who was not trained to support clinical activity at this level. The student had already had some basic respiratory experience on an orthopaedic placement and she felt that her time would more be valuably used if she focused on a practice-based area in which she could work more independently.**

**This argument was accepted by the practice-based education co-ordinator and the student was allocated a different placement.**

## 11. Changing requirements

Disabled students who have managed effectively in the academic setting with particular adjustments may find that they need to consider adapting current, or to develop new, personal strategies when they enter practice-based settings. If they have not had previous experience of undertaking learning in a practice-based environment (a situation that applies to many students), it may be difficult for them to predict those situations that they might find challenging and which strategies might be helpful.

In such a situation, it is useful to request support from the university disability service, together with input from academic staff and practice-based staff, and/or external specialist services.

In practice, usually only minor changes are necessary, or students may need to make use of 'low'- and/or 'high-tech' pieces of equipment or software. For example:

- Students who have a hearing loss may need to learn how to use a modified stethoscope on respiratory care placements
- Students who have a visual impairment may need to use a tactile goniometer or a portable video magnifier/closed-circuit television (CCTV)
- Students who have dyslexia may need to learn to use a digital note-taker and to access a glossary of relevant terms.

All students should contact their practice-based educators prior to commencing a placement. This is even more important for disabled students, especially if adjustments are required.

Sometimes reasonable adjustments change within practice-based placements. For example:

- Students who have a visual impairment may need more intensive initial input in order to navigate around and learn the layout of a placement setting, but this need will reduce as they become familiar with the environment
- Students who have dyslexia may require extra time for writing tasks, but may become more efficient after practice.

## 12. Adapting practice-based placements

Sometimes, modification to placement environments can be useful.

**Example:**

**A student who has a visual impairment and whose placement was in an outpatient setting, was able to negotiate use of the same cubicle so that he did not have to search for a vacant one each time he treated a patient. Other staff members were encouraged to put equipment back in the same place every time following use, a procedure that was helpful to everyone.**

Sometimes all that is needed is a flexible approach during a placement, or being willing to do things in a different way.

**Examples:**

- 1. A student who has a below-knee amputation was about to undertake an outpatient placement. He contacted his practice-based educator in advance and explained that he was unable to stand for extended periods. They discussed his provisional timetable and it was agreed that he could modify his practice, as required, in order to rest his leg. The practice-based educator also mentioned that the placement included hydrotherapy. The student explained that he was a keen swimmer and had a modified prosthesis for use in water. This enabled him to take part in hydrotherapy sessions.**
- 2. A student who has a history of self-harm made an appointment to see his personal tutor before his practice-based placement in order to discuss his concern that the increased stress of the clinical environment might be difficult for him to manage. It was agreed that the tutor should contact the practice-based educator on behalf of the student in order to negotiate working shorter days. This enabled the student to complete the placement successfully. It also provided a template for his future placements.**

**A plan of support was drawn up with the practice-based educator at the commencement of the placement. This involved agreed 'rules', designed to create a more supportive structure for the student. They included:**

- Agreed places and times of access to practice-based educators to discuss clinical issues**
- Agreed places and times of access to practice-based educators to discuss issues around mental distress/anxiety**
- Specific times for accessing academic staff who could also provide a degree of support**



- **Formal times for teaching**
- **Alternatives to certain clinical activities, as appropriate.**

**This structure helped the practice-based staff and other students on placement at the same time.**

It is most important to be positive and to provide as much encouragement as possible at every opportunity during the placement. On-going links with academic staff provide a seamless approach to the support a student receives.

### 13. Checklist for adjustments in the practice-based setting



- Presentation of written materials: is everything paper-based? If so, it would be helpful and more inclusive for everyone (staff, students and patients) to start the process of producing everything in electronic for mats, as these are generally more accessible.
- Is the hospital/trust website accessible? If practice-based educators refer students to this to obtain information about the placement setting, the accessibility of the site should be checked. This can be tested using a number of methods (see **Appendix 7 – Resources**). If the site is found not to be accessible, this should be reported to the ICT department in order that improvements can be made. While the website remains inaccessible, the information should be provided in alternative ways for any students who have different access requirements.
- Are placement workload patterns flexible enough to enable students who have different requirements to participate fully? If not, are there ways they can be modified to make them more inclusive?
- Are there any members of staff employed in the department part-time who might be able to act as support workers for students for part of the day? Are there any staff available from the local NHS Work Bank? Students can pay for the services of support workers by accessing their Disabled Students' Allowance [DSA] (see **Appendices 3 and 10**)
- If a placement provider is using an electronic patient record system, is this accessible for workers/patients who have different access requirements? If not, this needs to be fed back to the ICT department. In the interim, it is necessary to consider alternative methods of producing and updating patient records for those students who are unable to access the system independently.

## **14. Promoting a positive attitude to disability in the practice-based setting**

It is very easy to fall into the trap of stereotyping people. No two people are the same. This includes disabled people. Certain characteristics may, however, be subconsciously ascribed to one person who has a particular impairment because they have been seen in another person who has the same impairment.

It is also unwise to make assumptions that are not based on experience. Some disabled students are very effective at managing placement situations in which risk is inherent. Others, in common with many non-disabled students, need more guidance in managing risk.

A student who has a visual impairment may, for example, be much more mindful of the presence of catheters, drains and trailing wires in an intensive care unit and take far greater care than non-disabled students. It is also important to have the same expectations of all students. Many students find the early parts of placements challenging; practice-based educators should not assume that a disability makes someone less proficient or more clumsy.

### **Examples**

**1. In order to read text, a student who has a visual impairment needs to bring it very close to her eyes. She reported to her practice-based educator that nursing staff repeatedly commented on this, indicating some degree of unease about her behaviour. She did not, however, feel confident enough to tackle the staff in question in order to explain the reasons for this behaviour.**

**The practice-based educator offered to help the student to resolve this issue, and with the student's permission, provided some information in a team meeting in order to increase awareness of disability issues in general and visual impairment issues in particular. Subsequently, the student felt more comfortable and took the opportunity to explain the strategies that she used in order to practise effectively.**

**2. A student who has a form of neuro-diversity prepared a short statement about himself which he shared with practice-based staff and patients when he first met them. The staff were all supportive and the student encountered few adverse reactions from patients. Where this did happen, staff helped him to manage the situation.**

## 15. Using technology and 'low-tech' equipment

Technology, whether 'high' or 'low-tech', can be immensely liberating for many disabled students, including in circumstances where other students are unlikely to use it. Practice-based educators should be supportive of students' use of technology to enhance their learning and practice strategies.

What follows provides a brief overview of some of the equipment that disabled students may choose to use whilst on practice-based placements. For more detailed information, please see **Appendix 2: Assistive Technology and Low-Tech Equipment**.

### 15.1 Electronic devices

Some students – particularly those who have dyslexia and/or a visual impairment – may want to use their own laptops to take notes whilst on practice-based placements, recognising the need to follow all processes and procedures for managing, storing and ensuring the security of patient-related data within the placement setting. With the increasing use of memory sticks, this is now relatively simple. Notes can easily be deleted when the student leaves.

Some placement providers are now regularly using electronic patient records; those who do so cannot guarantee that they are accessible to disabled users. The organisation's disability equality scheme may stimulate change in this direction.

Potentially useful devices are a portable mouse with built-in software or a pen drive. When plugged into a computer, these pieces of equipment provide the student's preferred assistive technology, which might magnify an area of the screen or enable speech output. These do not always work with hospital-based computers, as the networks have in-built security systems that may not allow the software access. If the electronic notes system is inherently inaccessible or will not work with assistive technology, the practice-based educator will need to think of alternative methods by which a disabled student can keep patient notes.

Other useful lower-tech solutions include:

- Microphones linked to cochlear implants for those who are hard of hearing (these can be clipped to the practice-based-educator's lapel for one-to-one sessions to aid listening)
- Hand-held CCTVs/video magnifiers for enlarging text (these act to magnify text to a useable size for someone who has a visual impairment)
- Pocket-size digital recorders/note takers
- Task lighting (usually lamps which provide flexible lighting levels through the use of different types of bulb and/or dimmer switches) to help someone who has a visual impairment to be able to see detail
- Distance viewers, which may be useful to students who have a visual impairment, especially when participating in group teaching sessions that include the use of flip charts and PowerPoint presentations, or if observing a patient at a distance; e.g. in a gym, looking at gait pattern – the student can then get close to the screen to see detail
- Tactile tape measures
- Tactile goniometers
- 'Tacti-Mark' tactile marker pens

- Tactile markers on electro-therapy machines
- Speaking digital timers
- Audio labelling equipment
- Electronic colour detectors.

Allowing use of these methods constitutes a reasonable adjustment under the DDA. Practice-based educators should, where appropriate, encourage disabled students to make use of assistive equipment.

## 16. Staff development

Therapy service managers should ensure that staff receive regular training on equality-related issues in general, and on supporting disabled students on practice-based placements in particular. This forms important continuing professional development [CPD] and is recognised as such within the CSP's accreditation of practice-based educators [ACE] scheme.

It is extremely useful for staff to have opportunities to discuss relevant issues and concerns prior to the arrival of disabled students on practice-based placements. If anyone has previous experience of supervising disabled students, it is helpful to review and reflect upon that experience so that it can be used to manage future situations most effectively.

## 17. Identified member of staff

It may be appropriate to identify a specific staff member to co-ordinate support for disabled students who come onto practice-based placements. This person could also take responsibility for organising staff development sessions on equality issues. It is important for them to be familiar with the DDA legislation and its implications for physiotherapy students undertaking practice-based learning.

As with disability tutors who deal with these issues in the university, the basis of such a role is one of co-ordination and liaison; the named person is not responsible for organising specific support for individual students unless they act as the practice-based educator to them.

## 18. Managing challenges in a positive way

There are many reasons why students may find practice-based placements difficult, whether or not they are disabled and whether or not previous placements, or the current placement, have been going well. If difficulties do arise, it is important for practice-based educators, and all other staff, to respond in a positive way.

### 18.1 Pre-emptive action

Practice-based educators are more likely to avoid difficulties if effective anti-discrimination policies and practices are in place. Some of these may not be the responsibility of the practice-based educator within the workplace, but can be flagged up to those who do have responsibility for taking action. Examples include:

- Effective equality and diversity policy
- Policies dealing with discrimination and harassment
- Effective procedures for implementing good practice and

- for dealing with breaches of these policies
- Training so that all staff are clear about their responsibilities as individuals (and as part of an organisation)
- Thinking through how anticipatory and individual reasonable adjustments in practice-based placement settings can best be managed (and kept under review)
- Effective procedures for complaints and grievances that are accessible to disabled people and designed to ensure that everyone is easily able to use them to resolve issues.

### 18.2 Adjustments in action

There may be situations in which a practice-based educator is unaware that a disabled student is undertaking the placement, or where the student is unaware that s/he has an impairment that may affect her/his performance on placement. For example, there have been students who have been identified as having some form of neurodiversity or a mental health difficulty part way through a placement.

As universities and practiced-based staff become more proactive and more accomplished at encouraging and providing a positive atmosphere for disclosure of disability, it is hoped that the former situation will become less common. The latter situation is more challenging. It can be the experience of being in the novel or very different environment of the practice-based setting that may highlight disability issues for the first time. However, if an organisation has already considered and/or carried out anticipatory changes, implementing support part way through a placement should be a more straightforward process. This would also be relevant if a disabled student decided to disclose her/his impairment part way through the placement as a result of issues being identified by the practice-based educator. On the other hand, the student may become more confident to disclose in response to a positive and encouraging approach from staff in the placement setting.

If, for whatever reason, it becomes evident that a student requires support during the placement, the overall process would be the same as that set out earlier in the section: discussion should take place between the student and the educator, with input from academic staff and specialist outside agencies, if necessary.

If an impairment or disability is identified or becomes apparent for the first time whilst a student is on placement, this can have far-reaching psychological effects. Practice-based educators should acknowledge the student's situation and adopt a sensitive approach.

## 19. Support for practice-based educators

Support is available for practice-based educators who are working with disabled students. Practice-based education co-ordinators and university link tutors should be able to provide support when reasonable adjustments are being negotiated and organised.

It is also helpful to be aware of other available resources, both within the workplace and externally. Some of these include:

- Colleagues who already have experience of supporting disabled students
- Disabled colleagues
- HR

- Equality and diversity managers
- University disability services
- Professional bodies
- External impairment-specific organisations.

## 20. In summary, practice-based educators should:

- Talk to the student concerned
- Be aware of and act upon their responsibilities under the DDA
- Be aware of, and utilise, their employer's resources relating to disability matters
- Contribute to fostering a positive culture that maximises students' willingness to disclose a disability
- Discuss reasonable adjustments at the earliest opportunity, implement them and review their effectiveness during a placement.

## 21. References

General Medical Council (2008) Gateways to the Professions. Advising medical schools: Encouraging disabled students. GMC London available at: [http://www.gmc-uk.org/education/undergraduate/undergraduate\\_policy/gateways\\_guidance/index.asp](http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/gateways_guidance/index.asp)

HPC (2008) Draft report to HPC Council: Continuing Fitness to Practise – Towards an evidence-based approach to revalidation. HPC London. Available at: <http://www.hpc-uk.org/assets/documents/100023F520080826aPOLPPRCFTPPLG-Draftreportincludingannexes.pdf>

# Appendix 1

## Access to Work (AtW)

### 1. Introduction

This appendix outlines the Access to Work (AtW) scheme. It explains how the scheme can assist disabled people to obtain, retain and progress in employment by some of the barriers encountered in the working environment being overcome. The scheme provides funding to meet the cost of additional equipment and services that may be required by a disabled employee as a direct consequence of having an impairment. Details are given on the process of making a claim and what can be expected at each stage. Contact details for each regional AtW Business Centre are listed.

### 2. What is Access to Work?

Access to Work (AtW) is funded by the Department for Work and Pensions (DWP). There are eleven regional business centres and the scheme is administered through Jobcentre Plus. It is described by the DWP as:

“a popular and effective programme which helps disabled people move into work and stay in employment. It provides funding to remove the practical barriers which can prevent a disabled person working on equal terms with a non-disabled person – where it is unreasonable to expect an employer to fund these costs.” (DWP, 2008)

### 3. Funding

Examples of the equipment and services for which funding is available include:

- Specialist equipment (screen reading/magnification software; digital recorder; Braille note-taker; desktop/portable video magnifier)
- Adaptations/modifications to standard equipment (tactile markings on machine dials; amplified stethoscope; stethoscope attached to a display screen)
- Adaptations to premises (installation of loop system, installation of blinds or dimmer switches in a designated area)
- A support worker to undertake designated duties (escort to interviews; sign language interpretation; production of materials in various formats; personal reader)
- Fares (taxis/other transport) to, from and within work (to places that are inaccessible by public transport)
- Consultancy services from a Disability Employment Adviser on how to make the work place more accessible
- One-off grant to pay for specialised training (e.g. for a disabled employee on the use of new equipment, or disability awareness training for a group of non-disabled employees).



The DWP states that:

“Funding for the Access to Work programme has increased from £15 million in 1997 to £69 million in 2008–09. This funding will help around 24,000 people to gain employment or to stay in their job this year. In addition, we estimate that around 16,000 people are continuing to benefit from special aids and equipment paid for by Access to Work in the last two years alone.” (DWP, 2008)

#### **4. How does the scheme operate?**

Each Jobcentre Plus office employs a Disability Employment Adviser (DEA) who is available to provide information and advice to both disabled people and their employers. Following a discussion of each individual’s employment-related requirements, the DEA can make a recommendation to the AtW Adviser at the appropriate regional business centre as to the level of the grant to be paid.

##### **4.1 Eligibility for assistance through the Access to Work scheme**

A disabled person is eligible for help through the AtW scheme if s/he is:

- About to start work
- Currently in paid employment (part-time; full-time; permanent; temporary)
- Self-employed
- Unemployed or employed and requiring assistance at interview (escort and/or communicator).

The disability or health condition must be likely to last for twelve months or longer and must be judged to affect the person’s performance at work.

##### **4.2 The application process**

Having decided that an impairment is having, or is likely to have, a disabling effect on work-related activities and tasks, the disabled person should first contact the AtW Adviser at the AtW regional office closest to the place of work. The AtW Adviser’s role is to offer detailed advice and guidance. The sooner contact is made, the more likely it is that the application process can be initiated and the appropriate support implemented.

The AtW Adviser will officially confirm (or not) the person’s eligibility to participate in the scheme and, if confirmed, will send an application form which must be completed by the disabled person and returned to the AtW Adviser.

The disabled person will be asked to complete an initial 2-page form, giving basic personal information and details relating to employment status and the type and level of support anticipated. In rare cases, the costs may be agreed at this stage, but a formal assessment is strongly recommended.

The AtW Adviser will need some detailed information; for example:

- A job description
- Expected start date
- Line Manager’s contact details
- Contact details for the employer’s Information Technology specialist
- Contact details of the person designated to authorise the purchase and cost sharing.



### 4.3 The assessment process

AtW Advisers/assessors have differing levels of knowledge and experience with regard to disability and impairment. It is essential, therefore, that both the employee and the employer's representative (the employee's line manager) should play a full part in the assessment process to ensure that the support recommended is appropriate. In order to facilitate this, the disabled employee, together with the line manager, should meet prior to the assessment to consider such issues as:

- The nature of the job to be undertaken, with reference to the job description and person specification
- The specific tasks to be undertaken
- The impact of the person's disability on these tasks
- Anticipation of likely changes to the job role
- Anticipation of likely changes to the impairment and its consequent impact on the job requirements.

On receipt of the completed application form, the AtW Adviser will contact the disabled person and the employer to discuss the kinds of support that might be needed. The AtW Adviser or other contractor may make an appointment to visit the employee and the employer at the place of work for the purposes of making a further assessment of the disability-related needs of the employee. It is important for an Adviser to discuss the disabled person's application with the employer so that the most effective provision of support can be implemented.

It is often the case that consultancy services from a specialist or technical adviser are required in order for a satisfactory assessment to be undertaken, particularly if access technology or software is required.

**A blind physiotherapist obtains employment as a junior member of staff in a busy outpatient department. In order to produce and read documents such as patients' notes and general Trust information, he needs access to Braille. During an initial discussion with the DEA and his employer, it is agreed that specialist advice is required to ensure that the appropriate piece of equipment is purchased. An appointment is then made for a technology officer from Action for Blind People to undertake a specialist assessment and make recommendations in a confidential written report to be submitted to the AtW Adviser. On receipt of this information, purchase of the equipment is endorsed and the appropriate level of funding agreed by Jobcentre Plus.**

The AtW Adviser may ask the employer to obtain quotes in order to arrive at a cost that is likely to be approved by Jobcentre Plus.

### 4.4 Agreeing support and costs

Before submitting a final report, the AtW Adviser will present a breakdown of costs to the employer. Agreement can then be reached as to how the responsibility for payment of costs should be allocated.

#### **4.5 The formal report**

Having agreed with the employer and employee the package of support to be provided, the AtW Adviser will formally submit the recommendations (relating to equipment and/or support) to the Jobcentre Plus office for approval of funding. A letter will then be sent to the employer and to the employee giving information on the type and level of support to be provided, the amount of AtW funding available to meet the costs, and the sum to be paid as the employer's contribution.

#### **4.6 The employer's responsibility**

Upon receipt of the letter containing information on the nature and level of support approved by Jobcentre Plus, it is the employer's (or the self-employed person's) responsibility to arrange the provision of support services and to purchase any necessary equipment recommended. The employer can then apply to the AtW Business Centre for reimbursement of the approved costs (the AtW's contribution). All relevant documentation relating to the purchase of goods and services must be submitted with the application for reimbursement.

The employer and/or employee may be asked to make an additional voluntary contribution to the cost of equipment. This is voluntary, and the disabled person's entitlement to support will not be jeopardised should a choice be made not to pay it.

It should be emphasised that the employer should not purchase any items until an official notification of the approved costs has been received.

#### **4.7 Reimbursement of other costs by employees**

The cost of fares (either to and from work, or those incurred during work) is rarely funded in advance by AtW and not all employers have agreed to fund the cost of employing a support worker. In the majority of cases, the disabled person will be required to finance the costs of transport and support workers and reclaim the amount from AtW.

#### **4.8 Ownership, repairs and insurance**

If specialist equipment is purchased, it is owned by, and is the responsibility of, the employer. A formal agreement should be drawn up between the employer and employee to this effect. The employer will need to take out an appropriate insurance policy to cover the costs of maintenance/repair of this equipment once the official guarantee has expired. It will also be necessary to insure the equipment against loss/damage. Every effort should be made to ensure that the equipment is kept in a secure place such as a lockable room. Should the disabled person wish to purchase the equipment, or move it to a subsequent place of employment, the conditions of doing so should be included in the agreement.

#### **4.9 How long will it take for support to be implemented?**

The AtW Business Centre aims to arrange the support required in the shortest possible time. The length of time varies considerably, however, and is dependent on individual circumstance. If delays occur, the AtW Adviser should, ideally, explore the possibility of providing a temporary alternative: for example, funding the employment of a support worker.

#### 4.10 The Access to Work Grant

The contribution by AtW varies depending on the individual circumstances of the disabled applicant. The following gives an indication of the levels of funding that are available, and for which types of support:

AtW can pay up to 100% of the approved cost for:

- Unemployed people about to start a new job
- People changing jobs with a new employer
- Self-employed people.

Whatever the employment status of the applicant, AtW can fund up to 100% of the additional costs for help with:

- Fares to work (above the normal costs)
- Communicator/escort support at interviews
- Support workers.

For disabled people working for an employer who have been in the job for six weeks or more, AtW will fund a proportion of the costs of support. The employer will be asked to pay the first £300 of the approved cost and 20% of the total up to £10,000. AtW will fund 100% of the costs of over £10,000. There are no fixed limits to AtW funding.

If a disabled person is changing jobs but remaining with the same employer, it is important for the employee to contact the regional AtW Centre to discuss whether or not the employer is required to pay a contribution to the costs of any additional support needs.

Following a period of between one and three years, an AtW Adviser will review a disabled person's circumstances and the nature and level of support received.

#### 5. Some case studies

**A Therapy Services Manager is visually impaired. He is responsible for all the activities involved in supporting a network of employees. By applying for and successfully receiving AtW support, his employer has supplied him with magnification software for a computer, a mobile phone with large character software, a digital recorder, a scanner and the services of a support worker for two hours per day. Flexible lighting and window blinds were installed in his office and the dials on some standard equipment were made accessible with the use of a fluorescent labelling pen (Tacti-Mark).**

**The employee said: "The support from Access to Work takes the financial worries away from the employer, and it means that your skills and abilities are enhanced through the additional support that is available."**

**A newly-qualified physiotherapist disclosed that she was hard of hearing when she applied for a junior post. She had already been in contact with AtW and had organised a lip speaker to accompany her to her interview.**

**On successfully obtaining the job she completed the AtW application form and an assessment was carried out in the workplace. There was also discussion with the employee and her manager to ensure that the AtW Adviser fully understood the requirements of the post. Funding was agreed for a digitally amplified stethoscope and for a specialist support worker to act as a communicator (lip speaker) and to provide verbal commentary to enable the therapist to access auditory media. (The support worker post was covered by two individuals.)**

**Fortunately, the employer was able to fund the support worker directly and to claim back from AtW, rather than the employee having to do this.**

## **6. Contact details for the regional AtW Business Centres**

### **London/South East/East Region:**

#### **Jobcentre Plus**

Access to Work Operational Support Unit,  
Nine Elms Lane,  
London, SW95 9BH  
Telephone: 020 8426 3110  
Textphone: 020 8426 3133  
Email: [atwsu.london@jobcentreplus.gsi.gov.uk](mailto:atwsu.london@jobcentreplus.gsi.gov.uk)

- London
- South East (Kent, Sussex, Surrey, Berkshire, Buckinghamshire, Oxford, Hampshire)
- East of England (Cambridgeshire, Norfolk, Suffolk, Essex, Hertfordshire, Bedfordshire)

### **Wales/Midlands/South West Region:**

#### **Jobcentre Plus**

Access to Work Operational Support Unit,  
Alexandra House,  
377 Cowbridge Road East,  
Canton,  
Cardiff, CF5 1WU  
Telephone: 02920 423 291  
Textphone: 02920 644 886  
Email: [atwsu.cardiff@jobcentreplus.gsi.gov.uk](mailto:atwsu.cardiff@jobcentreplus.gsi.gov.uk)

- Wales
- East Midlands (Northamptonshire, Leicestershire, Rutland, Derbyshire, Nottinghamshire, Lincolnshire, Gloucestershire, Herefordshire, Worcestershire, Warwickshire, Staffordshire)
- West Midlands
- South West (Dorset, Wiltshire, Avon, Somerset, Devon, Cornwall)

### **Scotland/Yorkshire and Humberside/North East/North West Region:**

#### **Jobcentre Plus**

Access to Work Operational Support Unit,  
Anniesland JCP,  
Baird Street,  
Glasgow, G90 8AN  
Telephone: 0141 950 5327  
Textphone: 0141 602 5850  
Email: [atwosu.glasgow@jobcentreplus.gsi.gov.uk](mailto:atwosu.glasgow@jobcentreplus.gsi.gov.uk)

- Scotland
- Yorkshire (Yorkshire, Humberside, Co Durham, Northumberland, North East, Teesside, Tyne and Wear)
- North East
- North West (Cheshire, Merseyside, Greater Manchester, Lancashire, Cumbria)

#### **Northern Ireland:**

**(Employees to contact DEA at local Jobs & Benefits Office in first instance)**

#### **Disablement Advisory Service**

Access to Work,  
Gloucester House,  
Chichester Street,  
Belfast, BT1 4RA  
Telephone: 028 9025 2085  
Textphone: 028 9025 2228  
Email: [das@delni.gov.uk](mailto:das@delni.gov.uk)

#### **Isle of Man:**

**(Employees to contact DEA at local Jobs & Benefits Office in first instance)**

#### **Access to Work**

Nivision House,  
Prospect Hill,  
Douglas,  
Isle of Man, IM1 1PJ  
Telephone: 01624 687 014  
Email: [jobcentre@dti.gov.im](mailto:jobcentre@dti.gov.im)

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## 7. Reference

DWP Public Consultation Paper (July, 2008) No one written off: reforming welfare to reward responsibility. DWP



### Web Link

General information on help for disabled people from Job Centre Plus available at:  
[http://www.skill.org.uk/uploads/emp\\_jobcentre.doc](http://www.skill.org.uk/uploads/emp_jobcentre.doc)

# Appendix 2

## Assistive technology and Low-tech equipment

N.B. Whilst this appendix covers a wide range of technology and equipment, the list is not exhaustive. Students, academic and clinical staff may identify or be aware of other equipment which could be helpful in study or work settings.

### 1. Access Technology

#### 1.1 Introduction

The term 'access technology' is used here in its widest sense as meaning any technological equipment that can facilitate disabled students' access to the educational environment. The technology under discussion can be used to do this in a number of ways:

- Teaching and learning materials can be made available via technology
- Materials can be produced in a range of accessible formats
- It can be used as an alternative means of reading and writing for the student
- It enables the student to access independently the vast amounts of information available, particularly any that is stored electronically.

Although technology can be a key factor in facilitating access for disabled students to many courses, it must be remembered that it is not a panacea for all curricular barriers that may be encountered. Teaching staff have a duty to provide material in appropriate formats. They must not expect the students to take on the responsibility for dealing with all the access issues related to teaching and learning materials, just because they may have some technological equipment.

Each institution should be responsible for deciding on the technology that needs to be made available in the library or learning resource centre in order to facilitate access for disabled students. Some types of access technology, such as screen enlargement and speech output systems, can be loaded on to the computer network so enabling students to use email, virtual learning environments and the internet.

Once equipment and systems are in place, information about them can be included in the disability statement. It is important that all staff know what equipment is available so that they can make effective use of it and direct students to it as necessary. When the financial implications of installing access technology are being considered, it is important to remember that some money will be needed to provide staff training and to allow for maintenance of equipment. There is no point having a plethora of high-tech equipment if no one can use it.

#### 1.2 Assessment

Students should be offered an assessment in order that any equipment purchased is appropriate. It is important that students have the option to see and test out a variety of available equipment in order to ensure the best choice is made for their needs and particular course requirements.

Relevant factors might be:

- What are the student's curriculum access requirements?
- How and where can the technology be used?

- Which input, storage and output features are the best match for the student's needs and abilities?
- Which equipment offers these features?
- What entry-level skills are required to manage the selected system?
- Are there any initial or on-going student and/or staff training requirements?
- How will the use of the technology affect the student's work and study strategies?
- Will the introduction of new technology change the level and/or nature of support that the student may require?
- What level of technical support (if any) will be necessary?

### 1.3 Technical support

Equipment can sometimes go wrong, or, after some experience, the student may wish to change the set-up. Often the technology becomes vital for the student's continued full participation in the programme. It is therefore important to ensure that there is someone available to provide technical help as necessary.

## 2. Computers

Inevitably, much of the access equipment required is computer-related. The apparently exponential rate of development has made a great contribution to the accessibility of material for disabled users.

**Desktop** – usually sited at the student's home or hall of residence and is used for producing written work and for accessing text.

**Laptop** – portable so can be used at home, in college and in the practice placement setting.

Manufacturers are becoming more aware of disability issues and are working with developers of access systems for disabled users.

### 2.1 Accessories

#### 2.1.1 Monitors

Desktop computers have monitors of a standard size included in the price.

These are usually high-quality/high-contrast colour screens of various sizes. Some partially-sighted students may choose to use larger monitors to negate their need for additional assistive technology.

#### 2.1.2 Printers

Many students will have a printer included in their DSA assessment in order to enable production of text in their preferred hard copy format.

#### 2.1.3 Scanners

Text stored using a scanner and optical character recognition (OCR) software can be manipulated using word-processing software or communicated to the student using a screen enlargement system, speech output or refreshable Braille line.



### 3. Enlargement systems

There are a variety of ways in which text and diagrams can be presented in an enlarged format. This is useful to some partially-sighted students to facilitate access to general information as well as teaching and learning materials.

#### 3.1 Paper based

Probably the least technical way to provide enlargement of standard print or diagrams is by the use of a photocopier. Material presented on sheets of A4 size paper can be enlarged to A3, although this has disadvantages in terms of paper size, print size and contrast.

A second way to provide enlarged text is by using a larger font size when printing a document from a computer file. This is more satisfactory for many students, as it dispenses with the need to manage very large sheets of paper.

#### 3.2 Closed Circuit Television (CCTV)/Video Magnifiers

A CCTV/Video Magnifier is a piece of equipment made specifically for visually impaired readers and many partially-sighted people find them valuable for both reading and handwriting text. Pictures, text and solid objects can be placed under the camera and a magnified image appears on the monitor or television screen. Magnification up to x75 is possible but it does take practice to perfect the technique of reading with a CCTV.

There are a number of different varieties:

**Desk top: non-portable designs** These usually have a built-in camera and a moveable X-Y reading table that allows the position of the book or object to be changed easily. All provide options of colour or monochrome, and foreground and background colours can be switched to give light text on a dark background or vice versa, depending on user preference.

**Portable CCTVs/Video Magnifiers** These are hand-held and have the same facility for change of polarity as the desktop versions. Some are able to capture an image for later viewing. These can be useful in the practice placement setting but many partially-sighted users find that the screens are too small and only small amounts of text fit on them, so slowing reading down.

**3-in-1 video magnifiers** The camera can be used as a CCTV in order to view, magnify and save text to a computer, or to view and magnify distant objects.

**Auto-readers** These are mains operated, low vision, autofocus, full colour, readers which scan, capture and enlarge the entire page for reading. Readers can choose to display a column layout (wrapped paragraph), row layout (continuous line) or word layout (one word at a time). Text can be scrolled automatically at a selected speed or this can be done manually a screen at a time.

Some CCTVs have an option of changing the display to over and underline on screen to assist reading along lines of text or accessing mathematical or other figure-based data such as spreadsheets. Many also allow blacking out of the screen outside these lines to help the user to concentrate on the relevant area of the text. Some also have

the facility to be linked to a PC. By using the 'split screen' facility, the user is able to create and access written information simultaneously.

### **3.3 Screen magnification systems**

This software can magnify the text, menus and icons on the computer screen up to 32 times. Because screen magnification software increases the size of the image displayed on the screen, only a portion of the original screen image can be seen at one time. Normally the magnification will automatically follow the area of attention, for example the cursor. Because of the restriction on the screen's viewing area, a large monitor is usually used in conjunction with screen magnification software. This effectively increases the screen's viewable area.

These systems offer the facility to change the colour of text and background. When purchasing screen magnification systems, institutions should look for those that can be loaded on to any existing network.

## **4. Speech systems**

### **4.1 Speech Output software or Screen Reader software**

A screen reading programme (such as Jaws) sends text displayed on the screen to be spoken by a speech synthesizer. Common features include the ability to speak the full screen, a user-defined area of the screen, a line, a word, individual letters, or the phonetic equivalent of a letter and punctuation. A screen reader allows menus, dialogue boxes, tool tips and system messages to be read back.

Some screen enlargement systems (such as ZoomText Xtra and SuperNova) feature fully-synchronized magnification and screen-reading systems.

Systems such as Read and Write Standard text to speech software provides extensive tools, including speech feedback, phonetic spell checking and homophone checking to help individuals who have dyslexia.

Screen readers are also becoming more available for use with mobile telephones and Blackberries.

### **4.2 Reading pens**

These can be used to scan and insert text using the touch screen and virtual keyboard. Text can be spoken aloud and definitions and correct pronunciation provided. Words which have been looked up can be transferred to the PC for further practice. Text can also be uploaded from the PC to be read aloud wherever the user is studying/working.

### **4.3 Handheld portable readers**

These can be used by people who have visual impairments or reading-based learning disabilities by providing access to a variety of printed materials. They combine a high-resolution camera with a built-in processor to convert printed text to digital text, then reads it aloud.

Larger documents can be captured by a 'bulk capture station' (usually sold separately to the reader); this text can then be accessed anywhere using the reader.

#### 4.4 Electronic spellcheckers and phonic dictionaries

Various electronic dictionaries and thesauruses are available which have speech capability. The built-in speech function lets the user hear the spelling suggestion, headwords and definitions making it easier to find the right word.

#### 4.5 Recording

This method is widely used by both disabled and non-disabled students and can be a useful addition to study methods. It does, however, have some drawbacks, as it can be slower than reading text. Students should be encouraged to use this as an adjunct to taking notes, rather than as a replacement. Otherwise, they may end up listening to all their lectures twice, which is a poor use of study time.

Most students use digital voice recorders, linked to computers to download audio files.

##### 4.5.1 Audio-labelling equipment

An example of this is the PenFriend produced by RNIB. This small piece of easily used portable equipment can be used to record and re-record information onto self-adhesive labels. The recordings can be played back anywhere by using the PenFriend – no computer is required. It can also be used as a portable notetaker or personal organiser: a message is recorded and the allocated label can be placed in a small notebook or diary.

The PenFriend can be used at home, in the classroom or in the practice placement setting for:

- Labelling equipment
- Labelling resources
- Organising coursework
- Organising work and study diaries/timetables.

#### 4.6 Standalone Reading Machine

This is one unit that integrates a scanner, optical character recognition (OCR) Software and speech software. The printed document can then be scanned and read by the same machine. Some allow document storage.

#### 4.7 Digital book players

These are portable pieces of equipment that can be used to either download available books and MP3 files, or to play DAISY books that can then be accessed using speech. They provide excellent navigation features and incorporate an integrated microphone to make voice notes.

Some equipment is designed more specifically for use by people who have dyslexia. For example, the ClassMate Reader reads aloud and simultaneously displays and highlights text on a full colour screen. It also includes study tools to enhance learning such as bookmarks, voice recording, highlighting function and a speaking dictionary. Students can download and store their curriculum directly on an SD Card for easy access. It has a touch screen and a user friendly interface. The multi modal approach, including visual, auditory and touch methods of accessing text, can enhance understanding.

#### **4.8 Optical Character Recognition (OCR) software**

This software is used in conjunction with a PC and scanner to copy printed text to the computer and hold it electronically so it can be read by a screen reader or magnified with software. There is mainstream OCR software available that just copies the text.

#### **4.9 Voice recognition (VR)**

Voice recognition allows control of a computer by the use of voice; information can also be entered on to the computer by the same method. All VR systems need training and become more reliable and accurate over time. This training involves that of the user with the system and training of the system to the user's voice. Consistency of the voice is essential if good results are to be obtained.

This is a possible solution for people who have difficulty with their hands or who have dyslexia; it is not usually the recommended option for a blind or partially-sighted person who can learn to touch type.

#### **4.10 Talking GPS**

This portable equipment verbally announces names of streets, intersections and landmarks as the person walks. Users can pinpoint where they are, learn about area attractions, and find out how to get to specific destinations. Some provide features for route planning and recording.

### **5. Braille systems**

#### **5.1 Braille display**

An electronic Braille display (such as the Brailiant) is a tactile device that is placed in front of a conventional computer keyboard, or laptop keyboard and enables the user to read the contents of the computer screen by touch in Braille. Each cell has eight pins made of metal or nylon, electronically controlled to move up and down, to display a Braille version of characters that appear on the computer screen. The two lowest dots represent the position of the cursor.

No plugs or cables are necessary as the equipment connects via Bluetooth.

#### **5.2 Braille production**

Braille is more conveniently produced on an embosser that prints Braille output from text entered on to a computer. This connects to a computer or note taker in the same way as a conventional printer, but produces the Braille by punching dots on to paper. Before the text can be embossed, however, it has to be converted into Braille format by translation software.

#### **5.3 Note takers**

Note takers are a portable computer with a Braille or QWERTY keyboard that gives speech feedback and allows the user to take notes and make appointments. Some are email and internet enabled. They can also have an integrated Braille display.

### **6. Other software**

#### **6.1 Mind mapping tools**

These can be used to assist in the development of ideas, while planning and structuring workflow. Individuals who have dyslexia may find these useful as they

help to support organisation skills. They are used to produce interactive diagrams, charts and reports to assist with the organisation and prioritisation of concepts and information. They can be used in the classroom or in the work place for making notes, understanding concepts and drafting essays, reports or presentations.

## **6.2 Note taking software**

This type of software can analyse audio files and identify the natural pauses that occur in speech. The audio is presented as a visual bar, broken at each pause in the recorded speech. This enables the listener to visualise the different sections of the speech or lecture.

Recordings or audio files can be imported into the computer and the software is used to navigate through the recording using simple keyboard commands or the mouse. This can be personalised to suit user preferences; e.g. font or colour options. The recording can be edited by breaking it down into smaller sections, or using simple cut, copy and paste commands.

Recordings can be annotated using colour highlighters or markers. Notes can then be exported to a word processor or mind-mapping tool. Edited tracks can be exported to listen to on an MP3 player or CD.

Tags and the search tool can be used to locate the information when needed.

## **6.3 Medical dictionaries and spellcheckers**

These are widely available pieces of software that may be of use to those students who find new terminology difficult to spell and understand. A helpful feature of some is the comparison of UK and US spellings.

## **6.4 Real-time text software**

Text telephony is specifically meant to be the text equivalent to voice conversation for deaf, hard of hearing and speech-impaired people. To make it an equivalent of what voice is for hearing people, text telephony must offer equivalent features in terms of conversationality as voice does to hearing people.

It offers a character-by-character based interaction so that everything that is typed will appear immediately on the screen at the other end, and vice versa. This means that text telephony is more equivalent to voice for hearing people than other types of message based systems such as SMS, MMS or email. TalkbyText is produced by RNID.

## **6.5 Alt-format software**

Dolphin's EasyConverter can create large print, MP3, DAISY and Braille versions of learning materials that can either be scanned from paper, or input from Word, PDF, HTML, Nimas, Kesi, DAISY Xml, text or image files.

EasyProducer converts standard Word files into DAISY digital talking-books (synchronised audio and text) that can be searched and navigated.

## **6.6 Digital talking book players**

EasyReader is an example of a software digital talking book player, allowing users to read and listen to content through a combination of text, speech and images.

With EasyReader, readers can quickly navigate to any section of a book, change the reading voice, customise their preferred text, background and highlight colours,

search for words and phrases, and place bookmarks in a book to highlight areas of interest.

## 7. Other technical equipment

### 7.1 Amplified stethoscopes

There are not many amplified stethoscopes on the market. The Top Phono E-steth has, however, been recommended by some hard of hearing users. It is a digital stethoscope that tunes in selectively to cardiac and pulmonary sounds. An adjunct to this is CardioMail which allows visuals of heart and lung signals to be shown on a computer screen. The files of these visual images and sounds can be viewed, printed, faxed or e-mailed, permitting an objective aide in diagnosis by specialists in another location.

This stethoscope can be used by hearing-impaired practitioners whilst wearing a special headset that fits outside the ears – ideal for those wearing hearing aids.

### 7.2 Equipment for individuals who have physical impairments

- Keyboards with larger keys to aid with precision
- Keyguards – a sheet of plastic or metal that fits across the top of the keyboard to help to steady the hand, aid with stamina and increase accuracy
- Trackballs/Joysticks – alternative pointing devices that stay in a static location on the desk and do not require to be held whilst operating
- Switches – by pressing switches with any part of the body a user can make ‘choices’ on the screen; an example could be a copy of the keyboard on the screen where the user presses the switch to choose which letter they wish to type.

## 8. Low-tech equipment

Whilst many disabled students use a wide range of ‘hi-tech’ equipment (as described above), it is important to remember that a significant proportion of them also rely on a variety of ‘low-tech’ equipment to facilitate access to information and/or production of text.

Much of the ‘low tech’ equipment is designed for use by people who have the visual impairments (see **Low vision equipment** below). There is also a range of commercially available equipment that may be of use to students who have a range of impairments.

### 8.1 Low vision equipment

In general, people who use lens-based low-vision equipment choose to undergo an assessment of vision prior to selecting particular items. This ensures that an appropriate appliance is issued with the correct lens prescription. Several items of lens-based low-vision equipment are also available commercially, however, and many disabled customers purchase these independently. Examples of low vision equipment include:

- Spectacles (monofocal/bifocal: with/without tinted lenses)
- Contact lenses (soft/hard)
- Optical low vision aids:
  - Simple hand magnifiers: with/without light
  - Stand magnifiers (fixed and variable focus)
  - Spectacle microscopes and telescopes: with/without light.



## 8.2 Other commercially available equipment

**Pre-recorded DVDs** (e.g. for study of anatomy)

**Task lighting** (angled lamps; spotlights; torches; book lights)

**Reading stands** (desk/portable)

**A range of writing materials** (markers; felt-tip pens; highlight text markers)

**Coloured/heavy lined paper**

**Reading and writing guides**

**Coloured acetate overlays**

**Flashcards**

**Dictionaries**

**Diaries/personal organizers**

**Keyboard stickers**

**Textbooks with CD ROM/internet links**

**E-books.**

## 8.3 More specifically for people who have visual impairments

Braille writing equipment (available from RNIB)

Labelling materials:

- Coloured/tactile/shaped labels/buttons; e.g. 'Bumpons' and 'Loc Dots'
- Magnetic labelling sheets or strips – paper or rubber with magnetic backing (these can be written on or Brailled and then attached to metal objects as labels)
- Tacti-Mark; fluorescent orange, black or white liquid plastic that sets hard for marking equipment, or can be used as a teaching aid; the bottle nozzle has a fine point that is good for accurate marking (available from RNIB)
- Tactile tape measure (available from RNIB)
- Tactile goniometer (available from RNIB Allied Health Professions Support Service).





# Appendix 3

## The Disabled Students' Allowance

### 1. What is the Disabled Students' Allowance (DSA)?

The Disabled Students' Allowance (DSA) is a financial package for which all disabled students can apply.

- It is intended to cover any extra study-related expenses incurred as a direct consequence of disability.
- It is not intended to pay for other disability-related costs that might otherwise be incurred; for example, contributions towards the purchase of mobility aids, hearing aids or spectacles/contact lenses.
- There are currently no previous study restrictions related to eligibility; i.e. if someone has already applied for, and received, a DSA whilst previously studying on a HEFCE-funded course Eng;and, this student is still eligible to apply for the NHS-funded DSA
- There are no age limits related to eligibility.
- Access to the DSA is not means tested.

### 2. Eligibility

Disabled students who are already studying, or have been offered a place on an educational programme, can apply for a DSA. The application process for students studying on pre-registration programmes leading to professional registration in one of the allied health or other health professions differs from that for non-NHS education programmes. The scheme is administered by NHS Business Services Authority (NHS BSA) (Student Bursaries).

In order to be considered for a DSA, disabled students must demonstrate that they qualify for an NHS-funded bursary. EU students and those who are seconded and receiving a salary do not qualify for a DSA under this scheme.

### 3. Identifying the need for support: first steps

Many disabled students will require some additional support to enable them to undertake a degree programme. It is common for applicants to be unaware of the DSA and so it is helpful for academic staff to have a basic knowledge of the process in order to be able to provide advice.

Whilst disclosure of a disability is not mandatory, it is necessary for students who apply for a DSA to provide medical proof (for example a letter from a doctor or consultant) giving details about the nature and severity of their impairment to the NHS BSA, the body administering student bursaries. Those with dyslexia or specific learning difficulties must provide evidence of a recent assessment which needs to be carried out by a suitably qualified person e.g. an educational psychologist.

Ideally, it is recommended that students should discuss their possible requirements with appropriate members of academic staff and personnel from the university's Disability Service during the general enquiry or formal application process. This will enable staff and students to:

- formulate an initial plan of approach
- arrive at a consensus as to the kinds of disability-related support required
- assess financial implications

Students must meet the costs associated with establishing a claim for disability i.e. fees for a dyslexia assessment or charges for a doctor's letter. Assessment of an individual's study-related needs are however, covered by the DSA funding.

#### **4. Applying for the DSA**

As mentioned above, students do not have to notify their university of a disability although it is recommended that they do so that in order to obtain help in applying for the DSA.

If students decide to disclose this information, it is important that they inform the university at the earliest opportunity and certainly upon receipt of a formal offer of a place (conditional or firm).

Applicants are required to complete the DSA 1 form (<http://www.nhsbsa.nhs.uk/Students/Documents/Students/DSA1.pdf>) which should be accompanied by the supporting evidence of the disability. For ease of reference, the student's personal reference number should be quoted in all correspondence with NHS BSA (Student Bursaries). All information is treated confidentially.

Processing claims can take a considerable length of time and so early application is essential. This will help to avoid delays in the implementation of disability-related support. Ideally, both specialist equipment and other support should be in place at the commencement of the undergraduate programme.

#### **5. Procedure for accessing the DSA**

If a student's application is accepted, the applicant will be referred to a Regional Access Centre for an assessment of study-related needs.

Students should not arrange for an assessment without confirmation that the award has been agreed and the assessment centre approved by NHS BSA (Student Bursaries). Students are strongly advised to arrange the assessment at the earliest opportunity: well before the beginning of term and even prior to receiving a confirmed offer of a place.

It may be necessary for some students to have a top-up assessment later in the programme, particularly if there is a change in their disability, to ensure that any specific requirements are met.

#### **6. Background research**

It is important to note that assessors have differing levels of knowledge and experience regarding the range of impairments with which students may present. Students should, therefore, play as full a part as possible in the assessment process to ensure that the support recommended is appropriate.

It is strongly recommended that, prior to their assessment, students should spend some time undertaking background research into the types of equipment and

software that are available which may be helpful on their programme of study. This can be done in a number of ways, for example:

- Discussion with technical staff in specialist organisations
- Contacting suppliers
- Downloading demonstration software from the internet
- Discussion with disabled physiotherapists who may already use equipment or support workers
- Visiting resource centres
- Visiting exhibitions where equipment is showcased.

If students are able to carry out this type of background fact finding, they will come to the assessment well prepared to offer suggestions for the kinds of support that are likely to be of particular use to them on physiotherapy programmes that include practical classes and practice placements.

## **7. The assessment process**

A qualified member of staff will be required to complete a Study Aids and Strategies Assessment Report. This report should contain detailed recommendations relating to the additional disability-related support that the student is likely to require in order to participate fully in the programme. The costs of carrying out the assessment and producing the Study Aids and Strategies Assessment Report will be met from the student's DSA.

## **8. Specialist input**

It is important to emphasise that not all Access Centre personnel are familiar with the nature and components of physiotherapy programmes and their specific academic and practice requirements. Whilst most disabled students will wish to apply for assistance with the purchase of general access equipment and services (computers with assistive software; employment of support workers) disabled physiotherapy students may need some or all of the following:

- A laptop computer specifically for use in the practice placement situation
- Tactile/fluorescent markings on the dials of therapeutic machines
- Tactile/fluorescent markings on a goniometer or tape measure
- Stethoscope with amplification or screen read-out
- Portable video magnifier with distance facility (especially for practice placement work)
- DAISY/MP3 digital recorder for use with speech recognition software installed on a computer
- Support workers who are required to be more actively involved e.g. in practical sessions and on practice placement.

There have been situations where, at a point in the programme, students have discovered that they have no funding available via the DSA to purchase a particular item of equipment or type of support because this was not included in the assessment report.

**On attending a respiratory practical class, a student who is hard of hearing realised that he would need to use a stethoscope. When he attempted to perform auscultation he was unable to hear anything. His assessment of study needs had been carried out before he arrived at the university and neither he nor his assessor had realised that he would be required to perform this technique. He did not, therefore, have access to funding to purchase an amplified stethoscope.**

In order to avoid this situation occurring, it may be necessary for the assessor to commission the consultancy services of staff from an external organisation. The involvement of personnel with specialist expertise guarantees that the assessment will be more comprehensive and that an accurate estimate of costs can be submitted for approval at the outset.

**A student who is visually impaired received a formal offer of a place on a physiotherapy programme. She applied for a DSA and underwent a general Study Aids and Strategies assessment. During the assessment, the assessor recognised that she needed additional items of equipment and services relating specifically to a physiotherapy programme about which he had no knowledge. At the student's suggestion, he contacted RNIB's Physiotherapy Support Service in order to obtain advice. Items such as a DAISY/MP3 digital recorder, goniometer with tactile markings, tactile tape measure, mobile phone with speech software and Tacti-mark pens were recommended. These were included in the final report, funding was subsequently agreed and the items were purchased prior to the commencement of the programme.**

## **9. Processing claims**

On receipt of the completed Study Aids and Strategies Assessment Report, the recommendations are reviewed. The appropriate level of support to be implemented and the allowance available to meet the costs is then determined.

It may be some weeks before the student receives a response and follow-up telephone or written communication may be necessary to speed up the process.

Eventually, the student will receive written confirmation of the Authority's recommendations which will contain full details of equipment and services agreed, together with the financial support for which the student is eligible. The University's Disability Service should be able to provide advice on any local procedures for payment and suppliers of equipment or personal support (e.g. the Agency with which the University has a contract to provide support workers).

Students may receive equipment prior to the commencement of the programme but must be able to provide evidence of a confirmed offer of a place. All equipment must be returned if students do not subsequently enrol on a programme.

## 10. Elements of the DSA

### 10.1 Specialist equipment allowance

Items of equipment: computers with specialist software; scanners; video magnifiers; digital recorder/MP3 players; Braille embossers/note takers etc. Maintenance, repair, technical support, insurance or extended warranty costs arising from owning the equipment. Initial training on new equipment and software may also be reimbursed. This allowance need not be spent all at once but can be accessed throughout the programme.

### 10.2 Non-medical helpers allowance

Students can use this part of the allowance to pay for personal assistance in a range of areas related to the programme of study. This includes note-takers, personal readers, sign language interpreters, library assistants, dyslexia tuition support and mobility training.

### 10.3 General allowance

Miscellaneous small items of equipment: e.g. hand-held magnifiers; consumables: digital memory sticks, Braille paper, payment for photocopying/printing etc. It can also be used to top up the other allowances if necessary.

### 10.4 Travel costs

Reimbursement of travel costs incurred as a direct consequence of a disability. Examples include: travel to areas/local sites that are not served by public transport or travel at a time when disability makes the use of public transport difficult/impossible.

**A physiotherapy student using a prosthesis as a result of a below knee amputation was expected to travel to placement by bus. Standing for long periods had been identified as an issue for which reasonable adjustments had been organised. On carrying out a pre-placement visit in the rush hour, he found that he could not obtain a seat on the bus and had to stand for the forty five minute journey and then walk for twenty minutes to reach the hospital. This meant that when he arrived at the workplace he would be unable to start work until he had rested for at least half an hour. In discussion with the support tutor from the university and his disability adviser, it was decided that using the DSA for taxi fares to and from the practice placement would be considered to be an appropriate use of the funding.**

**A partially sighted student was able to travel to her placement independently by train and bus in the morning when light levels were good. In the evening when light levels were low, however, travelling home independently was not possible as she became functionally blind. The walk between the bus stop and the train station was poorly lit and fairly complex and she was unable to negotiate the route. It was considered to be a reasonable adjustment, therefore, to access the DSA to fund taxi fares for her journey home each evening.**

### 10.5 Maximum allowances for 2008-9

|                                |   |
|--------------------------------|---|
| Specialist equipment allowance | Up to £5031 for the whole of the course   |
| Non-medical helper's allowance | Up to £20,000 per year  |
| General DSA                    | Up to £1680 per year  |
| Travel allowance               | Payable for disability – related extra travel costs which have been reasonably and necessarily incurred |

All enquiries for students studying in England:

#### **DSA Team NHS BSA Student Bursaries**

Hesketh House,  
200-220 Broadway,  
Fleetwood,  
Lancashire,  
FY7 8SS

Telephone the student helpline on: 0845 358 6655

Email: [dsa@nhspa.gov.uk](mailto:dsa@nhspa.gov.uk)

Students studying in countries outside England should apply to their relevant awarding authority.



#### **Web links**

List of Access Centres available at: <http://www.nnac.org/students/findcentre.php>

A brief overview of how to access the DSA available at:

<http://www.nhs.gov.uk/sgu/Allowances/Disabled/default.aspx>

Information for students available at:

[http://www.nhs.gov.uk/sgu/Students/Documents/DSAGuide\\_2008-09.pdf](http://www.nhs.gov.uk/sgu/Students/Documents/DSAGuide_2008-09.pdf)

# Appendix 4

## Factsheets – information relating to specific impairments

This section of the guidance covers a number of impairments. It provides background information on each of the impairments and factsheets containing suggestions for implementing supportive strategies. Please note that this information is not exhaustive and deals only with those impairments that are most commonly experienced by students. You may come across students who have other impairments that are not covered by this section. It is important to note, however, that many of the strategies included here can be applied in a wide variety of situations and are often linked to the use of inclusive approaches to teaching and learning.

### Background

In order to have been accepted on physiotherapy qualifying programmes, disabled students will have already experienced and achieved degrees of success, in a range of educational contexts. As with all students, these previous educational experiences will vary widely as will the amount of support disabled students have received.

It is important to be aware that disabled students span the same spectrum as do their non disabled peers with differing levels of ability and aptitude. This means that whilst some disabled students may enter HE equipped with a wide variety of effective personal strategies, others may not have given much thought to the importance of developing such techniques. These students will, therefore, require some encouragement and specific guidance in order to acquire and develop them. Understandably, those students whose impairment has only recently been diagnosed will, in particular, need advice and assistance. It may, in these circumstances, be helpful to draw on the expertise of university Disability Services and/or personnel from disability-specific organisations.

Members of teaching staff and the university Disability Service should have worked with disabled students to identify appropriate personal strategies in the academic setting and should also have encouraged the students to consider how these could be applied to, and modified for, the practice placement situation. Practice Educators can help disabled students to reflect on their previous experiences in order to enable appropriate modification and implementation of personal strategies in the new environment.

### Disability and employment in the NHS

The Department of Health (2002) states that:

“NHS expertise puts it in an ideal position to demonstrate to other employers the ways in which people with disabilities, including those with mental health problems, can effectively be accommodated into the workforce and is well placed to take a lead in taking measures to eradicate discrimination in the field of employment on the grounds of disability”.

In order to be effective, this approach also needs to be adopted by the staff members responsible for training the new generations of health professionals.

A number of reasons are cited by the Department of Health (DH 2002) as to why it



might be useful to include disabled people in the workforce:

- They have a wealth of experience and expertise in living with and managing their disabilities. This can prove useful to clinician colleagues who do not have similar experiences
- Researchers have described such people as being best placed to understand the needs of patients due to their own personal experience
- It increases the skill mix of staff and disabled people act as important role models for both patients/clients and staff
- The NHS is a major employer and should be seen to give a lead in the employment of disabled people
- Retaining staff avoids the cost of replacing them
- Increasing the numbers of disabled staff is a practical way to demonstrate the organisation's commitment and openness to utilising the skills that disabled people can bring into the workplace. This helps to develop a culture that is more open and accepting, building staff confidence and the organisation's ability to identify and provide timely support for all staff.

### **Staff anxiety**

It is acknowledged that clinical staff members may experience some anxiety upon learning that they will be required to supervise disabled students. This is particularly likely if clinicians have little or no prior experience of either supervising disabled students or working with disabled colleagues. This anxiety can be reduced if staff members in the department have already discussed the issues and considered the implementation of possible strategies prior to the arrival of disabled students on placement.

Physiotherapy managers can facilitate this process by arranging staff development sessions to raise awareness of disability issues. This is to be encouraged as it will also facilitate the development of a culture of awareness and support that will improve the working environment for everyone. The development of tolerance and non-judgemental attitudes among all staff will foster a climate of mutual understanding and support from which everyone will derive considerable benefit.

### **Supportive atmosphere**

Most students find practice based placements stressful. Disabled students will also experience this level of stress but could additionally lack confidence due to fear of discrimination and/or because of previous negative experiences. The effect of this can be reduced if staff members who are aware of students' issues are accepting and non-judgmental. Providing encouragement and support helps to establish an atmosphere of trust and safety. Patience is essential and removing, or at least not placing undue emphasis on time pressures, can help to relieve stress.

An inclusive approach can improve the learning environment for all students. Some students may require more specific adjustments in practice based placements. These should be discussed and negotiated by the student and Practice Educator with input from disability advisers or academic staff as necessary. Specific adjustments should be recorded and signed by all parties.

Students should arrive at the placement with at least some idea of which personal strategies might be useful in this setting. Many strategies will have been developed during the academic elements of the programme but many students discover that



each new placement requires them to adopt additional techniques. Strategies that have been developed during a student's previous clinical experience should be identified during the SWOT analysis at the beginning of the placement and then modified as necessary in discussion with the Practice Educator.

## **Specific impairments: some background information**

### **1. Dyslexia**

Identified as a specific learning difficulty, dyslexia is included under the broad category of neurodiversity. This term recognises that:

“...developmental diversity is an aspect of human development...and emphasises the social model of disability” (Pavey et al 2010).

The British Dyslexia Association defines dyslexia (using a psychological, individual deficit view) as:

“...a specific learning difficulty that mainly affects the development of literacy and language related skills. It is likely to be present at birth and life long in its effects. It is characterised by difficulties with phonological processing, rapid naming, working memory processing speed and the automatic development of skills that may not match up to an individual's other cognitive abilities. It tends to be resistant to conventional teaching methods, but its effects can be mitigated by appropriately specific intervention including the application of information technology and supportive counselling” (Singleton, 2008).

It is more appropriate, however, to view dyslexia from the perspective of the social model of disability:

“...dyslexia is an experience that arises out of natural human diversity on the one hand and a world on the other where the early learning of literacy, and good personal organisation and working memory is mistakenly used as a marker of 'intelligence'. The problem here is seeing difference incorrectly as deficit” (Cooper, 2006).

Many successful people from a wide range of occupations have dyslexia. It is estimated that approximately 4% of the population has a significant disability and that an additional 6% have a milder or more moderate form of dyslexia. Students who have dyslexia, therefore, comprise the largest category of disabled students who will need support on practice based placements in particular.

People who have dyslexia are often very talented. They may encounter barriers, however, when asked to engage in traditional study methods which prevent some students from attaining their full potential (Hardie, 2001). Dyslexia-friendly initiatives work on the principal that by improving the learning environment, the likelihood of achievement of successful learning outcomes is increased (Pavey et al, 2010).

Many people who are already aware of having dyslexia do not make this known before they start their course; this is often due to the fear of being labelled. Some students who have dyslexia, develop study strategies that are adequate until they reach HE; others may have received considerable support (e.g. proof-reading of texts by family/friends) which has enabled them to achieve acceptable standards. This level of support may not be available to them when they arrive at university.

Mature students in particular may not have been previously diagnosed as having dyslexia. Many adults returning to HE may have left school early with no diagnosis of their specific learning difficulties.

### **Individual differences**

Students who have dyslexia are, like all learners, individuals. Whilst they share some characteristics with others who have dyslexia, there are just as many differences.

Students who have dyslexia may show some of the following characteristics:

- Signs of tiredness
- Fragile self esteem
- Signs of stress e.g. frustration, anger, distress
- May find reading and writing tasks tiring
- Difficulty remembering what is read and needing to re-read for full understanding
- Misinterpreting questions
- Left/right confusion
- Issues with organisation and processing instructions
- Difficulties transferring information from short term to long term memory
- Time management issues
- Short concentration span/easily distracted
- Difficulties expressing information, ideas and concepts – both written and spoken
- Issues with jumbling or reversing letters when writing and transposition of numbers e.g. door codes, telephone numbers
- Issues in carrying out tasks simultaneously such as listening and taking notes
- Ability to think creatively
- Preference for visual and kinaesthetic learning strategies
- Good practical skills
- Resourceful and ingenious personal strategies
- Good analytical and problem solving skills
- Good speaking skills
- Proficiency in synthesis and in making intuitive links

### **Principles to facilitate learning**

The Association of Dyslexia Specialists in Higher Education (ADSHE) has produced some overarching principles which may be useful to practice based educators in facilitating successful learning for students who have dyslexia. For the most effective outcomes, the students themselves need to understand these principles:

1. **Metacognition** – knowledge of how individuals prefer to process information. If students can understand their learning preferences, strengths and areas for development, they can consciously develop particular approaches/strategies to study which can enhance their learning.

**2. Multisensory** – multisensory teaching and learning (i.e. visual, auditory, tactile or kinaesthetic) using multiple perceptual pathways is thought to enhance memory.

**3. Relevance** – better learning occurs when the relevance of the material is obvious. This principle would apply to all students. It is, however, helpful for dyslexia tutors to teach strategies that relate to the context of the work that the student is expected to undertake.

**4. Motivation** – many students who have dyslexia will have had negative experiences in their past education and can be easily discouraged. “Motivation can sustain their expectations, aspirations, self esteem and confidence” (ADSHE, 2009 p9).

**5. Overlearning** – many people who have dyslexia may learn things quickly. In comparison with other learners, however, they have a greater tendency to forget this material more quickly following a teaching session. Overlearning and reinforcement with repetition, refocusing and reapplication of the material is necessary to enable the student to feel in control of her/his learning.

**6. ‘Little and often’** – most students who have dyslexia (and/or other elements of neurodiversity) often find it helpful to divide their learning into more manageable amounts and to take frequent short breaks. Dyslexia tutors can help students to plan this together with drawing up personal goals which can be used to draw up a personal learning programme. As students start to achieve these goals their motivation and self esteem may increase and anxiety levels may also fall.

**7. Modelling** – dyslexia tutors and others such as academic staff and practice based educators – can model learning strategies and approaches that students, with guidance, can try to put into practice. This may need repetition initially but can help the students to move towards more independent and autonomous learning.

## **2. Visual impairment**

### **Causes of visual impairment**

The main causes of visual impairment include:

- Ageing
- Damage to the optic nerve
- Diabetes
- Disease of one or more components of the eye
- Genetic factors
- Infections
- Lengthy exposure to toxic substance substances (e.g. smoke)
- Trauma.

Visual impairment has been the subject of many myths which have led to misconceptions relating to definitions of 'blindness' and 'partial sight' and the practical significance of these impairments.

According to RNIB's Booklet: *The Benefits of Registering as Blind or Partially Sighted* (2006):

**"For a person to be registered as severely sight impaired/blind, vision has to fall into one of the following categories:**

**Visual acuity of less than 3/60 with a full visual field**

**or**

**Visual acuity between 3/60 and 6/60 or above but with a very reduced visual field (e.g. tunnel vision)**

**or**

**Visual acuity of 6/60 or above but with a very reduced visual field, especially if considerable sight is absent from the lower part of the visual field.**

**For a person to be registered as sight impaired/partially sighted, vision has to fall into one of the following categories:**

**Visual acuity of 3/60 to 6/60 with a full visual field**

**or**

**Visual acuity of up to 6/24 with a moderate reduction in the visual field or with a central part of vision that is cloudy or blurred"**

### **Visual acuity**

Visual acuity is defined as clarity of distance vision. The figures given above refer to the results of an assessment using the Snellen chart. Interpretation of these results reveals that a severely sight impaired/blind person can see at a distance of 6 metres or less what a sighted person can see at 60 metres; a sight impaired/partially sighted person can see at a distance of between 6 to 24 metres what a sighted person can see at 60 metres.

Reductions in visual acuity do not necessarily result in a blurring or fragmentation of images but they may be indistinct or unrecognizable, as they might appear to a sighted person who stands too far away.

### **Severe sight impairment/blindness**

It is estimated that only about 8% of registered people in the UK see nothing at all; a further 60% can read large, clear print. Many people can write legibly although some may be unable to read their own or other peoples' handwriting. Only a small percentage of blind people read and write Braille.

### **Sight impairment/partial sight**

The phenomenon of partial sight is often difficult to understand. The reasons include:

- the individuality of each person's (often fluctuating) visual experience
- differences in depth and distance perception
- differences in colour perception
- a person's behaviour may vary depending on fluctuations in vision and/or changing environmental conditions
- development of personal strategies in response to visual impairment.

Partially sighted people are often asked the following questions:

- **'What can you actually see?'**
- **'Can you see the building over there?'**
- **'How much can you see?'**

It is acknowledged that these questions are asked with a genuine intention to obtain useful information, however, a visually impaired person cannot provide a satisfactory answer because of their lack of access to the experiences of full vision. Even if the person has had full vision, memories of that experience may be unreliable.

Partial sight may be characterised by one or more of the following:

- **Generalised cloudy vision**
- **Patchy vision**
- **Blurred/distorted vision**
- **Increased sensitivity to light**
- **Night blindness**
- **Colour blindness.**

Of particular relevance are the following characteristics:

- **Peripheral and/or central field loss**

### **Peripheral field loss**

The degree of field loss will vary from minimal to considerable. It may take the form of 'tunnel vision' which has been described by one person as 'standing at the exit of a tunnel whose walls are black, merging into a kind of grey' and by another as 'seeing through a pin hole'. The practical significance of the latter is that the person may be unable to see a complete image and may, for example, require text in a small font size. Colour perception may not be affected and many visually impaired people use colour as a means of identifying objects and people and when memorising information.

A person who has had peripheral field loss since birth may be unaware of it because the images that fall within it are not seen at all. For example, when walking down a corridor, a partially sighted person may fail to acknowledge an acquaintance who is standing outside of the visual field. For safety reasons, a student who has partial sight may need to be alerted to the presence of obstacles (e.g. furniture, equipment) positioned in corridors or wards.

### **Central field loss**

Central field loss may be experienced as 'floaters' that periodically occlude central vision or as more stable large 'clouds'. The practical significance of central field loss is an inability to see fine detail and, in general, difficulty in colour recognition.

Additionally, low light levels may cause 'night blindness' which may dictate a person's preference for specific working environments and/or travelling in daylight conditions. Individual preferences should be discussed with each student.

Some people who have a combination of patchy peripheral and central visual field loss report that they know there are areas of loss but that, because of the brain's compensatory perceptual mechanisms, they perceive a coherent picture.

People who have central field loss will utilise their peripheral vision to view objects; this may mean that they appear to look beyond you and rarely make direct eye contact.

If the condition is progressive, a critical point may be reached when the person is conscious of a disabling reduction in vision.

### **Depth and distance perception**

People whose visual impairment affects depth and distance perception are unlikely to be able to perceive in 3D and objects may appear to be small and flat. Practically, the significance of this is that steps and stairs will be difficult to negotiate unless they are clearly marked by treads in a contrasting colour. Similarly, the interpretation of diagrammatic or other visual information that employs 3D effects is likely to be difficult and therefore the use of models is extremely helpful. As a strategy the person may use touch to check the nature, position and distance of objects.

### **Perceptual processes**

Perceptual processes are as active in visually impaired people as they are in sighted individuals. The practical significance of all forms of visual impairment is that considerable energy is required in the performance of everyday tasks: nothing can be taken for granted. Incoming sense data must be regularly tested against past experience and conjecture, utilizing cognitive skills to interpret sensory input. If this level of concentration is maintained for protracted periods of time, the effect can be exhausting and stressful.

In order to manage the environment, people who have a visual impairment devise a range of personal strategies. For example, whilst it may be impossible to read the actual letters comprising the destination of a bus, recognition of the shape of the word enables the traveller to identify the place name. For this reason capitalisation is unhelpful.

### **Individual differences**

Whilst students who have a visual impairment share some characteristics with others, there are significant differences. They may show some of the following characteristics:

- Signs of tiredness
- Signs of stress
- Reading and writing tasks may be tiring because visual processing is serial (i.e. they cannot take in the 'whole picture' at a glance and have to look at separate elements in turn)
- Initial disorientation in unfamiliar environments
- May take longer to become familiar with new environments
- Difficulties recognising people and objects out of context
- Difficulties distinguishing between particular colours and judging depth and distance

- Issues with reflective surfaces and changes in lighting levels
- Time management issues
- Issues with presenting visual information to an audience
- Resourceful and ingenious personal strategies
- Preference for auditory learning strategies
- Preference for tactile learning methods
- Preference for textual rather than diagrammatic information
- A well developed visual memory
- Good verbal communication skills
- Good insight into disability-related issues
- Ability to empathise with patients
- Good analytical and problem solving skills
- Good planning/organisational skills.

### 3. Mental health difficulties

#### Background

The term 'mental health difficulties' is one that encompasses a range of experiences and situations. Mental health is often viewed as a continuum of experience, from mental well-being through to severe and enduring mental illness. Everyone will experience changes in their mental health state; this is influenced by a range of factors such as social, personal and financial circumstances. Major life events such as bereavement or leaving home can impact significantly on how people feel about themselves and can lead to mental health issues such as depression and anxiety.

A minority of people may experience mental health difficulties to such a degree that they may be diagnosed as having a mental illness requiring the involvement of specialist services and support. The majority of people will not experience mental illness, but will undoubtedly experience mental health difficulties at different times in their lives.

Given appropriate support and information, people who are experiencing mental health difficulties can make positive changes and improvements. Only a small minority of people do not respond to non-specialist help and support and therefore need to seek professional assistance.

#### Mental health difficulties and the NHS approach

'*Mental Health and Employment in the NHS*' (DH, 2002) cites a number of reasons why it is useful to include people who have had or who continue to experience mental health difficulties in the workforce:

- The quality of mental health services offered is likely to be enhanced
- They have a wealth of experience and expertise in living with, and managing, mental health difficulties. This can prove useful to clinical colleagues who have not experienced such difficulties
- They may be best placed to understand the needs of patients due to their own personal experience
- It increases the skill mix of staff and provides an important role model for both patients/clients and staff
- The NHS is a major employer and should be seen to give a lead in the employment of disabled people



- Retaining staff avoids the cost of replacing them
- Increasing the number of disabled staff is a practical way to demonstrate the NHS's commitment to utilising the skills that people who have mental health difficulties can bring into the workplace so developing an open, supportive and inclusive culture. This reflects the organisation's ability to identify and support staff which may reduce stress and prevent instances of mental distress.

#### **Some facts:**

- Many people who have experience of mental health difficulties can successfully gain and sustain employment if the appropriate help and support are available
- Research suggests that with appropriate support, staff with mental health problems, on average, take less time off sick than other staff
- Having mental health difficulties does not necessarily mean that a person's skills/ qualifications are inferior to those of others, or that it is necessary to reduce expectations relating to their performance
- Most people who have experienced mental health difficulties are not, and never have been, violent and present no risk to anyone else
- The discrimination typically experienced by people who have mental health difficulties leads to a climate where secrecy is encouraged. Many people prefer to deny that they have them (DH, 2002).

The Royal College of Psychiatrists states that students are more likely to experience mental distress than other young people (Royal College of Psychiatrists, 2003) and the National Union of Students believes that one in four students will experience a mental health problem during their studies. It is important to remember that some students, some of the time, may experience barriers that impede effective learning as a direct result of their mental state (Birnie and Grant, 2001).

Most of these students will respond to some form of intervention which could range from counselling to medication or more rarely to a period of hospitalisation.

#### **Possible indications of mental health difficulties**

Students who have mental health difficulties may be undergoing counselling or other intervention and/or may be on medication. They may show no signs of mental distress when interacting with staff or their peers.

There are, however, some students in rather different situations who may exhibit behaviour that indicates a level of mental distress. Examples include students who:

- have difficulty in managing that distress
- are subjected to additional levels of stress
- have chosen not to access available support mechanisms
- have not appreciated that they have difficulties
- have mental health difficulties that are triggered by such milestones as moving from home to university or going from the university environment to the more demanding practice based setting.

These students may show some of the following characteristics:

- Signs of tiredness (due to disturbed sleep and/or drained energy levels)
- Tiredness at certain times of the day or fluctuating concentration levels due to the effects of medication



- Fragile self esteem
- Loss of confidence
- Signs of stress e.g. frustration, anger, distress
- Lability of mood
- Pessimism
- Signs of vulnerability and helplessness
- Erratic behaviour
- Agitation
- Paranoia
- Difficulty in articulating thoughts and ideas
- Unusual or inappropriate behaviour
- Inattention, loss of concentration
- Repetitive actions
- Holding fixed, irrational beliefs
- Evidence of self harm
- Evidence of body image issues
- Indications of addiction to alcohol or drugs.

These signs of mental distress may be evidence of a recognised mental health difficulty or may be unrelated, for example, they could be temporary reactions to bereavement or stress. This is why it is essential that staff dealing with students in these circumstances are patient, open and non-judgmental. Equally it is important to be aware of the range of services to which students may be referred.

## 4. Deafness and hearing loss

### Background

#### Causes of deafness

The main causes of sensorineural deafness (the most common type of deafness – see below) are:

- Ageing
- Lengthy exposure to loud noise (or brief exposure to extremely loud noise such as explosions)
- Drugs that can cause damage to sensory hair cells inside the ear (ototoxic drugs include some antibiotics and anti-cancer drugs used in life saving situations)
- Infections
- Genetic factors

### Types of hearing loss

**Conductive** – sound is unable to pass through the outer or middle ear.

**Sensorineural** – caused by problems with the cochlea or auditory nerve which reduces both loudness and the quality of sound heard.

**Neural** – absence of, or damage to the auditory nerve. This leads to profound and permanent hearing loss. (RNID, 2007).

## Statistics

According to RNID (2010), the latest estimated figures for the number of Deaf and hard of hearing adults in the UK are as follows:

- 8,945,000 Deaf and hard of hearing people
- 2,474,000 Deaf and hard of hearing people aged 16 to 60
- 6,471,000 Deaf and hard of hearing people aged over 60
- 8,257,000 people with mild to moderate deafness
- 2,366,000 people with mild to moderate deafness aged 16 to 60
- 5,891,000 people with mild to moderate deafness aged over 60
- 688,000 people with severe to profound deafness
- 108,000 people with severe to profound deafness aged 16 to 60
- 580,000 people with severe to profound deafness aged over 60.

There are an estimated 50,000 people who use British Sign Language (BSL) as their first or preferred language.

The ratio of interpreters (including trainees) to sign language users is 1 to 156.

The ratio of fully-qualified interpreters to sign language users is 1 to 275.

## Definitions of deafness

### Mild deafness

People who have mild deafness have some difficulty following speech which is most marked in noisy situations. (Quietest sounds heard in the better ear average between 25 and 39 decibels).

### Moderate deafness

People who have moderate deafness usually need to make use of hearing enhancement equipment in order to follow speech. (Quietest sounds heard in the better ear average between 40 and 69 decibels).

### Severe deafness

People who have severe deafness often use hearing enhancement equipment but also rely heavily on lipreading. BSL may be their first or preferred language. (Quietest sounds heard in the better ear average between 70 and 94 decibels).

### Profound deafness

People who are profoundly deaf often communicate by lipreading. BSL may be their first or preferred language. (Quietest sounds heard in the better ear average 95 decibels or more).

## 'Deafened' people

The term 'deafened' describes people who were not prelingually deaf, but have become profoundly deaf in adult life. This often happens suddenly as a result of trauma, infection or ototoxic drugs: drugs that can cause hearing loss.

## Communication

Deaf and hard of hearing people choose to communicate in different ways.

Some may use lip reading and/or auditory enhancement equipment whilst others

may use a lip-speaker or BSL as their preferred mode of communication.

The DDA states that an “inability to hold a conversation with someone talking in a normal voice” or an “inability to hear and understand another person speaking clearly over the voice telephone” counts as a ‘substantial adverse’ effect under the Act.

When the consequences of someone’s deafness or hearing loss are being considered, the effect of background noise should be taken into account. Under the DDA any attempts to treat or correct a person’s deafness or hearing loss are ignored. Importantly, this means that even if a person uses hearing enhancement equipment, what counts is the level of hearing loss without correction.

### **BSL/English interpreters**

BSL/English interpreters are used by people who are deaf and whose first or preferred language is BSL. This is a face-to-face method used to facilitate communication between Deaf sign language users and hearing persons.

### **Video interpreting**

The issue of obtaining an interpreter at short notice or for brief appointments can be addressed, in some cases, by arranging video interpreting. This is not, however, a replacement for face-to-face interpreting.

If a webcam or videophone is available then video interpreting is possible. Some councils, hospitals and police stations use this method.

### **Lipspeakers**

Lipspeakers are used by people who prefer to communicate through lipreading and speech. Good English skills and confidence in lipreading are necessary to use this method. This technique can be used to facilitate communication between people who are deaf and people who are hearing.

Lipspeakers repeat what is said without using their voice, so that their lip movements can be read easily. The shape of words is produced clearly, with the flow, rhythm and phrasing of speech. Natural gestures and facial expressions are also employed to enable the user to follow what is being said. Lipspeakers may also use fingerspelling.

### **Speech-to-text reporters**

This type of communication method can be used by people who are deaf as long as they are proficient in reading English. This is a high speed method which can be used for up to two hours at a time. Speech-to-text reporters use systems called Palantype® or Stenograph®.

Each word spoken is typed by the reporter using a special keyboard. Words are typed phonetically and the software converts this back into English on the screen. This enables the reporter to keep up with the speed of spoken English. This method is often used at large events such as conferences with the text being projected onto a large screen or a range of smaller screens positioned around the room to facilitate viewing.

### **Electronic notetakers**

People who are employed as electronic notetakers type a summary of what is being said on a laptop computer. This information appears on the deaf person’s screen.

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This method does not provide a full word-for-word report.

Electronic notetakers use particular software such as RNID SpeedText®, Stereotype or Microsoft Word. The user can also type replies, which can be read to hearing people in the room.

(RNID, 2007)

# Fact sheet 1

## Dyslexia

### Preparation for placement

#### Checklist

Not all students who have dyslexia display the same pattern of strengths and difficulties. It is helpful, therefore, to identify the specific requirements of an individual student prior to placement. A simple checklist produced in discussion with academic staff or dyslexia support tutors to identify these requirements can be used to facilitate discussion of support strategies with the Practice Educator.

#### Dyslexia Support Tutor role

If students have had an assessment of study requirements they should be able to access a Dyslexia Support Tutor. Discussion with this tutor can be used to establish possible reasonable adjustments in the practice based setting and to identify the most appropriate means by which the student can be supported.

#### Orientation process

It is important to arrange an orientation session: the use of a map may be helpful. A tutor from the university or a member of staff on site could walk the student through the environment identifying significant places and people and their roles/functions. The student should be given the opportunity to practice entering number codes on doors as some people find it easier to remember the tactile pattern rather than the number alone.

#### Contacts

Contact names and specific times should be provided in order that, if necessary, students can discuss issues specific to dyslexia. This resolves the difficulty identified by many students who become frustrated when they feel that they need, repeatedly, to flag up issues with Practice Educators. They believe that this can be perceived as being 'a nuisance'.

#### Suggested support strategies

The following may be helpful for a wide range of students but particularly for those who find reading and writing tasks difficult and/or tiring:

- Provide a glossary of new terminology
- Ensure that written information is clearly laid out and unambiguous
- Use a clear font such as Arial, size 12 point or above on cream, matt paper (this reduces the effects of glare)
- Provide written materials well in advance – these should be available in a range of formats
- Identify key/essential material if students are expected to undertake a large amount of reading prior to and during a practice based placement
- Be aware that extra time may be needed to complete reading and writing tasks
- Provide verbal explanation as an adjunct to written information if necessary
- Be aware of variations in standards of written communication

- Encourage the student to use an electronic dictionary/thesaurus and to add to the lists of terminology as necessary
- Give the student clear guidelines for specific record keeping formats and if necessary provide help with planning and structure
- If errors occur give feedback on the sequence of steps required to complete the writing task effectively
- Provide some proof reading for patient records
- Offer good examples of previously written patient notes.

### **Planning teaching sessions**

The following points may be helpful when planning teaching sessions. These are inclusive teaching methods and would improve the learning experience for all students:

- Provide a glossary of key terms
- Provide a lecture/session summary in advance or at the start of the session so that students can concentrate on listening and understanding rather than having to take notes
- Provide a general overview of the topic before going into detail
- Allow the use of digital recorders
- When possible, use multi-sensory methods (i.e. visual)
- Allow time for students to absorb information
- Break up the learning session to allow for information processing
- Use as many concrete examples as possible when explaining ideas
- Be aware of problems created by external distractions (e.g. loss of concentration, information missed).

### **Student presentations**

When students are asked to prepare presentations, the following points may be helpful:

- Provide encouragement and support
- Establish an atmosphere of trust and safety to reduce stress
- Assist students to articulate points if there seems to be a particular difficulty

### **Practical demonstrations**

**In practical demonstration settings:**

- Be accepting and non-judgmental
- Give clear, logical instructions, repeated in different words, broken down into steps, reinforced by written instructions if necessary (brief demonstration summaries).
- Use a range of methods (i.e. visual, aural and hands on).

Instant recall can be difficult/stressful. Students may perform well practically but find it difficult to give immediate verbal feedback. Provision of a prompt sheet including questions such as 'What did you do first – why?' and 'How did you decide on your next question/technique?' can help the student to reflect prior to giving feedback.

### **Placement management/organisation**

- Ask all students on first contact whether they have any particular educational requirements, so indicating an open and non-judgmental approach within the department
- Construct timetables to assist organisation – encourage students to be actively involved in this process
- Encourage the use of a diary for forward planning and reflection (this could be recorded)
- Allow additional time for students to write up patient notes
- Encourage flexible working patterns – these enable students to work at their most efficient level e.g. allowing notes to be written at intervals during the day rather than expecting them all to be written up at the end of the day
- Encourage the use of digital recorders to note key points during patient assessment
- Use proforma sheets or brief crib notes during patient assessments
- Where possible enable students to use computers to write up notes. This will improve spelling and grammar due to the inbuilt software features
- If appropriate, allow the student to use a portable computer for note keeping
- Avoid overloading students' study time and provide guided reading
- Encourage peer support and group working if there is more than one student working in the practice based area.





# Fact sheet 2

## Visual impairment

### Transport/travel

Placements should be organised that are within walking distance of the university or a student's place of residence or that are easily accessible by public transport. Always recommend that the student travels the route prior to the start of the placement. This strategy of prior 'route familiarisation' could be suggested by the Practice Education Co-ordinator and/or the Practice Educator; it is, however, the student's responsibility to undertake this preparation.

Guide Dogs for the Blind Association (GDBA) can provide mobility training in advance for guide dog users but the student would need to be given information about the placement well in advance to allow time for training to be arranged and undertaken.

It is helpful to provide an accessible description of the route from local bus/rail connections.

Funding can be accessed from the DSA to pay for taxis in those instances where transport facilities are either inconvenient or non-existent, or when the student is scheduled to undertake a community- based placement.

### Living away from home/college

If the student is expected to move into residential accommodation for the duration of a placement, close liaison between the Practice Education Co-ordinator and the placement provider is essential to ensure that the accommodation is accessible. The student should speak to the accommodation officer and visit the accommodation prior to the beginning of the placement to facilitate orientation and mobility.

Room size and facilities must be considered, in particular, if the student is a guide dog user (e.g. basket, water bowl, relief area). GDBA may be able to provide some mobility training locally and should also be contacted for advice.

### Timing of placements

Some partially sighted people may experience 'night blindness' in low levels of light or at night. It may be difficult for the student to negotiate some environments during the months of the year when it gets dark early. This should be considered when allocating placements and efforts should be made to avoid placing the student in a setting that involves a difficult journey. If this situation is unavoidable the student should be consulted and support must be organised in advance.

### Specialist equipment

Students may need to use some specialist equipment to enable full participation in their placement. Many have their own portable equipment e.g. laptop computers, Braille note takers, portable video magnifiers/close circuit televisions (CCTVs) which can be taken into the placement setting. If students do not have such equipment, however, some items may need to be provided. Universities may have some funding to purchase equipment for these purposes. RNIB's Allied Health Professions Support Service can loan equipment on a short term basis if necessary.

Extra space may be needed in the department for larger pieces of equipment

such as desk top video magnifiers/CCTVs and scanners. Most access technology is expensive and must be kept in a secure location for insurance purposes. Lockers or the equivalent should be provided if students are using smaller, portable equipment.

It is acceptable practice for students to use a digital recorder during assessments in order to make verbal notes to be used as a reminder when producing patient records. Students should take the responsibility for explaining to their patients the reasons for using what may be unfamiliar equipment and techniques.

### **Access to information**

Ensure that all information issued to students prior to, or during, the placement is available in their preferred format i.e. text, enlarged text, digital recording, in Braille or an electronic copy. Detailed information on accessibility can be found in the Key Concepts section of the main document.

Most students who have a visual impairment will require reasonable adjustments in order both to access and to produce written information. This may involve a personal reader, low vision equipment (e.g. a magnifier), video magnifier/CCTV, computer with access technology, Braille note taker or a combination of these. It is crucial that accessibility issues are considered if a placement uses electronic patient records.

Students should take the responsibility for having developed some personal strategies in order to be able to deal with these issues; at the very least, they should have some ideas/suggestions as to which reasonable adjustments might be made to facilitate access.

### **Guide Dog users**

Guide dogs are working dogs; they must not be treated as pets. They should not be distracted or petted whilst working (usually when wearing a harness) and permission should be sought from the student before engaging with the dog. As noted above, provision of additional facilities for Guide Dog users will be required. These might include:

- Allocated space for the dog in the staff room or ward office
- Water bowl
- Designated relief area
- Allocated time for exercising the dog

[Contact Guide Dogs for the Blind for additional information.](#)

### **Mobility**

For any of the settings listed below, levels of mobility will depend on the complexity of the setting and the abilities of the student.

#### **In the workplace:**

Encourage the student to visit the practice based setting before the placement begins to meet appropriate staff and to begin familiarisation with the environment.

#### **Induction:**

Provide a slightly longer induction process to enable the student to negotiate the surroundings

**Outpatients:**

A designated cubicle can be allocated for the student's own use although this is not essential.

Adjustments to lighting levels may be required. Students may require more or less light whilst treating patients. Where possible, window blinds should be fitted to provide flexibility; a task light should also be available if required.

Encourage and maintain tidiness: all staff should be asked to return equipment to its designated place. This creates a predictable and safe working environment in which the student's increased feelings of security will enhance self-confidence and performance during the placement.

**Inpatients:**

If patients are spread over a number of wards, the student can be asked to concentrate on one or two of those wards to reduce mobility issues as long as this does not reduce the quality of the clinical experience.

**Mobility and light levels:**

When negotiating any environment, some students can experience mobility issues if there is a variation in light levels. Slow visual accommodation to changes in light levels can cause difficulties when going from a brightly lit to a dimly lit area and vice versa. Photophobia makes brightly lit areas difficult to navigate; dimly lit areas can equally pose difficulties.

If it is common practice for the lighting to be reduced for a period following lunchtime to enable patients to rest, negotiation of the environment may be difficult for some students who have partial sight. Providing the student with duties in an alternative setting during this period can avoid this issue.

**Alternative/modified techniques**

Some students may need to use alternative or modified techniques in their patient interventions. This is very variable and must be discussed with each individual student. Some examples include the use of tactile input to explore the environment or to ascertain information about a patient's condition/problems, use of tactile markers on equipment such as electrotherapy machines and working with a sighted colleague to check for patients' particular signs/responses.

**Completing patient records and other documentation**

There is a legal requirement, in both the public and private healthcare sectors, for clinicians to sign and date all entries in patients' notes: each entry should be followed by the recognised signature of the clinician who has treated the patient on that occasion. Physiotherapy students are not exempt from these regulations.

It is often assumed that, as a direct consequence of their impaired vision, people who have a visual impairment will necessarily be unable to sign patient records and will, therefore, be in breach of their legal obligations. This is not the case. Many partially sighted people can write legibly and indeed, can read their own handwriting as well as that of their colleagues; others can write legibly although they are unable to read what they have written or any other handwritten script. Blind people, whose sight has been affected as a result of accident or degenerative condition, retain the ability to write; those whose blindness is congenital are able to produce a 'mark'

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which, for legal purposes, is recognised as their signature.

It is axiomatic that some visually impaired people will require assistance to complete standard patient record data (in print and electronically) and other relevant documentation such as Learning Contracts. An electronic version of each form should, ideally, afford access to all clinicians, including a user of access technology: the details will be accessible, either in enlarged text on screen or speech output. This would be an example of an inclusive approach. It is worth emphasising, however, that many electronic patient record systems remain inaccessible to some blind and partially sighted people because they are incompatible with available access technology.

# Fact sheet 3

## Mental health issues/difficulties

### Suggestions for support

There are a number of areas where adjustments may need to be implemented or the approach may need to be modified in order to enable full participation in practice based placements. These should be discussed and negotiated by the student and Practice Educator. All adjustments should be recorded and signed by all parties. These arrangements will be different for each individual.

### Disclosure

As with all other disabilities, a student's decision to disclose any information about his or her mental health difficulty is purely personal.

It is recommended that Practice Educators should enquire of all students on first contact whether they have any support needs, so indicating an open and non-judgmental approach within the department.

In some NHS settings, training is provided to enable clinicians to support individuals who might disclose mental health difficulties; attendance at these sessions is recommended.

### Anxiety

Most students will experience some degree of anxiety both prior to and during practice based placements. A raised level of anxiety is a common component of many mental health difficulties. The level of anxiety can vary: 'panic attacks' occur when the level of fear rises suddenly and sharply (for example, when speaking in a group or being trapped in conversation with another person without having any natural exit).

Students who are anxious can experience actual physical sensations: palpitations, sweating, stomach pains and headaches. Such students may be very susceptible to (even constructive) criticism; low self-esteem may cause them to abandon tasks and withdraw from participation in social situations. Some students may display an exaggerated – and unwarranted – concern for detail, for example, when receiving instructions or during collection of information, they may strive for perfectionism in the preparation and presentation of information or the performance of practical skills. Very anxious students sometimes make what could be considered to be excessive demands on Practice Educators for advice and support about matters that, to others, are trivial in nature. Difficulties may be encountered on placement due to one or more of its many aspects that differ from the other forms of study with which the students are familiar.

Planning and preparation can reduce levels of anxiety and enhance the experience for everyone involved. Any information provided by the student prior to the placement will enable relevant staff members to consider ways of reducing stress.

It is helpful in some cases to offer the opportunity for the individual student to talk about his/her fears before the placement begins. This could be done by telephone or on the pre-placement visit as appropriate. As part of this process, a joint plan of action can be drawn up noting personal strategies that the student can use and strategies that the Practice Educator can employ during the placement. If the issues

do not surface until after the placement begins, it might be helpful to arrange a discrete meeting with the student to try to establish the main causes of anxiety. For a student who has experienced panic attacks in the past, the fear of one occurring is often the overriding sensation or concern.

In discussion with the practice educator, it is possible to arrive at a plan of support during the placement which could involve agreed 'rules' to create a more supportive structure for the student. These could include:

- Agreed places and times of access to the practice educator to discuss clinical issues
- Agreed places and times of access to the practice educator to discuss issues around mental distress/anxiety
- Specific times for accessing academic staff who can also provide a degree of support
- Formal times for teaching
- Alternatives to certain clinical activities as appropriate.

Such a structure will help clinical staff and any other students who might also be on placement at the same time. It is most important to be positive and provide as much encouragement as possible at every opportunity during the placement. Including links with academic staff provides a seamless approach to support for the student.

### **General points**

The following are suggestions of general strategies that might be helpful to students depending on their individual requirements/issues:

- Be sensitive and responsive to the student's potential needs
- Listen to the student's concerns
- Offer practical advice
- Provide reassurance
- Show concern by following up conversations at a later time
- Ensure the student does not work alone OR
- Ensure the student does have time when s/he can work alone
- Enable the student to leave a particular situation or to go early on a particular day if s/he is unable to manage the experience
- Enable the student to access other staff for support as required
- Provide alternative locations for certain activities as requested if possible (e.g. a quiet area for writing up patient notes)
- Allow extra time for tasks if necessary
- Be aware that temporarily reducing workload may enable the student to continue on the placement
- Organise flexible work patterns to enable optimum performance
- Be aware that the student may need to take time out for appointments e.g. regular counselling sessions
- Be aware of 'bad days' and let the student work through them as s/he needs to (within the framework of the placement)
- Be aware of and sensitive to fluctuations in mood states and how this may affect the student's interpretation of colleagues' language and/or actions

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If it is obvious that the student is experiencing an acute increase in mental distress, the Practice Educator should refer the student to the appropriate service. The process for this will vary locally and so staff members need to be aware of available resources. Information on these procedures could be identified and discussed during staff development sessions: this would benefit both students and staff who may be experiencing mental distress. They could also be included in practice educator training days provided in HEIs.

It is important for the practice educator to liaise with the practice education co-ordinator and/or other academic staff if a distressed student has been identified. This will ensure that the member of clinical staff is supported throughout the episode and will also ensure that the student has appropriate levels of support whether or not s/he is able to continue on that particular placement.





# Fact sheet 4

## Students who are deaf or hard of hearing

Everyone who is Deaf or hard of hearing will employ preferred communication methods and it is therefore important that the practice educator asks each student what kind of support would be most helpful. Different situations will require different strategies to increase a student's access to information. It is recommended that at the end of the student's first week on placement, the practice educator should timetable a brief review to assess how effective and appropriate the strategies have been. Further changes may need to be negotiated as the placement progresses. A flexible approach is essential.

### Communicating with students who lip read

There are many ways of facilitating a lip reader to enable him/her to follow what is being said:

- Stand or sit facing the student, three to six feet away and at the same level as him/her
- Check that the student is looking before starting to speak. A strategy for attracting attention could be negotiated e.g. touching the student's arm or shoulder. It may startle the student if someone suddenly approaches him/her from behind
- Face the light: do not stand in front of a bright light source
- Ideally, there should be no distractions behind the speaker e.g. people moving around or brightly patterned wallpaper
- Do not obscure the mouth with objects, such as pens or cups and do not eat whilst speaking
- Whenever possible, keep background noise to a minimum
- Shouting distorts the voice and lip patterns – speech should be clear with a normal rhythm
- Sentences and phrases are easier to lipread than single words
- Rephrasing can be helpful if the student does not understand what is being said
- Provide the student with time in which to absorb what has been said
- Keep the head still and stop talking if you turn away
- Mouth movements and facial expressions should be clear and not exaggerated or misleading
- Gestures can be used where relevant
- Remember the access needs of Deaf and hard of hearing people when speaking to a group comprising students who are Deaf/hard of hearing and those who can hear
- Ensure that the student knows when the subject changes
- Check that the student is following what is being said
- When a student cannot hear what is being said, attention may drift and it can appear that s/he is not concentrating. This is often not the case; rather it is more likely to be due to lip reading being tiring. Keep periods of talking short or break sessions up into sections to allow time for resting
- Write down any points that need to be clarified.

## Teaching sessions

Keep the following points in mind when planning teaching sessions:

- If the session introduces a large amount of new terminology, provide a glossary of key terms
- Lip reading is easier when the subject area is known: provide a lecture/session summary in advance or at the start of the session so that students can concentrate on the speaker. The student cannot take notes and follow what is being said simultaneously
- Projection of PowerPoint slides onto a screen allow you to face students throughout the session
- Avoid showing slides in a darkened room as the speaker's lip movements or the interpreter's hand movements cannot be seen. If unavoidable shine a light source onto the speaker or the interpreter to facilitate information transfer.
- Provide copies of the slides in advance of the session
- Use captioned DVDs/videos or provide the student with a transcript/brief synopsis (if the commentary is particularly important)
- Make it clear whether handouts provided during the session are to be read immediately (in which case, time needs to be allowed for this) or whether they should be taken away and read in the student's own time. If the information is needed in the teaching session, provide the information in advance
- Provide important information on paper or in electronic format as a back up to a verbal presentation
- Stop speaking when turning to write on a board or flipchart
- Allow time for students to absorb information
- Break up the learning session to allow for information processing.

## Group work

Participation in group work raises several communication issues for students who are deaf/hard of hearing. It can be difficult for students to follow discussions in a large group particularly if they cannot see each speaker. If a radio microphone or loop system is being used, this eliminates background sounds and may therefore, cut out other students' contributions to the discussion, especially if they are sitting behind the Deaf/hard of hearing student.

If students who are Deaf/hard of hearing are taught in a group situation in the clinical setting (e.g. discussion during in-service training sessions), the following points may be helpful:

- If possible keep numbers low: if the group has more than 6 – 10 participants it will be difficult for the student to lipread everyone and to follow the flow of contributions
- Arrange the group in a circle or horseshoe formation, ensuring that nobody is silhouetted against the light
- The student may prefer to sit next to the group facilitator as comments will be directed that way
- Ensure that participants take turns in speaking and allow the student time to look in their direction before starting to speak
- Provide some repetition or summaries of contributions from other participants to allow the student to follow the discussion
- Ensure that all contributors to the discussion speak into the microphone if a

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- radio microphone or loop system is being used
  - Ensure that group members are made aware that background sounds such as clicking pens or rustling paper can be especially distracting for somebody using a hearing aid.

### **Practical situations**

When working with the student in a practical setting, the following points may be helpful:

- Do not stand behind the student when s/he is working practically. The student will be unaware when you are speaking and will have to turn away from the activity to find out
- The student cannot lipread and continue with the practical/clinical work or observations at the same time
- Attract the student's attention prior to beginning an explanation/discussion if a practical technique is being demonstrated
- Ensure that the student can see both what is being said and what is being done during practical demonstrations.

### **Physical environment**

In the clinical setting, it may not be possible to alter the environment in any fundamental way. If a teaching session or a one-to-one tutorial is being arranged, however, the following points could be considered:

- Choose a suitable room for the session as this can make a considerable difference to the level of student participation
- Ensure the speaker's face is well lit
- Ensure that (where possible) the environment is quiet – certain levels and types of background noise can render a session inaccessible
- Rooms that have carpets, soft furnishings and ceiling tiles are preferable as these all help to absorb incidental sound
- Check in advance whether any of the hospital teaching rooms are fitted with induction loop systems
- Try to avoid using rooms with bright or distracting décor as this can affect concentration when lip reading.

It is helpful if there is a quiet area available in which the student can work; e.g. for writing up patient notes, as this reduces the distractions of background noise.



# Fact sheet 5

## Long-term health conditions and physical disabilities

### Background

Although there are many similarities between what would be regarded as a long-term health condition and a physical disability, there are significant differences that make it relevant to consider them separately for the purposes of this document.

### Long Term Health Conditions

It is very likely that practice educators will already have experience of supervising physiotherapy students who have a range of health conditions. These may or may not have been declared by the student whilst on placement as indeed they may have no impact in that situation. The range and variety of support for students who have health conditions is considerable because many of these conditions could be included within this category if they are considered to have substantial, adverse and long term effects on the student's ability to carry out normal day-to-day activities.

The kinds of long term health conditions that may be encountered could include:

- Diabetes
- Epilepsy
- Chronic fatigue syndrome
- Symptoms resulting from AIDS
- Multiple sclerosis
- Glandular fever
- Various forms of arthritis.

Students in these situations need to be dealt with on an individual basis as the requirements of each will be different. The fundamental guidance detailed in other fact sheets can, however, be used to provide a framework for formulating a plan of support.

### In general terms

As emphasised in other fact sheets, an open and non-judgmental approach is the key with regard to students who:

- Require time out for medical appointments
- Request flexible work patterns
- Need regular work patterns with set breaks to allow for regular food intake
- Use appropriately modified techniques
- Accept responsibility for their own personal safety and that of patients and colleagues.

Any reasonable adjustments should be negotiated and agreed with the student, ideally prior to the commencement of the placement. University staff members may also be involved in this process. It is good practice to document the agreed adjustments and all parties involved in the negotiation should sign this record. The

arrangements should be reviewed at intervals throughout the placement to ensure their effectiveness. An open attitude to these issues will encourage the student to approach the practice educator early enough to avoid the development of problems.

## **Epilepsy**

Due to specific requests and as a result of general uncertainty about epilepsy, some specific facts and suggestions for support are provided here.

### **Background**

Epilepsy is a neurological condition that can affect anyone, at any age. One in every 131 people in the UK has epilepsy. As with all other long term health conditions epilepsy varies from person to person. While some people have regular seizures, up to 70% of people who have epilepsy stop having seizures as soon as the appropriate medication is being taken. In this case, their epilepsy may have little or no effect on their performance in the work based placement setting. Many students may well hold a driving licence. The current driving regulations state that any person can apply for a driving licence when they have been completely free of seizures for one year or has had a pattern of sleep seizures only for three years.

(For future reference regarding employment legislation; it is important to note that in advertisements which state that the post involves travel, it is illegal, under the DDA, for the employer to stipulate here or in the person specification that a 'driving licence is essential' unless there is no other way in which the requirements of the post could be fulfilled. For example, if, in order to meet the requirements of the post, an employee who has epilepsy is asked to travel to various locations and is unable to drive, the employer would be expected make a 'reasonable adjustment' and permit the use of public transport and/or taxis.)

It is important to consider each student's situation individually and realistically. All decisions should be based on fact and not on assumptions. If a student decides to disclose, it is important to talk to that student about the condition and find out in which ways it may affect the undertaking of work-related duties. This approach is far more positive and helpful than making assumptions about how the condition affects an individual.

People who have epilepsy work successfully in most employment settings. Within the allied health setting, a risk assessment may need to be carried out. This is important if the person does have seizures and if the placement involves working alone, particularly with vulnerable groups such as elderly patients or children. This situation is unlikely to arise on practice based placements as students are usually under supervision or working with other staff.

Independent research suggests that people who have epilepsy have excellent attendance records at work and that absence through sickness is no better or worse than that of the working population as a whole (Epilepsy Action, 2001). If a student does need to take time off because of a disability – for example, to attend a medical appointment or to recover from a seizure – this is considered to be a reasonable adjustment. Such absence from work is usually recorded separately to time off for other reasons, for example, sick leave for a cold (National Society for Epilepsy, 2008).

### **Student responsibility**

It is important for students to realise that under the Health and Safety Act, they have a duty to ensure that they and others are as safe as possible in the work setting.

They should, therefore, inform the placement educator:

- If they believe that there is any possibility that they may be a danger to themselves or others if they had a seizure whilst on placement
- If they believe that their duties need to be changed to accommodate a potential risk.

This enables the placement educator to allocate appropriate work in discussion with the student and, if necessary, the university visiting tutor.

Students may also decide to disclose for the following reasons:

- So that colleagues are aware of how to offer appropriate help if they have a seizure
- To challenge inaccurate ideas and general misconceptions about epilepsy. (It should be noted that to adopt such a positive and factual approach takes a considerable amount of courage on the part of a student who is entering what is an already stressful practice based environment.)

It is important to remember, however, that if the epilepsy is well controlled and the person is seizure free, there is no need to disclose.

### Some useful questions

If a student makes the decision to disclose, it may be useful to explore the following issues so that appropriate reasonable adjustments can be discussed and agreed:

- What type of epilepsy does the student have?
  - Does the student have seizures?
  - What are the seizures like, how often do they occur and how do they affect the person?
  - Does the student have any warning before a seizure (sometimes called an aura)?
  - Does the student lose consciousness and what effect does this have?
  - Is it necessary to call an ambulance and is there someone who can do this on the student's behalf?
  - How long does the student need to recover from a seizure? Some people can return to work quickly and others may need more time.
  - Are the seizures triggered by particular factors, such as tiredness or stress?
  - Does the student take medication to control the seizures and what effect does this have? Does the student feel tired or find it hard to concentrate?
- (National Society for Epilepsy, 2008).

### Effects on memory and possible strategies

People who have epilepsy may notice that their memory is affected; this can be as a result of seizures and/or anti-epileptic medication that they are taking.

### Some useful strategies:

- **Following a set routine** – this can help to improve memory. Students can get used to what to expect at certain times of the day, which helps to reduce the demands placed on their memory. Many people find it useful to make a note of regular activities in a diary or calendar.



- **Adapting surroundings** – this means there is less need to use memory which, in turn, reduces stress. Various strategies can be used such as keeping a notepad by the phone on which to take messages; using a notice board to record important information; allocating a particular place in which to keep things and always putting them in the same place; labelling shelves/cupboards as a reminder of what items are contained in each.

(The extent to which this strategy can be used in work based placements will vary depending on the situation. Everyone would, however, benefit if such strategies were adopted.)

- **Using external memory aids** – there is a wide range of external memory aids. What suits one person may not necessarily suit another. For example, pictures or diagrams may be more useful for people who find reading difficult. Possible memory aids are: a diary; a notebook; making lists; an alarm clock or a timer; a mobile phone with an alarm; a calendar; a wall chart or wipe clean memo board; a digital recorder; an electronic organiser; a pill reminder box for medication; Post-It notes.
- **Mnemonics** – a mnemonic is a verbal or visual aid which helps people to remember information, usually in the form of sayings, rhymes or pictures. Some people find pairing items visually can be useful; other people try to remember information in the form of a story they have made up. These are only suggestions of methods that can be used. Often the best thing is for students to be imaginative and make up ones that are personally relevant and work for them.
- **Improving well-being** – living with memory problems can cause feelings of vulnerability which in turn can result in reduced self-confidence leading to anxiety. Anxiety management and the use of relaxation techniques can therefore be beneficial.

(National Society for Epilepsy, 2008)

### **Physical disabilities**

It is worth emphasising that the issues around supporting students who have physical disabilities are wide ranging and will depend on individual requirements. Again, the general guidelines detailed in other fact sheets should provide a framework that practice educators may use to formulate their approach to supporting students who have a range of physical disabilities.

The following are likely to be some of the issues that need to be considered:

- Physical access to the workplace itself and navigation around the premises
- Availability and type of public transport especially if the placement is in the community
- Availability of parking spaces for disabled users
- Location and security of specialist equipment
- Modification of treatment techniques possibly including the help of a support worker
- Flexible working practices.

## References

- Association of Dyslexia Specialists in Higher Education (2009) *Guidelines for Quality Assurance in Specialist Support for Students with SpLDs in Higher Education*. ADSHE, UK
- Birnie J. Grant A. (2001) *Providing Learning Support for students with Mental Health Difficulties Undertaking Fieldwork and Related Activities*
- Cooper R. (2006) *A social model of dyslexia*. *Language issues* 18 (2): 24 – 26
- Department of Health (2002) *Mental Health and Employment in the NHS*. Department of Health publications, London
- Hardie H. (2001) *What is Dyslexia? A guide for students*. Dyslexia Service, University of East London, UK
- Pavey B. Meehan M. Waugh A. (2010) *Dyslexia – Friendly Further and Higher Education*. Sage Publications, London
- Royal College of Psychiatrists (2003) *The mental health of students in higher education*, Council Report CR112. Royal College of Psychiatrists, London (available at <http://www.rcpsych.ac.uk/files/pdfversion/cr112.pdf> Accessed 20/05/10)
- Royal National Institute of Blind People (2006), *The Benefits of Registering as Blind or Partially Sighted*. RNIB, London
- Royal National Institute for deaf People (2007) *Hearing the Future: what's new in deafness, hearing loss and tinnitus research?* RNID, London
- Royal National Institute for deaf People (2010) Statistics (available at [http://www.rnid.org.uk/information\\_resources/aboutdeafness/statistics/](http://www.rnid.org.uk/information_resources/aboutdeafness/statistics/))
- Singleton C. H. (ed) (2008) *Dyslexia Handbook 2008*. British Dyslexia Association, Bracknell, UK



## Web links

<http://www.epilepsy.org.uk/info/stress.html>

<http://www.epilepsysociety.org.uk/AboutEpilepsy/Livingwiththeepilepsy/Employment/Employers>

<http://www.get.hobsons.co.uk/advice/equality-disability-epilepsy>

[http://www.cks.nhs.uk/patient\\_information\\_leaflet/epilepsy\\_safety\\_at\\_work\\_eruk#-384278](http://www.cks.nhs.uk/patient_information_leaflet/epilepsy_safety_at_work_eruk#-384278)



# Appendix 5

## Disability legislation

### Disability legislation

Parts of the Disability Discrimination Act (DDA) under which education providers have duties:

Part 4 of the Disability Discrimination Act 1995 (DDA) as amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability (Northern Ireland) Order 2005 (SENDON). Education providers will also need to refer to Part 1 of the DDA (definitions), Part 2 (employment), Part 3 (goods and services) and Part 5A (the Disability Equality Duty).

### 1. Disability Discrimination Act

The DDA is divided into different parts each of which covers the duties that institutions have towards disabled people. Part 1 (definition), Part 2 (employment), Part 4 (education) and Part 5A (the disability equality duty) are relevant to physiotherapy education.

This guidance is concerned with rights and duties in relation to students. It is not concerned with employees (also Part 2 of the DDA) or other users of an institution's facilities and services (Part 3).

### 2. Part 1 of the DDA: definition of disability

Part 1 defines who qualifies as a "disabled person" for the purposes of the Act. A disabled person is someone who has:

**"a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities".**

In relation to the Act, the following terms have specific meanings:

- "Substantial" means neither minor nor trivial
- "Long-term" means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions) or for the rest of the person's life
- A "normal day-to-day activity" must affect one of the "capacities" listed in the Act, which include mobility, manual dexterity, speech, hearing, seeing, understanding danger and memory.

### 3. Part 2 of the DDA: competence standards and work placement providers

Part 2 of the DDA applies to employers, work placement and work experience providers, trade organisations and qualifications bodies. Everyone who has duties under Part 2 has a duty to make reasonable adjustments for disabled people, unless the application of a "competence standard" applies. Before the maintenance of a particular competence standard can be legally justified, however, institutions must ensure that their competence standards are relevant

and appropriate and do not discriminate. (See Key concepts – Competence Standards for more detail – [hyperlink](#).)

#### **4. Part 4 of the DDA: education**

Part 4 of the Act outlaws discrimination in the provision of education. Part 4 states that disabled people cannot, without justification, be discriminated against or receive less favourable treatment for a reason related to their disability and that educational institutions must make “reasonable adjustments” in their provision. There are also specific duties to prevent harassment of disabled students.

These duties are “anticipatory”: higher education institutions need to consider, in advance, what adjustments are likely to be required by potential disabled students.

There are also specific duties towards students who have left the institution, such as in the provision of references.

#### **5. Part 5A of the DDA: the Disability Equality Duty**

The Disability Equality Duty (DED) places a ‘general duty’ on all public sector bodies to promote disability equality. Public sector bodies include higher education institutions, GPs’ surgeries and hospitals.

Whilst not giving any additional rights to individuals, the DED demands systemic changes to the ways in which organisations work. It aims to tackle institutional disability discrimination and complements the individual rights focus of the DDA, including the anticipatory aspect of the reasonable adjustment duty.

The aim is to secure improvements for disabled students in general, as well as for staff and users of institutions’ services. It also emphasises the promotion of equality, not just the avoidance of discrimination.

Higher education institutions and hospitals, as public authorities listed in the relevant codes of practice, also have a ‘specific duty’ to publish a disability equality scheme (DES) every three years and to review it annually, showing how they intend to fulfil their general and specific duties (GPs’ surgeries are not covered by the specific duty and the private sector is not covered by the duty at all).

##### **5.1 General duties**

The general duty requires all public sector organisations, when carrying out their functions, to have due regard to the need to:

- Promote equality of opportunity between disabled people and non-disabled people
- Eliminate unlawful discrimination under the DDA
- Eliminate disability-related harassment
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life
- Take account of people’s disabilities, even when that involves treating them more favourably than non-disabled people.

‘Further and higher education institutions and the Disability Equality Duty’ (2006) provides guidance for England, Scotland and Wales on how organisations can meet the different elements of the general duty. In Northern Ireland, the Disability Discrimination Code of Practice for Further and Higher Education applies.

## 5.2 Specific duties

Higher education institutions and hospitals also have specific duties to assist them in meeting the general duty. These include developing and implementing a DES that includes an action plan.

In drawing up a DES, organisations are required to:

- Involve disabled people
- Set out their arrangements for gathering and using information
- Set out their method for carrying out impact assessments
- Produce an action plan
- Report annually on progress made
- Review and revise the scheme every three years.

Particular academic staff and practice managers may be asked to contribute to the scheme and to action plans, which should be signed off by the vice-chancellor or chief executive but they will not need to generate individual schemes. The principles and processes of the DED are useful to consider, however, in identifying and eliminating hidden barriers to the inclusion of disabled people in academic and practice settings.

The DED requires higher education institutions and the health sector to promote and embed disability equality proactively in policies, procedures, plans and practices.

It is useful for all academic and clinical staff to be familiar with the DES and associated action plan of their own institution.

In most cases, it is not the actions of a particular individual that lead to discriminatory practice; rather, it is the implementation of policies, practices and procedures that have not been impact-assessed. Custom and practice needs to be carefully assessed, ('things have always been done this way'), as it often excludes disabled people.



# Appendix 6

## Reasonable adjustments

### 1. Duties to make reasonable adjustments

Education providers, employers and work based placement providers (in the terminology of the legislation described as: 'responsible bodies') all have a duty to make reasonable adjustments to accommodate the access requirements of disabled students/employees.

The provider/employer has a duty to make reasonable adjustments to educational/employment practices and premises if these place the disabled person at a substantial disadvantage when compared to non-disabled people.

All universities are required to make reasonable adjustments to accommodate the access requirements of current disabled students. Additionally, it is important to emphasise the importance of the duty to anticipate the access requirements of future disabled students. Staff are required to consider their institution's policies, practices and procedures and to make appropriate reasonable adjustments to its existing infrastructures where these are deemed to be inadequate. Additionally it may be necessary, in advance, to implement new systems in order to meet the requirements of students who have a range of impairments. This overall approach also needs to be adopted by employers and work placement providers.



- **Are the staff in your university/Trust/PCT aware of the duty to make reasonable adjustments to current policies and practices?**
- **Do you have procedures in place to enable you to anticipate what reasonable adjustments might be required to meet the access requirements of potential students/employees who have a range of impairments?**

#### 1.1 The anticipatory duty

This is a general duty, the aim of which is to improve provision for all disabled people. The anticipatory element of the DDA involves reviewing:

- Access to buildings, such as level or ramped entry
- Emergency evacuation arrangements (and providing flashing light fire alarms or vibrating pagers to deaf people and fire refuges, or alternative escape routes for people who have mobility impairments)
- Doors that operate automatically
- The accessibility of external paths and landscaping
- Circulation within buildings, including their interior layout
- The effectiveness of lighting and signage
- The effectiveness of colour and tone contrast on walls and doors to assist orientation
- Acoustics appropriate for hearing aid users and (working) loop systems in lecture theatres or at reception desks



- The flexibility and variability in height of desks, benches, work surfaces and reception desks
- Seating arrangements, for flexibility and variability
- Access to services, such as catering facilities or payphones
- Accessible toilets
- Convenient and reserved parking spaces
- Facilities for assistance dogs.

## 1.2 Providing adjustments for individuals

As well as the general anticipatory adjustments that must be made for the benefit of potential disabled applicants and disabled students, programme staff and placement providers need to consider additional adjustments to meet the requirements of particular individuals, for example in the way that teaching is delivered or in the administration of practice placements.

Examples of this type of reasonable adjustment are provided throughout the document.

## 2. What is a reasonable adjustment?

### 2.1 In education

The duty to make reasonable adjustment applies when:

- Any provision, criterion or practice, other than a competence standard, applied by, or on behalf of the education provider, or
- Any physical features of premises occupied by the education provider, places disabled persons at a substantial disadvantage compared with people who are not disabled.

### 2.2 In employment

The duty to make reasonable adjustment applies when:

- Any provision, criterion or practice applied by or on behalf of the employer, or
- Any physical features of premises occupied by the employer places disabled persons at a substantial disadvantage compared with people who are not disabled.

In simpler terms, a reasonable adjustment is any alteration or accommodation necessary to enable disabled individuals to have the opportunity to demonstrate their abilities.

It is important to remember that treating everyone the same does not equate with treating everyone fairly. Legally, disabled people can be treated differently and more favourably, to counteract the inherent disadvantages associated with disability and to promote equality.

Academic staff and practice educators should make every effort to provide reasonable adjustments. Staff are not legally required to make every adjustment that a student requests; they cannot, however, claim that an adjustment is unreasonable simply because it is inconvenient or takes up time to implement or is too expensive. Whilst students may apply for Disabled Students' Allowances, the university has a legal duty to pay for some adjustments itself.

The duty recognises that there may be policies, practices and procedures that are historic but that present discriminatory barriers to disabled people. Whilst these structures may have been implemented for legitimate reasons, the point of

reasonable adjustments is that some alterations may be required to ensure that a disabled person has the same opportunities as non-disabled people.

**A lecturer preferred to demonstrate techniques on a model without providing any accompanying verbal description. Following each demonstration, students were asked questions about what they had seen, with the intended aim of testing their observational skills. This discriminated against visually impaired students.**

**In general terms, this method could be viewed as poor teaching practice, as not all students will be able to see clearly what is happening, depending on numbers and positioning in the room. Showing a technique and providing verbal description (i.e. using multi-sensory methods) is inclusive practice because it provides a more effective learning experience for everyone.**

There is no onus on the student to suggest what adjustments should be made. It is worth emphasising that many disabled people have a great deal of insight into the significance of their particular impairment and its impact upon their daily lives. In response, they may have developed a range of effective personal strategies in an attempt to overcome disabling barriers. Not all disabled people, however, possess these skills and may need encouragement to develop them. It is also important to note that adjustments that worked well in a previous educational or employment setting may be less successful when implemented at university or on practice placement.

### 3. Some good practice points

- All information available in accessible formats including websites (see **Key Concepts** section – **Accessibility**)
- Clear marketing of university/Trust/PCT approach to disabled applicants/students/employees (could include case studies of successful individuals)
- Staff training on disability issues to increase awareness and an open approach to discussing possible reasonable adjustments (see examples of possible staff training exercises in **Appendix 9**)
- Encourage and support disclosure of disability (see **Key Concepts** section – **Disclosure of Disability**)
- Opportunities for disabled people to visit the university or workplace in advance to enable them to assess how their particular needs can be addressed. In addition, it may be relevant for individuals to discuss how they would be able to use their own adapted equipment in this environment.
- Take individual requirements into account during interviews
- Improve disability equality performance by carrying out disability equality impact assessments (see **Key Concepts** section – **Inclusion**) to seek opportunities for positive impact that may have been overlooked as well as detection of actual or

potential negative impact

- Provide clear advice for applicants/students/employees on the Disabled Students' Allowance or Access to Work Scheme as applicable (see **Appendices 3 and 1** respectively).

Specifically in the workplace:

- Enable individuals to apply for job vacancies in a variety of ways: e.g. email, digital recording, in person, by letter or telephone
- Ensure the HR department is producing non discriminatory person specifications and job descriptions.

**A person specification included the essential requirement that an applicant must be able to drive and hold a clean driver's licence. There were no elements of the post that could not be carried out by a non-driver and so this would be considered to be discriminatory.**

## 4. What is 'reasonable' when making adjustments?

"The notion of what is 'reasonable' varies from organisation to organisation and it is sometimes necessary to test out standards of reasonableness" (Nash, 2009 p12).

The Act does not provide a definition of the term 'reasonable' and ultimately, in any particular situation, this would be decided by the courts.

Factors that should be taken into consideration when determining what is 'reasonable' might include:

- The need to maintain academic/practice standards
- The available financial resources
- Other financial resources that are available to the disabled person (e.g. DSA; AtW)
- The actual cost of implementing a particular policy, practice or procedure
- The extent to which it is practical to implement a particular policy, practice or procedure
- The extent to which goods, facilities and services will be available to the disabled person from other sources (e.g. voluntary organisations)
- Health and Safety regulations
- The relevant interests of other disabled and non-disabled people.

**Adapted from DRC (2002)**

In situations where a disabled person is placed at a substantial disadvantage as a result of arrangements made by a provider/employer or by a physical feature of premises where study/work or other study/work-related activities take place, the provider/employer must consider whether any reasonable adjustments could be made to overcome that disadvantage.

If the disabled person suggests what adjustments could be made, the provider/

employer must consider whether such adjustments would help to overcome the disadvantage and whether these are reasonable.

The Act does not permit justification of a failure to comply with a duty to make a reasonable adjustment. This duty will only be breached, however, if the adjustment in question is one that it is reasonable to make. So, where the duty applies, it is the question of “reasonableness” that alone determines whether the adjustment has to be made. Where it is judged to be reasonable, the provider/employer has a duty to make that adjustment.

The Act lists a number of factors that may, in particular, have a bearing on whether it is reasonable for a provider/employer to make an adjustment. These make a useful checklist.

- First, effectiveness and practicability: effective and practicable adjustments often involve little or no cost or disruption and are, therefore, very likely to be considered to be reasonable.
- Secondly, how effective will the adjustment be in preventing the disadvantage for the disabled person?
  - o Will this adjustment be more effective in combination with other adjustments?
  - o How practicable is the adjustment? It will be more reasonable to expect the provider/employer to take an easy step; sometimes, however, more difficult steps will need to be taken if these are deemed likely to be more effective.
- Thirdly, financial and other costs of the adjustment, together with the extent of any disruption caused.
  - o If an adjustment costs little or nothing and is not disruptive, it would be reasonable unless some other factor (such as practicability or effectiveness) made it unreasonable.
  - o It is more likely to be reasonable for a provider/employer with substantial financial resources to have to make an adjustment with a significant cost, than for a provider/employer with fewer resources. Even if an adjustment has a significant cost associated with it, however, it may still be cost-effective in overall terms and so may be a reasonable adjustment to make.
  - o A disabled person is not expected to contribute to the cost of implementing a reasonable adjustment. If, however, the person has a particular piece of special or adapted equipment that s/he is prepared to use for study/work, this might make it reasonable for the provider/employer to have to make an additional adjustment (as well as allowing the use of equipment).
  - o The costs to be taken into account include those for staff and other resources (including what the provider/employer might otherwise spend in the circumstances and the availability of external funding e.g. AtW).
- An adjustment which only causes minor inconvenience to other students/employees or the provider/employer is likely to be more reasonable than one

which might unavoidably prevent other students from studying, other employees from undertaking their duties, or cause other significant disruption to the provider/ employer.

If making an adjustment would increase the risk to the health and safety of any person (including the disabled person), this is considered to be a relevant factor in determining “reasonableness”. Suitable and sufficient risk assessments should be used to determine whether such risks are likely to arise.

Many adjustments do not involve physical changes to premises. Where such changes are necessary, however, providers/employers may need to take account of other factors.

Although the Act does not mention other factors, depending on circumstances, some may be relevant including:

- The effect on other students/employees
- The effect on adjustments made for other disabled students/employees
- The extent to which the disabled person is willing to co-operate.

## 5. Types of adjustment suggested by the Act

Adjustments suggested by the Act (these are not exhaustive and will depend on the individual circumstances of the person involved) include:

- Making adjustments to premises
- Allocating some of the disabled person’s duties to another person
- Altering the person’s hours of working or training
- Assigning the person to a different place of work or training
- Allowing the person to be absent during working or training hours for rehabilitation, assessment or treatment
- Giving, or arranging for, training or mentoring (whether for the disabled person or any other person)
- Acquiring or modifying equipment
- Modifying instructions or reference manuals
- Modifying procedures for testing or assessment
- Providing a support worker
- Providing supervision or other support.

**Providers/employers will be more likely to be able to do this if they have good disability policies and practices in operation.**

In some cases, reasonable adjustments will not be successful without the cooperation of other students/employees. Subject to considerations relating to confidentiality, providers/employers must ensure that other students/employees support the reasonable adjustment being carried out in practice. It is unlikely to be a valid defence to claim, under the Act, that staff members or other students were obstructive or unhelpful when the provider/employer tried to make reasonable adjustments.



## Web links

<http://www.open.ac.uk/inclusiveteaching/pages/legal-and-professional-requirements/reasonable-adjustments.php>

Whilst written prior to the inception of SENDA, this document contains a good range of case studies with many ideas for reasonable adjustment in the higher education setting: <http://www.nottingham.ac.uk/academicsupport/adjustments/Making%20Reasonable%20Adjustments.pdf>

The Association of Dyslexia Specialists in Higher Education (ADSHE) provides an overview of reasonable adjustment and a range of examples specific to HE in the document available at: <http://www.adshe.org.uk/WordDocs/ReasonableAdjustments.doc>

The Employers' Forum on Disability provides some information about reasonable adjustments in the workplace at: <http://www.efd.org.uk/employment/reasonable-adjustments>

For disabled students in post-16 education, the Equality and Human Rights commission provides an overview at: <http://www.equalityhumanrights.com/your-rights/disability/disability-in-education/disabled-students-and-learners-in-post-16-education/>

A brief overview of reasonable adjustments in employment is provided at: [http://www.equalityhumanrights.com/uploaded\\_files/reasonable\\_adjustments\\_emp\\_7.doc](http://www.equalityhumanrights.com/uploaded_files/reasonable_adjustments_emp_7.doc)

A clear overview of reasonable adjustments in education can be found in the DRC's Code of Practice (pages 61 – 103) at: [http://www.equalityhumanrights.com/uploaded\\_files/code\\_of\\_practice\\_\\_revised\\_\\_for\\_providers\\_of\\_post-16\\_education\\_and\\_related\\_services\\_\\_dda\\_.pdf](http://www.equalityhumanrights.com/uploaded_files/code_of_practice__revised__for_providers_of_post-16_education_and_related_services__dda_.pdf)

## 6. References

Disability Rights Commission (2002) *Disability Discrimination Act (1995) Part 4: Code of Practice for providers of post-16 education and related services*, Disability Rights Commission, London

Nash K (2009) *Disabled Employees Networks: a practical guide*. Kate Nash Associates available at: [http://www.efd.org.uk/sites/efd.org.uk/files/Disabled\\_staff\\_networks.pdf](http://www.efd.org.uk/sites/efd.org.uk/files/Disabled_staff_networks.pdf)

## 7. Examples of reasonable adjustments

### 7.1 Physical environment

Examples of reasonable adjustments to the physical environment:

- Accessible external paths and landscaping
- Lowered kerbs
- Ramps to all necessary locations
- Well lit external environment
- Accessible lifts and lift buttons
- Automatic doors
- Good contrast visible symbols applied to clear glass doors
- Accessibility within buildings, including their interior layout
- Good contrast between different zones e.g. floor and walls, walls and door frames to assist orientation
- Matt surfaces on walls/doors to reduce glare
- Tactile flooring at top and bottom of stairs
- Contrasting colour strips on edges of steps/stairs
- Vibrating and flashing fire alarms
- Adapted fire alarms and door bells in university accommodation
- Vibrating pagers
- Fire refuges or alternative escape routes for people with mobility impairments
- Quiet refuges and first aid facilities where people who have epilepsy, for example, might go after an episode
- Avoidance of fluorescent lighting
- Flexible lighting (dimmer switches/blinds)
- Enhanced signage: good contrast, well lit, matt surface, clear and accessible font
- Noticeboards and information monitors at heights accessible to wheelchair users and visually impaired people (who may need to get close to read text)
- Enhanced lighting to facilitate lip reading
- Effective sound system with T loops
- Desks, laboratory benches, work surfaces and reception desks at varying or flexible heights
- Appropriate seating to accommodate people with physical disabilities and wheelchair users
- Reserved areas in all teaching and learning locations, including the library
- Accessible technology compatible with assistive software in computer labs and libraries
- Availability of a range of adapted keyboards, computer mice and large monitors in Computer labs
- Accessible toilets
- Accessible services, such as catering facilities, student accommodation, payphones, and ATM machines on campus
- Designated parking spaces for individuals holding blue badges
- Designated toilet (spending) areas and bowls of water for assistance dogs.

### 7.2 Application process

Examples of reasonable adjustments to the application process:

- Text phones for the enquiry stage
- Information, such as university policies and programme leaflets, in potentially



accessible formats, for example, email, Braille, easy read, large print, MP3, DAISY audio format, CD and digital memory stick

- Electronic information that can be accessed by a range of assistive software
- Staff trained in communicating with a wide range of disabled people.

Where possible, all information should be:

- Offered in both visual and audible formats
- Available in different font sizes
- Available with different background and foreground colours
- Available without enhancements such as boxes
- Easily navigable, if electronic, using either a mouse or key strokes.

### 7.3 Teaching and learning

Examples of reasonable adjustments to the teaching and learning environment:

- Audience-facing lecturers under good lighting
- Reduction of background noise as feasible
- Use of laptops or hand-held devices for taking notes
- Use of digital recorders in lectures
- A note-taker/support worker for lectures and practical sessions
- Written materials available in a range of formats including electronic format to enable use of assistive software (such as text to speech; speech to text; mind mapping software)
- Material placed on VLE meet established guidelines for compatibility with specialist software
- Small groups for practical sessions if possible
- Amplified stethoscope or one linked to a display screen
- Compatibility of online teaching resources/websites with the student's assistive technology
- Additional learning support and tuition including essay writing or dissertation skills
- General library support for those unable to 'browse' effectively including locating and searching electronic resources
- Additional time and flexible deadlines for assignments
- Adjustments to assignments
- Comments on coursework in alternative formats
- Additional training for lecturers in making teaching and learning more accessible and inclusive.

### 7.4 Other support

- Time out from studies for people who have fluctuating conditions
- Links with specialist organisations if help is needed, for example by students who have dyslexia
- A mentor or additional mentoring
- Local 'buddy system' between disabled and non-disabled students
- Disability-awareness training for all staff to increase awareness of common disability related issues
- Staff in accommodation blocks made aware of the disabled student's access requirements
- Staff trained in communication with a hearing impaired person.





# Appendix 7

## Resources

### 1. Organisations

Access to Work [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

Association of Dyslexia Specialists in Higher Education <http://adshe.org.uk/>

British Dyslexia Association: [www.bdadyslexia.org.uk/](http://www.bdadyslexia.org.uk/)

Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED. Tel: 020 7306 6666. Email: [csp@csphysio.org.uk](mailto:csp@csphysio.org.uk) [www.csp.org.uk](http://www.csp.org.uk)

Council of Deans: <http://www.councilofdeans.org.uk/>

Data Protection Act is enforced by the Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 4AF. Tel: 01625 545745. Email: [data@wycliffe.demon.co.uk](mailto:data@wycliffe.demon.co.uk), [www.dataprotection.gov.uk](http://www.dataprotection.gov.uk)

Dyslexia Adults Link <http://www.dyslexia-adults.com/>

The Duty to Promote Disability Equality Statutory Code of Practice for England and Wales: [http://www.dotheduty.org/files/Code\\_of\\_practice\\_england\\_and\\_wales.pdf](http://www.dotheduty.org/files/Code_of_practice_england_and_wales.pdf)

The Duty to Promote Disability Equality Statutory Code of Practice for Scotland: [http://www.dotheduty.org/files/Code\\_of\\_practice\\_scotland.pdf](http://www.dotheduty.org/files/Code_of_practice_scotland.pdf)

Codes of Practice are available in print and alternative formats from The Stationery Office: [www.tsoshop.co.uk](http://www.tsoshop.co.uk) Telephone: 0870 600 5522. Email: [customer.services@tso.co.uk](mailto:customer.services@tso.co.uk)

Department for Education and Skills (2002) 'Providing Work Placements for Students with disabilities: A Good Practice Guide for Further and Higher Education Institutions' (DfES/0023/2002). London: TSO.

Some information on Disabled Students' Allowances is available at: [www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG\\_10034898](http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10034898)

For Disabled Students' Allowances in Scotland, contact the Students Award Agency for Scotland: [www.student-support-saas.gov.uk](http://www.student-support-saas.gov.uk)

Dyspraxia Foundation: <http://www.dyspraxiafoundation.org.uk>

Information on preparing the learning environment for people with dyslexia, dyspraxia, attention deficit hyperactivity disorder, Asperger's syndrome, Tourette's

and dyscalculia can be found at [www.brainhe.com/resources](http://www.brainhe.com/resources)

Epilepsy Action: <http://www.epilepsy.org.uk>

Equality and Human Rights Commission (EHRC). Helpline numbers: 0845 604 6610 (England), 0845 604 8810 (Wales), 0845 604 5510 (Scotland) [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Equality Commission for Northern Ireland. Tel: 028 90 500 600. [www.equalityni.org](http://www.equalityni.org)

Health Professions Council [www.hpc-uk.org](http://www.hpc-uk.org)

Mind (National Association for Mental Health). Info Line: 0845 766 0163. [www.mind.org.uk](http://www.mind.org.uk)

National Autistic Society: <http://www.nas.org.uk/>

NHS (2002) 'Looking Beyond Labels: Widening the employment opportunities for disabled people in the new NHS': [http://www.dh.gov.uk/dr\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4057428.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4057428.pdf)

National Network of Assessment Centres: <http://www.nnac.org/>

Office of the Independent Adjudicator for Higher Education [www.oiahe.org.uk](http://www.oiahe.org.uk)

Royal National Institute of Blind People (RNIB): [www.rnib.org.uk](http://www.rnib.org.uk)

RNIB Physiotherapy Support Service, RNIB Resource Centre, University of East London, Romford Road, Stratford, London E15 4LZ. Tel: 020 8223 4950 [www.uel.ac.uk/rnib/pss/pss.htm](http://www.uel.ac.uk/rnib/pss/pss.htm)

Royal National Institute for deaf People [www.rnid.org.uk](http://www.rnid.org.uk)

Skill: National Bureau for Students with Disabilities, Chapter House, 18-20 Crucifix Lane, London SE1 3JW. Tel: 0800 328 5050. Textphone: 0800 068 2422 (Monday-Thursday, 1.30pm-4.30pm). E-mail: [info@skill.org.uk](mailto:info@skill.org.uk) [www.skill.org.uk](http://www.skill.org.uk)

The TechDis Service is an educational advisory service, working across the UK, in the fields of accessibility and inclusion: [www.techdis.ac.uk](http://www.techdis.ac.uk)

Voluntary Organisations Disability Group (for information on a wide range of disability organisations). [www.vodg.org.uk](http://www.vodg.org.uk)

AHEAD is the Irish Association for Higher Education Access and Disability. [www.ahead.ie](http://www.ahead.ie)

## 2. Assistive technology contacts

(NB this is not an exhaustive list and some products may be available from alternative providers at different prices)

Technology to support students who have low vision, dyslexia and other reading difficulties:

Ai squared <http://www.aisquared.com/>

Dolphin Computer Access <http://www.dolphinuk.co.uk/>

Dyslexic.com <http://www.dyslexic.com/software>

Enhanced Vision <http://www.enhancedvision.co.uk/>

Humanware [http://www.humanware.com/en-united\\_kingdom/home](http://www.humanware.com/en-united_kingdom/home)

Low Vision International <http://www.lvi.se/>

Optelec [http://www.optelec.com/en\\_GB/home](http://www.optelec.com/en_GB/home)

Sight and Sound Technology <http://www.sightandsound.co.uk/>

Texthelp Systems Ltd <http://www.texthelp.com/>

Vision Aid Technologies <http://www.visionaid.co.uk/>

Iansyst specialises in helping people who have a variety of disabilities, including: dyslexia, dyspraxia, dyscalculia, visual impairments, hard of hearing and disabilities which require ergonomic solutions (such as repetitive strain injury and other mobility disabilities) <http://www.iansyst.co.uk/>

## 3. Other equipment

Digital amplified stethoscope can be obtained from: [http://www.gpsupplies.com/Product/Stethoscopes/Electronic\\_Digital\\_Stethoscopes/e\\_Steth\\_top\\_phono.aspx](http://www.gpsupplies.com/Product/Stethoscopes/Electronic_Digital_Stethoscopes/e_Steth_top_phono.aspx)

Digital voice recorders <http://www.olympus.co.uk/voice/>

For all types of assistive technology (including low vision) <http://www.techready.co.uk/>

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## 4. Web accessibility

Fortune Cookie <http://www.fortunecookie.co.uk/>

Nomensa <http://www.nomensa.com/>

RNIB [http://www.rnib.org.uk/professionals/webaccessibility/pages/web\\_accessibility.aspx](http://www.rnib.org.uk/professionals/webaccessibility/pages/web_accessibility.aspx)

Web Aim <http://www.webaim.org/>

WC3 web accessibility <http://www.w3.org/WAI/intro/accessibility>

# Appendix 8

## Discussion on use of simulation exercises

### 1. Background

Simulation exercises are often used by trainers whose objective is to encourage the audience to 'experience' what it is like to be disabled. Trainers employ these techniques because they believe that they have an insight into the effects of individual impairments and, consequently, assume that they have an understanding about the experience of 'disability'. Depending upon the particular impairment, these trainers might ask group members to participate in the following exercises:

- Undertake various practical and written tasks whilst wearing a blindfold and/or spectacles with adapted lenses
- Be guided around the internal and external environment whilst wearing a blindfold and/or spectacles with adapted lenses
- Hold a conversation/attend a lecture presentation whilst wearing adapted headphones
- Try to read text using computer simulations of what someone who has dyslexia is believed to see
- Put thick socks or gloves on their hands and then attempt to manipulate small objects and undertake everyday activities
- Communicate a specified message without using speech
- Travel to a specified destination/attend a social event in a wheelchair/using crutches/sticks/wearing a full length leg plaster/brace
- Read from, and explain the meaning of, a text in modified English (eg: Middle English)

### 2. Misconceptions

Simulation exercises are based on the belief that it is possible to successfully communicate the effects of an impairment to another individual who does not have that impairment. This belief is based on misconceptions about disability, for example:

- Blindness equals 'blackness' or 'darkness'
- The symptoms of impaired vision can be effectively replicated by wearing spectacles with adapted lenses or represented by diagrams/photographs
- The symptoms of dyslexia can be effectively replicated by a computer simulation
- Deafness equals total loss of hearing
- Being mobility impaired can be experienced by someone sitting in a wheelchair for a couple of hours
- A disabled person's impairment never fluctuates
- Disabled people's behaviour is predictable
- Everyone who has an impairment finds it difficult or impossible to perform all practical and written tasks
- All disabled people are either dependent or super-human
- Having an impairment necessarily results in the development of a compensatory or 'sixth sense'.

As a result of these misconceptions, what participants actually experience is what it is like to wear a blindfold/spectacles with adapted lenses/earphones, sit in a wheelchair, wear some headphones; look at a computer screen. They do not gain any genuine insight into the disabling experience of having an impairment in today's world: they can remove the spectacles/headphones, they can get out of the wheelchair. They do not experience any of the societal or personal barriers that are encountered by disabled people.

Participants do not even have the experience of sudden loss of a particular physical function, as some trainers claim. Ironically, what is often unintentionally achieved, is the reinforcement of some or all of the myths and misconceptions (listed above) which, presumably, the exercises were designed to dismantle. For example, the equation of blindness with blackness or darkness – with all their negative linguistic connotations – is reinforced: the victim is presumed to be either helpless or heroic.

One of the justifications given for using simulation exercises is that they are effective in teaching signs and symptoms. Participants do not, however, need to know this medical information; what they do need to learn is the practical significance of an impairment and its disabling effects.

The adapted equipment used in simulation exercises is invariably designed and created by non-disabled (usually medical) personnel or by those who draw their knowledge from medical texts. This fact further reduces its legitimacy and value as a teaching method in sessions on disability.

Similarly, diagrams/photographs are ineffective in communicating either the symptoms or the experience of impaired vision. Far from being successful, such representations may even be inappropriate, partly because of the limitations of two dimensional representation of a three dimensional experience and partly because, as stated above, they are initially created by non-disabled personnel.

### **3. Summary of disadvantages of simulation exercises**

1. They reinforce negative stereotypes and images of disabled people: 'isn't it awful'; 'they must be wonderful'
2. They reinforce the 'bereavement/loss' model
3. They focus on the 'problem'
4. They reinforce 'inability' rather than 'ability'
5. They focus on the 'passive' nature of impairments and do not emphasise perceptual processes
6. They give false impressions of the strategies developed by many disabled people
7. Participants have the prior knowledge that their duration is limited
8. Participants can discard the equipment at will if 'difficulties' arise
9. Participants often admit that they are 'relieved' to be able to discard the equipment
10. Not all people with impairments experience a sudden onset of the condition
11. They over-emphasise and therefore reinforce the importance of the sensory, motor and intellectual functions and thus the popular belief that life without full function must be awful
12. They are often regarded as 'games'
13. They can degenerate into 'fun' sessions

14. They were originally created by non-disabled people
15. They are often conducted by non-disabled people
16. They are based on the principles of the medical model of disability
17. They are often regarded as an 'easier option' than exercises that require participants to consider the socio-political context of disability
18. The de-briefing session(s) are rarely adequate due to the trainer's lack of knowledge and insight
19. Inadequate de-briefing encourages participants to over-value their worth and appropriateness
20. Because trainers believe that participants 'enjoy' them and consider them to be useful, this reinforces reliance on, and justification for, their subsequent use
21. They are rarely used by disabled people or organisations 'of' disabled people
22. They are considered to be offensive and patronising by most disabled people.

Simulation of disability is neither possible nor justified (see French in Hales (Ed), 1996). Non-disabled participants remain so. Indeed, the same applies to disabled participants: they do not experience the disability of others.

#### **4. Are they useful at all?**

If simulation exercises have any value at all, this lies in the ability of the trainer to undertake a de-briefing session whose focus is on the social context of disability. Trainers should ask participants to engage in critical reflection – particularly in relation to sociological, political, economic and psychological contexts of disability – and to identify and discuss the intrinsic limitations of such activities as listed above. Genuine debate should be encouraged; more time should be spent on this than on the exercises themselves because this will facilitate genuine learning. Various questions should be asked: are participants' subsequent attitudes and practices likely to undergo permanent change? How may reasonable adjustments be designed and implemented in their respective organisations that will lead to improved access to goods, facilities and services for disabled people? How can they contribute to the dismantling of some of the disabling barriers that currently exclude disabled people from full participation within society?





# Appendix 9

## Suggestions for inclusion in staff development/ training sessions

### 1. Introduction

The objective of this appendix is to provide academic and clinical staff with some ideas for activities which could be included in staff development sessions, for example:

- Academic away days
- Equality and diversity sessions
- Discussion at staff meetings
- Practice educator training days
- Stewards' training
- In service training
- Clinical interest group diversity officer training
- CSP training days.

Suggestions are provided as to how each exercise may be carried out. Facilitators are, however, encouraged to modify these as they feel appropriate.

### Exercise 1 Language and disability

**Guidance:** look at the following words/phrases and note your reactions to each word/phrase.

Try to be as honest as possible.

Consider whether the word(s) evoke a positive or negative image and the social/psychological implications.

**Process:** work individually; discuss with a partner or in small groups; note reactions on flip chart; feedback and plenary debate

|                             |                                    |
|-----------------------------|------------------------------------|
| The disabled                | People with disabilities           |
| Disabled people             | Physically handicapped             |
| People who have impairments | People with serious sight problems |
| Dyslexics                   | Children with special needs        |
| Mobility impairment         | School for the deaf                |
| Mental hospital             | The blind college                  |
| Dumbfounded                 | Spastic                            |
| House-bound                 | Suffering with depression          |
| A stroke patient            | Mental health issues               |

|                        |                    |
|------------------------|--------------------|
| Coping strategies      | Invalid            |
| Wheelchair user        | Affliction         |
| Abnormal               | Different          |
| Able bodied            | Disabled parking   |
| Accessible information | Carer              |
| Inclusion              | Personal Assistant |
| Support Worker         | Helpless           |
| Difficult              | Integration        |
| Idiot                  | Simulation         |
| Non-disabled           | Weird              |
| Plain English          | Outcast            |
| Unusual                | Acceptable         |
| Escort                 | Enabled            |

**Facilitator's note:** to obtain background information on these issues please refer to **Disability Etiquette** section in **Key Concepts**.

## Exercise 2 Personal Acquaintance with Disabled People

**Guidance:** think about the context(s) in which you have met disabled people (e.g. relative; friend; acquaintance; patient; client; student; colleague; other disabled professionals; member of the public, etc).

Note your reactions in each case.

Try to be as honest as possible.

Consider issues such as: stereotyping; discrimination; prejudice; myths/ misconceptions, etc.

**Process:** work individually; discuss with a partner or in a small group; note key issues on a flip chart; feedback and plenary debate

**Facilitator's notes:** some questions you might like to use:

- Do you think the fact that physiotherapists wear a uniform has any impact/significance? Does it legitimate certain ways of behaving?
- To what extent do you think your perception of disabled people has been influenced by those you have met?
- In what ways do you think this may or may not have reinforced any stereotypical views/beliefs?
- Polarisation of perception: all disabled people I have met 'manage wonderfully' vs disabled people are unable to lead a 'normal life'
- How do you feel about interacting with disabled people?

- Does the appearance/behaviour of the disabled person have any affect on the way you feel?
- Thinking about your interactions with disabled people in work and social situations, how do you relate to the terms 'power' and 'vulnerability' (specifically with reference to your own attitudes – not those of the disabled person)?

### Exercise 3 Accessible Environments

**Guidance:** Choose a particular physical environment; this could be your immediate teaching area; the university buildings; campus site; local area and amenities; particular hospital sites; specific clinical departments, etc.

Consider issues of accessibility/inaccessibility.

Describe how practices and procedures might need to be implemented or modified in order to improve accessibility for disabled people.

**Consider:**

- a) What can you and/or your staff team do directly to improve accessibility in your immediate area?
- b) How could you influence institutional policy and practice to improve accessibility?
- c) Within your local area there may be barriers over which you have no control:
  - i) Can you identify these barriers and their potential impact on accessibility?
  - ii) How can you help disabled people to manage these?

Make and agree an action plan

**Process:** work in small groups; note agreed issues on flipchart; feedback, plenary presentation and general discussion.

**Facilitator's notes:** depending upon the venue for the training, you may wish either to ask participants to consider these issues in advance of the session or to include a short activity involving a 'walkabout' of the local area. You may wish all groups to consider each of the above questions or each group could take one of the questions.

### Exercise 4 Barriers and their implications

**Guidance:**

What do we mean by 'barriers'?

- a) In relation to yourself
- b) In relation to groups within society e.g. women, patients, adolescents

The kinds of barriers you discuss could relate to areas such as physical; social; psychological; environmental; political; economic/financial; personal; those relating to people's attitudes, language and accessing information

What are the implications of these barriers?

To what extent do disabled people share these barriers?

To what extent do disabled people experience additional barriers?

How have your discussions influenced your perception of disabled people in relation to shared or unique barriers?

Following this session you might want to consider how you as an individual and/or staff group may be able to modify your practice to reduce/eliminate disabling barriers.

Process: general brainstorm session with whole group debate; possible participation by disabled people; questions and discussion.

**Facilitator's notes:** the aim is to:

- Get the group to be as free ranging as possible about what constitutes a barrier without being specifically encouraged to focus on disability
- Tease out the realisation that there is greater commonality between disabled and non-disabled people than might have previously been assumed
- Recognise that barriers are not static and that they can fluctuate, appear or disappear depending on individual circumstances and life events.

### Exercise 5 Reasonable Adjustments

**Guidance:** Discuss the general concepts of 'reasonable' and 'adjustment'

Note the group's understanding of these terms

Discuss these terms more specifically in relation to the short case studies provided and note the group's responses

**Case 1** A student who has Chronic fatigue syndrome found it difficult to concentrate for long periods of time in lectures

**Case 2** A student who has Bipolar affective disorder failed her last practice placement because of attendance issues

**Case 3** A partially sighted candidate attending interview was required to participate in a group discussion in which all participants were asked to wear name badges and to use names

**Case 4** A student who was hard of hearing was falling behind in practical classes

**Case 5** A blind student was unable to access medical records on practice placement

**Case 6** A student who has dyslexia was staying at work until 6pm every night in order to complete administration duties

**Case 7** It is impossible for a Deaf student to look at PowerPoint slides, lip-read the lecturer and make notes in lectures

**Process:** work in small groups; make notes on flip chart; plenary presentation and general discussion.

**Facilitator's notes:** it is important to be familiar with the concept of reasonable adjustments and the relevant legislation i.e. the policies, practices and procedures which might need to be implemented for the institution/department to be confident that staff are not in breach of the current legislation.

The above case studies are examples, you may wish to include others which are more appropriate or relevant to your local situation.

### Exercise 6 Feeling welcome

**Guidance:** Small groups of participants (3 or 4) are allocated one of the following scenarios:

- A practical teaching session
- An open day
- An interview
- A mid-practice placement review
- A viva/practical assessment

Each of these scenarios should include the roles of members of staff, a disabled applicant/student and others as necessary (e.g. for open day could be one academic, a disabled applicant and a parent)

Brief details of each role should be provided by the facilitator.

Carry out role play (5 – 10 minutes)

During the subsequent discussion participants should note their feelings/reactions to playing the roles, together with their perceptions of others. What issues arose and what strategies could have improved the interaction for all participants?

**Process:** divide into groups, facilitator allocates scenarios and roles, carry out role play, discussion within groups, note key points on flip chart, plenary presentation and general discussion.

**Facilitator's notes:** prior to the session, develop brief roles for each scenario including both positive and negative approaches to dealing with disabled individuals in order to stimulate discussion.

It is important to be familiar with issues which may arise for disabled applicants/students and to be aware of ways in which these may be overcome in order to provide a welcoming atmosphere.

### Exercise 7 Knowledge about disabled students

Work individually; discuss with a partner; plenary debate.

**Quiz:** true or false; each person to be issued with a list of the following questions; answer sheets to be distributed during plenary session.

- a) Applicants do not have to declare a disability on the UCAS form
- b) All disabled people are bound to experience big problems when at university
- c) It is important for everyone in the department to know of a student's disability
- d) Disabled people are difficult
- e) Disabled people can be treated more favourably than non-disabled people
- f) Technological advances have considerably improved the lives of all disabled people
- g) All public places are legally required to provide wheelchair access
- h) Any disabled person can enter any study programme s/he chooses
- i) All totally blind people use Braille
- j) People who have dyslexia are classified as disabled under current legislation
- k) All disabled students are likely to need additional time in which to complete a

programme of study

- l) Assistance dogs must always be accepted in all teaching and practice environments
- m) A wheelchair user cannot have an assistance dog
- n) All disabled students can access the Disabled Students Allowance
- o) Disabled students are a safety hazard on an ICU
- p) Disabled students are likely to experience health problems
- q) Staff should be honest when describing the support that is available to disabled students
- r) Allowances must be made if a disabled student fails an assessment
- s) Students with two disabilities cannot graduate as physiotherapists
- t) Disabled students should be treated the same as non-disabled students
- u) Students who have dyslexia experience more prejudice than students who have other disabilities
- v) All registered blind/severely sight impaired people use a white stick
- w) Institutions are legally required to comply with health and safety legislation, which has priority over disability legislation
- x) Disabled students always identify with other disabled students
- y) People who are born with an impairment are always more likely to have developed effective personal strategies than those who acquire an impairment later in life
- z) Because all disabled students are different, it is impossible to predict everyone's requirements.

### Exercise 7 – answers

- a) True – there is no legal requirement for applicants to do this
- b) False – many disabled students do not experience big problems. They may encounter barriers but these can usually be overcome with or without support
- c) False – only those staff who need to know should be provided with relevant information (Ref: Data Protection Act)
- d) False – they're no more difficult than any other group
- e) True – positive discrimination is permitted under the legislation
- f) False – whilst technological advances have improved the lives of some disabled people, technology is not a universal panacea. It can be helpful for those disabled people who are willing and able to engage with it but its complexity and expense precludes many from using it. There are some aspects of disability for which there are no technological answers
- g) True – this is a legal requirement (since September 2004)
- h) False – in general terms, most disabled people can enter any programme of study provided they meet the academic requirements. There are, however, certain situations in which some disabled people may be unable to meet the competence standards of specific programmes e.g. podiatry or dentistry with visual impairment. This is a self-limiting situation as disabled people rarely want to pursue occupations, a significant proportion of which they acknowledge they would be unable to carry out.
- i) False – a very small percentage of blind people use Braille, it is rarely taught in school
- j) True

- k) False – the majority of disabled students complete the programme within the expected timeframe
- l) False – assistance dogs will be welcome in most practice areas. There are, however, situations in which the dog may not be accepted for reasons such as hygiene (e.g. ICU), fear, allergies etc. Often blind physiotherapists do not need to use the dog to negotiate the practice area but just to travel to and from work.
- m) False
- n) False – only those students who have undertaken an assessment of study needs are eligible to receive the DSA. International students are not eligible
- o) False – in most cases there are no health and safety issues related to disabled students over and above their non-disabled peers. For those students who need to employ different strategies, a risk assessment may be necessary. All students are under close supervision when on ICU and therefore this tends to be a very safe environment for all students
- p) False – disability does not equal ill-health and they are therefore, no more likely to experience health problems than their non-disabled peers
- q) True – this enables the disabled individual to make an informed decision about whether they wish to attend that particular institution
- r) False – allowances would only be made if it became clear that the student had experienced disability related disadvantage. In this case extenuation may be applicable and reasonable adjustments would be made as required for all subsequent assessments.
- s) False
- t) False – positive discrimination is permitted under the legislation. Treating every one the same does not equate to treating everyone fairly.
- u) True
- v) False
- w) True
- x) False (see section on Disclosure of Disability in Key Concepts)
- y) False – this all depends on individual differences
- z) True – it is impossible to predict every possible adjustment that may be necessary. Nevertheless, the legislation requires all institutions (which includes all staff working for the institution) to adopt an overall inclusive approach and to anticipate the likely requirements of disabled people. Specific requirements would then be negotiated on an individual basis.

### Exercise 8 – Anticipating the requirements of disabled students

**Guidance:** Small groups of participants (3 or 4)

With reference to a) your particular subject area and b) the department as a whole, consider what action(s) need to be taken in order to meet the access requirements of the three disabled students featured in the scenarios below.

What are the implications of these actions in relation to: a) human resources and b) financial resources? What strategies could you realistically employ in order to comply with disability legislation?

a) Simon is 23 years old. He has been hard of hearing since birth. He has stated that he often needs to use a lip speaker. He has been educated in a mainstream school where he received excellent support. Since leaving school, Simon has



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been employed on a trainee grade scheme with RNID. He currently lives with a very supportive family in South West London. However, he reports that his family are not really supportive of his decision to pursue a career in physiotherapy.

b) Sushma is 18 years old. She describes herself as 'partially sighted'. Her secondary education has been at a boarding school for visually impaired pupils. For a considerable part of her 'A' Level programme, she attended classes held at a local mainstream sixth form college. She states that she requires all study materials to be in 'big print' and that she cannot read anything below the first letter on the 'optician's chart'.

c) Helen is 36 years old. She left school at the age of 16 as she had experienced difficulties in academic work and was advised to leave school and go into a practical career. She has had several jobs since then, none of which have been particularly satisfying. Wishing to fulfil her ambition to become a physiotherapist, she has undertaken an Access to HE programme at a local FE college. Whilst there, she reports experiencing difficulties with written work, being able to remember facts and says that her spelling is 'not very good'. Helen is married with two young children and, even though she lives an hour's journey from the university, states that she intends to live at home.

**Facilitator's notes:** s/he needs to be aware of the disability legislation and knowledge of the range of reasonable adjustments and assistive technology available.

# Appendix 10

## Using support workers in higher education (academic and practice settings)

### 1. Background

This document aims to provide a template for use by disabled students and HEIs in developing an appropriate role for support workers in academic and practice settings. It covers a range of issues that need to be considered when disabled students are negotiating their support requirements.

The information and advice given is not intended to be definitive but should be used as a base from which to develop local documentation.

Point on terminology: whilst this document uses the term 'support workers', some institutions/agencies may refer to such personnel as 'personal assistants' or 'non medical helpers'.

### 2. Advantages of using a support worker

As a result of an assessment of educational support needs, a student may be recommended to use a support worker. Whether or not the student chooses to take advantage of this support will be an individual decision. There are, however, many advantages to this method of accessing the curriculum.

Whilst a disabled student may well have developed a wide range of personal strategies and be familiar with using a variety of access equipment, (for example, desktop/portable video magnifiers, assistive software on a computer), employing a support worker can often prove to be more efficient and effective in providing curriculum access.

A person, rather than a specialist tool, now provides the interface between the student and the study environments/materials and the development of a working relationship between student and support worker can often enhance the learner's self-confidence. Additionally, it has to be acknowledged that, no matter how many and varied a student's study strategies may be, there are occasions on which the assistance of a non-disabled person is much more cost-effective in terms of time and effort (for example: visual scanning of material to retrieve relevant information compensates for a student's dyslexia and/or visual impairment).

It is very important to remember, however, that the student's autonomy is retained and that s/he should remain in control of the work being undertaken.

**A Deaf student asked his support worker/note taker to attend a practical class even though he knew that he was not intending to be present for this class himself. This is inappropriate.**

**A student who has dyslexia asked her support worker to read over the draft of an essay to advise on spelling and grammatical errors and organisational and structural issues. She did not ask for comments on content. This is appropriate.**

**Once he had taken handover from the nurses on the medical ward, a visually impaired student used his support worker to locate patient notes and to read particular extracts of these as he indicated. This is appropriate.**

**A student used her support worker as a model in practical sessions and never worked with the other students in the group. This is inappropriate.**

### **3. The role of the support worker**

A support worker's role is to enable a disabled student to gain improved access to the educational environment. Depending upon the student's requirements, the support worker can undertake a wide range of tasks. These could include:

- Reading/scanning material
- Retrieving information from resource centres/libraries
- Lip-speaking (specialist training needed)
- Signing (specialist training needed)
- Operating Palantype equipment: converting verbal information into text on a screen (specialist training needed)
- Note-taking in theoretical and practical sessions
- Accessing electronic information and exploring the internet (particularly if encountering inaccessible websites or PDF documents)
- Transferring/converting electronic information into different forms of media e.g. MP3, DAISY, digital memory stick
- Describing diagrams
- Describing the physical environment
- Describing specific practical techniques (may need some training)
- Driving
- Guiding
- Acting as an escort: providing assistance in getting around the local environment
- Carrying out instructions given by the student.

**A member of academic staff placed two articles on the University's VLE in PDF format; these formed the basis for an assessment involving a critique of research methods. A student was unable to access these articles as they were not compatible with assistive software and the publisher's security settings prevented them from being saved in Word format. The support worker printed off the articles, scanned them and used optical character recognition (OCR) to convert them into Word format. After proof reading, the articles were sent to the student who was then able to use assistive technology to examine and analyse the text.**

It is important to identify which tasks remain difficult or impossible for the student to perform after having received training on appropriate assistive technology and available support systems. The most effective way in which these barriers to learning may be overcome could be by the employment of a support worker.

In the example given above, it is important for both academic and clinical staff to remember that this process takes longer and so it is crucial that materials are either presented in an accessible form at source or that plenty of time is allowed for this type of conversion to take place. Under the DED it would be seen as reasonable to allow a disabled student who needs this kind of support to have access to the materials before they are issued to other students. Alternatively, and in accordance with inclusive practice, the material could be provided in advance for all students.



- **Do you always check the access requirements of your students when putting material onto your University's VLE?**
- **Do you build in extra time for conversion?**
- **Do you ensure that all of your materials are as accessible as possible and compatible for use with assistive technology?**

## 4. Factors to be considered

To a great extent, the student's particular impairment will be a factor in identifying her/his specific access requirements which will, in turn, determine the kind of activities that the support worker will be asked to undertake.

### 4.1 Accessing visual information

As for non-disabled people there is no single solution which will effectively meet all the reading requirements of a disabled person. Changing fonts, enlarging text, using electronic or hand-held magnifiers, internet, scanners with optical character recognition (OCR) software, speech output, assistive software (such as Inspiration or Read and Write), Braille and other tactile systems may well be essential for a student's study programme. There may be other tasks, however, which can be more efficiently undertaken by a support worker:

- Reading hand written material; this often poses a challenge. At present there is little technology available which can overcome this barrier. Enlargement does not make handwriting easier to read and this option is of no help to someone who cannot access text visually. In this instance, therefore, a support worker is likely to be the only solution.
- Accessing PDF files; it should be assumed that this file format remains essentially inaccessible. Support workers are able to convert .pdfs into accessible formats on behalf of some students who are unable to undertake this task due to their impairment. As noted above this process takes longer.
- Accessing PowerPoint slides; whilst many lecturers place their presentations in advance on University VLEs, they do not always realise that these files may be inaccessible. In this case, a support worker can convert the slides into Word or into another accessible format.

(NB best inclusive practice would be for all materials placed on VLEs to be originally created in accessible formats).

- Reading reference or background material; it is rarely the case that any student needs to read everything. It is important to be selective in order to use time efficiently. A support worker can read selectively, skip through documentation to give an overview or find areas of particular interest. The following tasks can be effective methods of enhancing disabled students' access to text:
  - o Reading verbatim (if absolutely necessary)
  - o Skim reading documents
  - o Locating relevant sections of articles/books/websites
  - o Locating relevant articles/books in learning resource centres
  - o Carrying out online literature searches
  - o Reading research material selected by student (possibly digitally recorded for future reference)
  - o Reading documents that cannot be electronically scanned, such as tables, overprinted material, coloured text or text in complex layouts
  - o Finding relevant information in files/patient records and reading these
  - o Describing diagrams, X-rays, photographs or graphical representations
  - o Providing information and sorting papers
  - o Paper filing
  - o Enlarging text on a photocopier
  - o Processing documents with a scanner
  - o Converting .pdf files to accessible formats
  - o Converting text into Braille
  - o Converting materials into accessible formats and storing in portable form e.g. on to a digital memory stick.

**A student has a visual impairment. To enable her to make a successful start on the programme and be able to participate fully, she needed programme books and materials to be sent in advance. She was able to have an assistant for a set number of hours a week who helped with scanning materials into accessible formats and with reading texts aloud.**



- **Do you provide guided reading for your students?**

**Whilst it is acknowledged that students need to develop the ability to research and explore literature for their own personal development, there will be areas of the programme where an indication of specific reading materials would be appropriate. This would be a reasonable adjustment for disabled students (allowing extra time to access the material via a support worker) or if provided for all students would be more inclusive practice.**

## 4.2 Accessing and producing visual information

A student's study programme may involve completion of documentation by hand, giving presentations or the use of equipment or computer systems which cannot be made accessible (such as electronic patient record systems in the NHS). A support worker could:

- Complete writing tasks
- Complete documents and forms by hand
- Act as a note-taker in theoretical/practical sessions
- Read from or use computer systems which cannot be made accessible
- Assist in the preparation and delivery of presentations (eg: using PowerPoint/reading from/writing on flip-charts)
- Provide observation, for example, in academic, practice or social settings
- Under the student's direction, locate and assist in the set up of equipment in practical or practice settings.

## 4.3 Accessing auditory information

Some Deaf and hard of hearing students can access the auditory environment via a hearing device (hearing aid(s) or cochlear implant) or by lip reading (although this has limitations as it is very tiring and whilst the student is observing the speaker's lips s/he cannot look at a screen or practical demonstration). Other students will need auditory information to be converted into a visual form. In this context, the role of a support worker becomes that of a general communicator and could include tasks such as:

- Lip-speaking (in class or when communicating with clinical colleagues and patients)
- Signing (as above)
- Providing an accessible commentary for visual presentations such as DVDs (if a written transcript is not available)
- Operating Palantype equipment (converting verbal information into text on a screen)
- Providing access to websites which have no explanatory text attached to visual materials
- Answering and making telephone calls
- Describing the auditory environment
- Note taking in theoretical/practical sessions

Obviously training would be required or a specialist support worker needed for some of these tasks.

**A Deaf student had a full time lip speaker whilst on practice placement. Although he was able to lip read, the multiethnic patient population meant that many individuals had unusual lip movement patterns which made understanding difficult. The lip speaker facilitated faster and more effective communication during assessment and treatment sessions.**

#### 4. 4 Travel and attendance at meetings/events

When travelling, especially in remote or unfamiliar areas, it may not be practical or safe for some disabled students to undertake the journey without assistance.

A support worker could:

- Provide additional support during orientation and mobility sessions
- Act as a guide for travel to meetings or on unfamiliar journeys
- Guide the student at meetings or conferences
- Identify and/or introduce the student to key people
- In exceptional circumstances and with the specific agreement of the support worker, act as a driver if the student needs to travel where public transport is inadequate.

### 5. Working relationship with the support worker

It is essential that the relationship between the student and the support worker is conducted on a professional basis. It is equally important that the student should take and retain overall control. It is best practice for the student to have regular support workers in order that good working relationships can be established. In reality, however, it must be acknowledged that this is not always the case and some students have unsatisfactory experiences. For example: many different support workers being allocated to one person, not all of whom necessarily act in a reliable or professional manner. This can add extra stress, particularly if these problems occur whilst the student is working in the practice setting.

It is important to be aware of various issues that may have a bearing on the quality of the relationship between the student and the support worker. This could include such factors as the person's voice and general behaviour as well as her/his availability and ability to adopt a flexible approach. Ideally, during negotiation of the role of the support worker, factors such as temperament and preferred ways of working should be considered. If the student has an assistance dog, it is important to ascertain that the support worker does not have any allergies and that s/he understands the nature of the interaction between the student and the dog.

If a support worker is employed in the practice setting, it is essential that s/he is aware of the importance of issues such as time keeping, professional behaviour and patient confidentiality. Depending upon the support worker's level of experience, the student may need to take on the responsibility of ensuring that s/he clearly understands these elements of the role.

### 6. Estimation of the time required with the support worker

- It is important to estimate the number of hours for which the support worker will be required each week
- The assessment of study needs should provide the opportunity for discussion concerning this issue
- The time required often varies according to the student's study programme, particularly when practice placements are being undertaken
- It may be possible to estimate an average weekly time over a month
- 'Down time' needs to be considered i.e. when the support worker needs to be available, but is not working, for example between patient appointments.
- The student may need a higher level of support in the early stages of the academic/practice elements of the programme
- Support requirements should be reviewed at regular intervals throughout the programme and the support worker's hours adjusted accordingly.



**Prior to her first practice placement, a partially sighted student made the assumption that she would need a full time support worker when working on an orthopaedic ward. After a pre-placement visit and various discussions between the practice educator, student, university liaison tutor and disability support tutor, it was agreed that a much reduced input was more appropriate. In order to aid with familiarisation, the support worker would be employed for the first two days of the placement and then for two hours each morning to enable the student to access clinical notes and to locate patients.**

## **7. Other issues**

It is important to remember that the support worker's role is to assist disabled students to access the learning environment; responsibility for all decision-making relating to the study programme should remain firmly with each individual learner.

Ideally, the student should meet the support worker prior to the beginning of their working relationship in order to discuss roles and responsibilities. Unfortunately, this is not always possible or is not common practice in some universities which can cause problems.



- **Are you aware of your institution's policy and processes in relation to the allocation of support workers?**
- **You may need to liaise with the local Disability Service.**
- **If you know what is supposed to happen, you may be able to guide the disabled student more effectively particularly if s/he has never had a support worker before.**

Unless agreed in advance, all communication with other people should be initiated and undertaken by the student. Peers, academic and clinical staff should understand the nature and parameters of a support worker's role. It is the student's responsibility to communicate this to the relevant people with guidance and support from appropriate staff as necessary.

**At the beginning of the academic year, a visually impaired student undertook to introduce her support worker to her tutors and to give a brief explanation of the role. When undertaking a pre placement visit to her next practice setting, however, she requested that, in the first instance, her support worker should identify and introduce her to appropriate clinical staff because she believed that she would be unable to locate them easily.**



The above is an example of best practice. It is acknowledged, however, that many students do not take the trouble to introduce support workers to their tutors who are often puzzled by the presence of an unknown person in the room.

In some situations, the student will need to consider whether the presence of a support worker might be intrusive, for example, in practical or practice settings. It is important to balance the student's support requirements with the needs of others and with considerations relevant to the general situation.

**A Deaf student, who was a good lip-reader, was allocated a Spanish speaking patient who needed an interpreter. The interpreter, unfortunately, had a strong Spanish accent which affected the student's ability to lip read and, consequently, he needed to use the services of his lip speaker. He decided that it would be inappropriate to ask the patient to have yet another person present in the treatment cubicle and that the communication would be too slow and inefficient. As a result he negotiated with his practice educator that the Spanish patient should be allocated to another therapist and he took an alternative patient from the waiting list.**

## 8. Obtaining the services of a support worker

Support workers are obtained from a variety of sources. Local conditions vary and it may be necessary to explore a range of possibilities. Support workers have been employed from:

- Agencies linked to the university
- Students' academic peer group
- Students' social network
- Bank staff from the Trust/PCT in which the student has a placement
- Volunteers from external voluntary organisations off/for disabled people. These may provide recent graduates or people interested in going to university who want some experience of the educational environment. These would not generally be full time support workers but can supplement support already in place.
- In house volunteer schemes: possibly students themselves or recent graduates

Support workers can be employed via the university or agency or, directly, by students themselves.

### 8.1 Employed via institution/agency

Most university Disability Services now recommend that students obtain support workers employed by the institution (often via agencies). There are a number of advantages to this system as the institution takes responsibility for recruiting, managing and paying the support staff. If a support worker leaves, is absent or is proved to be unsuitable, the institution will make arrangements for a replacement. As the university and not the student, employs the support worker, this reduces the student's administrative duties. The student can find out whether the institution employs support workers by asking a Disability Adviser.

There are also private agencies that specialise in providing support workers and they act as the employer in the same way as the university. A well known example of a private agency is Randstad, who are the preferred provider for the Open University:



### Web link

[http://www.randstad.co.uk/candidates/Study\\_support\\_for\\_students\\_with\\_disabilities.aspx](http://www.randstad.co.uk/candidates/Study_support_for_students_with_disabilities.aspx)

If a student requires a specialist support worker such as a sign language interpreter, contact may need to be made with a specialist agency; the university may, however, undertake this on the student's behalf. Social services or local organisations (e.g. dyslexia organisations) may hold registers of qualified individuals.

## 8.2 Employed directly by student

If students decide to employ their own support workers, they have total control over who assists them in their studies. They can also set standards and procedures for the way in which they want the support to function.

Operating their own personal assistance, however, involves a great deal of organisation and it is recommended that wherever possible, students use support workers employed by the institution. If they do choose to employ their own support workers, however, students must be able to explain their requirements and take on the responsibility of being an employer.

As a minimum, the following steps would need to be taken:

- Researching sources of support workers
- Preparation of job description
- Advertising
- Interviewing
- Checking references
- Work agreements – there is a legal requirement to provide a contract of employment
- Discussion of specific duties.



### Web links

Information on employment paperwork can be found at: <http://www.businesslink.gov.uk/>

Information on employment contracts for employees on can be found at: <http://www.direct.gov.uk/en/Employment/Employees/EmploymentContractsAndConditions/index.htm>

It is important for responsibilities to be agreed such as advising of cancellations and the notice period acceptable to both student and employee. The student must have a back-up plan in case of last minute cancellations. For example, if the student is suddenly unable to attend a particular session, the support worker could incur unnecessary travel, childcare and other costs. If the support worker is unwell, the

student may need to use an alternative method such as recording a lecture. The support worker would then word process the notes once back at work to ensure continuity of support.

## 9. Record keeping

It is essential that accurate and complete records are maintained at all times. This should include a record of the student's specific requirements, the negotiated role of the support worker, any modifications made to support arrangements and the codes of practice agreed to by both the student and the support worker. It is also important to keep comprehensive records regarding the times that the support worker is used by the student and of payments made.

This would be most important if the student chooses to employ the support worker directly.

## 10. Training

It is important for support workers to undertake some training to enable them to carry out their role effectively. This may include health and safety elements and possibly some disability-related training. If they are employed via the institution or an agency, this training is usually provided in house. If, however, the student employs the support worker directly, this could have financial implications as fees for training are not covered by the DSA.

If the student has to undertake what may be regarded as unusual activities as part of the study programme, more specific training may be required. In the case of physiotherapy programmes, support workers will need to be familiar with a student's requirements in relation to practical and practice elements of which they may not have had previous experience.

Possible sources of training might include:

- Informal: on the job
- Formal:
  - Student
  - Academic staff
  - Practice educators
  - Disability Service personnel
  - RNIB's AHP Support Service.

## 11. Reviews

In the interests of maintaining high quality standards, it is important that regular reviews of support services are undertaken and that the evaluation process should involve both the student and the support worker.

Specific times should be identified and allocated for the completion of such reviews. These could be carried out by the student on an informal basis and more formally by the local Disability Services/Access Centre as appropriate. Academic and clinical staff may need to be involved in some of the discussions. Following each review, it will be essential to agree future strategies and implement modifications to the support programme as appropriate. A record of such agreements should be kept and used as a reference point at future reviews.

## 12. Support workers and practice placements

There are a number of students who will require a support worker to enable them to participate fully in the practice environment. The general principles outlined above will, of course, apply; there are, however, some specific, work-related issues that should be addressed. It is worth emphasising that disabled students' support requirements are likely to vary according to the environment in which they are required to operate. There are significant differences between the academic/university environment and that of a work-based practice placement. Given that students are required to undertake their practice education in a variety of practice settings, the local conditions in every placement will differ and so each will present new challenges to disabled students in terms of their access requirements. The constant need to address these issues during an undergraduate programme is extremely stressful and it is helpful if academic and clinical staff are aware of the impact of this stress on a disabled student's general performance.

### 12.1 The role of a support worker in the practice setting

The role of a support worker is to:

- Provide the interface between the student and the practice environment.
- Enable the student to gain full access to the practice setting, remembering at all times that the student retains control of the work being undertaken and over decisions relating to the nature of the support provided.
- Enable the student to gain improved access to the environment in general and being prepared to undertake a wide range of tasks which could include: reading, guiding, communication or describing the physical environment.
- Depending on local arrangements and regulations relating to confidentiality of patient-related information, a support worker can be used to provide specific assistance in the practice environment. For example to:
  - o Act as guide within the hospital site until the student gains self-confidence and independence
  - o Describe the visual and/or auditory environment, including equipment, until the student becomes familiar with the surroundings
  - o Provide access to information such as medical notes, charts, and X-Rays
  - o Describe the visual and/or auditory aspects of a patient's physical condition to enable the student to work towards making a clinical diagnosis
  - o Act as a note-taker
  - o Act as a lip-speaker
  - o Act as a sign language interpreter
  - o Make and receive telephone calls
  - o Observe and provide verbal and/or visual feedback on the demonstration of practical techniques
  - o Provide access to equipment (e.g. monitors and therapeutic machines)
  - o Locate and transport equipment and other items from one practice area to another.

Obviously, for a person who has not been in the practice area before, some tasks might require initial input from clinical staff to enable tasks to be performed effectively. It is important to note that there are limits to the role of the support worker and the student and the practice educator need to be aware of these limitations.

## 12. 2 Obtaining the services of a support worker in the practice setting

- The mechanisms for this vary from place to place. As noted above, many universities employ individuals who can act as support workers for students. Some of these personnel may be available for work based placements. The student should have investigated this possibility well in advance of the placement.
- Some hospitals/practice settings have members of staff who may be able to act in this capacity or who work part time and may be willing to come in for extra hours.
- A key part of the process is for the practice educator (or manager) to identify a member of staff in the Trust's Human Resources Department who can facilitate the process.
- Different Trusts seem to have different systems for accepting support workers onto the premises. Many require such personnel to sign honorary contracts with the Trust to enable them to work with the student in the presence of patients. This is a common procedure although some Trusts/PCTs do erect unnecessary barriers to students being accompanied by support workers.

**One NHS Trust demanded that in order to be allowed to assist a student on placement, a support worker had to produce a curriculum vitae, two references, a CRB check and to undertake in-house training. This created a major barrier and meant that the student had no alternative but to manage the placement without support (other than that which could be provided by the practice educator). This could be seen as discriminatory practice; it certainly was a barrier to full participation and placed considerable additional strain on both the student and the clinician.**

- If a member of staff can be identified who is willing to act as a support worker and is already in post at the Trust, many of the above issues do not arise.

## 13. Example of a Code of Practice for individuals using support workers

Support workers are expected to agree to certain terms and conditions in relation to their employment (see attached document). These terms and conditions have been drawn up to protect both students and the support worker and to ensure that the support provided is appropriate.

Students who wish to use a support worker are, however, also expected to abide by the following Code of Practice:

### **Students should:**

- Keep all information between themselves and the support worker with whom they work strictly confidential.
- Respect professional boundaries and maintain a professional relationship with their support worker at all times i.e. do not enter into inappropriate personal relationships with the support worker.
- Arrive promptly at the agreed location for their sessions with the support worker.
- Read their emails regularly as this is the main method by which the academic staff and members of the Disability Service communicate with students and support

workers.

- Advise the local Disability Service if they have any concerns about the nature and quality of the assistance provided by their support worker.
- Not ask their support worker to attend classes or other sessions at which they are not going to be present or expect him/her to remain after they leave a class, unless prior arrangements have been made with the local Disability Service.
- Inform the local Disability Service if their Support worker fails to turn up for 3 consecutive appointments.
- Inform the support worker at least one day in advance if they are unable to attend a support session otherwise they may be charged accordingly.
- Not ask their support worker to exceed the hours specified in the contract or ask for any significant changes to the nature and/or location of the work without the agreement of the Disability Service.
- Not divulge any confidential information about their support worker to any other party without the support worker's agreement.
- Not abuse the system by making requests for inappropriate support.
- Ensure that they check and sign their support worker's timesheet before it is passed to the local Disability Service for processing.

### 13.1 Guidelines

You will be given a contact number for the support worker in order that you can make arrangements to meet with her/him. Please respect the confidential nature of this information.

The support worker will not ask the lecturer any questions on your behalf unless an agreement has been made beforehand.

It is your responsibility to inform the lecturer if your support worker is having difficulty in keeping up with the class. You should ask her/him to slow down or for clarification.

### 13.2 Working with academic/clinical staff

- You should take the responsibility for informing the academic and clinical staff that you will be employing a support worker and explain briefly the nature of her/his role relating to the type of support you require.
- If you are new to employing a support worker and feel that you need guidance/support in communicating this role, someone from the Disability Service should be able to assist you.
- You should also inform the academic and clinical staff that the support worker will require copies of any handouts, PowerPoint presentations and any other resources in advance of teaching sessions (if these are not already available electronically for all students).
- You are entitled to ask for these resources at the beginning of the session, or if these are not available, request a meeting with the member of staff at the end of the session to discuss any areas requiring clarification.
- If you have difficulty with any of the above, please refer to the local Disability Service or subject area Disability tutor as soon as possible after any incident. The Disability Service may review or withdraw support from a student who does not abide by the above Code of Practice.



## 14. Example of a Code of Practice for individuals contracted to act as support workers

As a professional working for students enrolled at the university, it is important that you adhere to the following Code of Practice which has been drawn up to reflect your professional status and to guarantee that appropriate respect for all parties involved is maintained at all times. This code is designed to protect the student and the support worker and to ensure that the support provided is appropriate.

### You should:

- Keep all information between yourself and the student(s) with whom you work strictly confidential
- Not divulge any confidential information about your student to any other party without the agreement of the student, unless there is justifiable concern regarding the personal safety of the student and then only to appropriate professional agencies
- Dress and conduct yourself appropriately in all situations (this is particularly important in practical and practice situations) and remember to wear your identity badge
- Respect professional boundaries and maintain a professional relationship with the student at all times i.e. do not enter into inappropriate personal relationships with the student
- Arrive promptly at the agreed location and be prepared for your sessions with the student
- Convey faithfully the subject, content and spirit of the learning or practice episode. Support workers are responsible for communicating information accurately and should endeavour not to make too many omissions
- Complete the session to the satisfaction of the student within the pre-agreed time
- Provide the notes taken in the student's preferred format within the pre-agreed time frame
- Not give advice or offer personal opinions in any teaching situation
- Not function in any situation where your impartiality could be questioned
- Practise in situations where you have skill, experience and competence to do so
- Maintain accurate, self-signed timesheets of the nature and amount of support provided to the student. This timesheet should also be countersigned by the student before being passed to the local Disability Service for processing

### 14.1 Guidelines

- You will be given a contact number for the student(s) you will be supporting in order that you can make arrangements to meet with them. Please respect the confidential nature of this information.
- Read your emails regularly as this is the main method by which the Disability Service communicates with support workers
- Wait for up to twenty minutes for the student to arrive at the assignment (lecture/seminar). After this time, you are at liberty to leave if the student does not appear and you have not received any communication from or about her/him.
- Do not take notes if the student is not present or before the student has arrived, unless prior arrangements have been made with the local Disability Service.
- Do not take notes if the student leaves the room.
- Please inform the local Disability Service if a student you are booked to support

- 
- fails to turn up for 3 consecutive appointments in the same subject area.
- Do not ask the lecturer any questions on the student's behalf unless an agreement has been made between you and the student beforehand.
  - Inform the student if you are having difficulty in keeping up with the lecturer. It is the student's responsibility to convey this information to the lecturer and to ask her/him to slow down or for clarification of the subject. If you need to do this on the student's behalf, you should obtain the student's agreement beforehand.

If you have any difficulties relating to the way in which the sessions have been organised, please, in the first instant, discuss this with the student. S/he should be encouraged to inform the local Disability Service of any difficulties which you may be experiencing.

#### **14. 2 Absence**

- Inform the Service Co-ordinator of any planned absences at least one week in advance.
- In the event of sickness, please inform the Disability Service/agency with the maximum possible notice.
- Absences during term time due to holidays are not permitted.

#### **14. 3 Working with academic/clinical staff**

Academic/clinical staff should have been briefed that they have a student who will be employing a support worker. It is not your responsibility to do this.

Similarly they should have been informed that the student employing the support worker will require copies of any handouts, Power Point presentations and any other resources in advance of teaching sessions for her/his support workers (if these are not already available electronically for all students).

You are entitled to ask for these resources at the beginning of the session, or if these are not available request that you can meet with the lecturer at the end of the lecture to discuss any areas requiring clarification.

If you have any difficulty with any of the above, please refer to the local Disability Service or subject area disability tutor as soon as possible after any incident.





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The Chartered Society of Physiotherapy is the professional, educational and trade union body for the United Kingdom's 49,000 chartered physiotherapists, physiotherapy students and assistants



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