



Understanding Disability - a good practice guide

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Understanding Disability

- a good practice guide

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Acknowledgement

This document has been compiled using information supplied by a range of sources. For a full list, please refer to appendix 2; Source List.

1. Models of Disability

There are 2 main models of disability: the **Medical Model** and the **Social Model**.

The Medical Model

Under the Medical Model, disabled people are defined by their illness or medical condition. The Medical Model regards disability as an individual problem. It promotes the view of a disabled person as dependent and needing to be cured or cared for, and justifies the way in which disabled people have been systematically excluded from society. The disabled person is the problem, not society. Control resides firmly with professionals; choices for the individual are limited to the options provided and approved by the 'helping' expert.

The Medical Model is best summarised by referring to the International Classification of Impairments, Disabilities and Handicaps developed by the World Health Organisation in 1980. The classification makes the following distinctions:

Impairment is 'any loss or abnormality of psychological, physiological or anatomical structure or function'.

Disability is 'any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being'.

Diagram of Medical Model



The Medical Model focuses on what a person can't do:

Impairment	Disability
A wheelchair user	cannot climb the stairs or walk to the shops
A partially sighted person	cannot read information in 'standard' size print
A person with an acquired brain injury	cannot speak as quickly as other people

People with disabilities have generally rejected this model. They say it has led to their low self esteem, undeveloped life skills, poor education and consequent high unemployment levels. Above all, they have recognised that the Medical Model requires the breaking of natural relationships with their families, communities and society as a whole.

The Social Model

During the 1960's and 1970's newly formed groups of disabled people started to challenge the way in which they were treated and regarded within society. Alternative definitions of impairment and disability were developed and formed the basis of what is known as the Social Model.

Impairment is the functional limitation within the individual caused by physical, mental or sensory impairment.

Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. (Barnes, 1994:2)

Disability is no longer seen as an individual problem but as a social issue caused by policies, practices, attitudes and/or the environment. For example, a wheelchair user may have a physical impairment but it is the absence of a ramp that prevents them from accessing a building. In other words, the disabling factor is the inaccessible environment.

The disabled people's movement believes the 'cure' to the problem of disability lies in the restructuring of society. Unlike medically based 'cures', that focus on individuals and their impairment, this is an achievable goal and to the benefit of everyone. This approach suggests that disabled people's individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as sexism, racism or homophobia.

The social model focuses on ridding society of barriers, rather than relying on 'curing' people who have impairments:



The Medical Model vs. the Social Model:

Medical Model	Social Model
Disability is a 'personal tragedy'	Disability is the experience of social oppression
Disability is a personal problem	Disability is a social problem
Medicalisation is the 'cure'	Self help groups and systems benefit disabled people enormously
Professional dominance	Individual and collective responsibility
Expertise is held by the (qualified) professionals	Expertise is the experience of disabled people
The disabled person must adjust	The disabled person should receive affirmation
'The Disabled' have an individual identity	Disabled people have a collective identity
Disabled people need care	Disabled people need rights
Professionals are in control	Disabled people should make their own choices
Disability is a policy issue	Disability is a political issue
Individual adaptations	Social change

People with disabilities represent at least 16% of the overall EU working age population.

European Communities, 2007.

2. Disability Legislation in the EU

European Policy on Disability and the Position of People with Disabilities

A Commitment to the Social Model

The European Union policy on disability is built on an explicit commitment to the social model of disability. As stated by the Head of the European Commission's Unit on the Integration of People with Disabilities:

The EU perceives disability as the result of the dynamic interaction between a person and their environment, including social constructions, which lead to discrimination and stigmatisation. It is therefore the environment that should be adapted to each individual person, including people with disabilities, by removing these barriers. (Goelen. 2005)

This, in turn, leads to a commitment to an approach based on the rights of the disabled person.

Disability is a right-based issue, discrimination should be eliminated. Disability policies should follow a socially inclusive and individualised approach: rights have to be supplemented by actions, which provide access to rights, that is to say with equal opportunities (Goelen 2005).

The Legal Basis

The legal basis for EU action in this area is provided by Article 13 of the European Treaty, dating from 1999, which permits the European Council to 'take appropriate action to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age and sexual orientation' (Goelen 2005). It has been expressed in a variety of forms, such as the Charter of Fundamental Rights and, for example, in the Commission communication 'Towards a barrier free Europe for people with disabilities' (European Commission 2000a).

Action against Discrimination

The European Commission Directive against discrimination on the grounds of religion or belief, disability, age or sexual orientation (European Commission 2000b) prohibits discrimination by setting a minimum standard which applies across the European Union. National laws determine the exact form of implementation and member states can impose more demanding requirements if they wish, but this Directive sets a common base level.

The Directive (paralleling the UK Disability Discrimination Act) requires employers (and training providers) to provide 'reasonable accommodations' to meet the needs of disabled people. So the obligation on employers and training providers is not absolute: for example, they are not required to pay costs beyond those that the business could stand, or accept severe disruption to overall training programmes. The Directive makes the correct assumption that most adjustments require only small-scale changes and that the requirement to make 'reasonable accommodations' will therefore considerably improve the labour-market position of disabled people.

In principle, existing member states of the European Union should have had anti-discrimination laws in place by December 2003, but in practice they were given the possibility of requesting an extension to this period until December

2006. Member states joining in 2004 were required to have such legislation as a requirement for accession and Bulgaria and Romania will have faced the same requirements on accession in 2007.

Member states that fail to meet their obligations can be taken to the European Court of Justice by the European Commission. An individual who is unable to gain redress because a national government had failed to introduce legislation would have to seek compensation from that government. This whole, multi-stage, process can be expected to take some years to work through to the status of practical policy in all member states.

Implications for Education and Training

The EU Disability Strategy emphasises equal access to quality education and lifelong learning. These two areas enable disabled people to participate fully in society and improve their quality of life. Providers of vocational training and general adult education face equivalent obligations to those of employers in terms of avoiding direct and indirect discrimination.

For further information on the European Disability Strategy go to:

http://ec.europa.eu/employment_social/disability/index_en.html

On average only 50% of Europeans with a disability have a job, as compared with over 68% of non-disabled people.

European Communities; 2007.

3. Disability Legislation in the UK

Disability Discrimination Act (DDA)

The Disability Discrimination Act (DDA) 1995 addresses the discrimination that disabled people face in a range of different settings, and it is made up of eight parts.

Particularly relevant to education are:

- Part 1 of the DDA, which contains the definition of disability used throughout the DDA
- Part 2, which relates to employment
- Part 3, relating to access to goods, services and facilities. Student Unions are covered by this part of the DDA, as are services offered by Education Providers to the public, such as conference and sports facilities
- Part 4, which relates to education.

Definition of Disability

The Disability Discrimination Act 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.

The DDA 1995, as amended

There are now four types of discrimination against disabled students that are unlawful:

1. Direct discrimination

Direct discrimination applies where a student is treated less favourably solely by reason of their disability; for example, if a person with a visual impairment is refused a place on an IT course, because it is assumed that they will be unable to complete the course because they cannot see, this would be direct discrimination. Direct discrimination can never be justified.

2. Failure to make reasonable adjustments

The duty to make reasonable adjustments applies where a disabled person is placed at a substantial disadvantage in comparison with people who are not disabled. In these circumstances, the Education Provider must make reasonable adjustments, to remove that disadvantage. What is, and is not reasonable depends on all the circumstances, however, it is an important element of the Duty to make anticipatory adjustments. This means that Education Providers must think ahead about the type of adjustments that they may need to make to include students with a range of impairments, even before they know which disabled students are applying for admission to any course.

3. Disability related discrimination

Disability related discrimination applies where a student is treated less favourably because of a reason related to their disability. For example, if a student who uses crutches were refused a site visit because of concerns about safety. The refusal was not directly due to the impairment itself, but due to concerns about safety, which related to the impairment. Whether or not this disability related discrimination is lawful depends on whether or not it can be justified.

4. Victimisation

Victimisation occurs where a person is treated less favourably as a result of having brought proceedings, given evidence or made an allegation of unlawful discrimination.

The Disability Discrimination Act (DDA) 2005 and the Disability Equality Duty (DED)

The Disability Discrimination Act (DDA) 2005 amended the DDA 1995 and introduced a new Disability Equality Duty (DED). The DED requires public bodies to be proactive in ensuring that disabled people are treated fairly and equally, and that the opportunities available to disabled students, and their achievements, are equal to those of non-disabled students. This radical piece of legislation is about equality of outcome, as well as inclusion.

The introduction of the Duty reflects the government's desire for the public sector to act as an exemplar of inclusive practice and to contribute in a demonstrable way to a more inclusive society. Within the public sector, Education Providers have the potential to make a considerable contribution towards achieving these aims, while at the same time advancing and enhancing their own image and reputation.

For further information on the Disability Discrimination Act (2005) go to:

http://www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1

4. Prejudice & Stereotypes

A **stereotype** is a simplified and/or standardised conception or image, often held in common by people about another group. Stereotypes may be positive or negative in tone and are typically generalisations based on minimal or limited knowledge about a group of people. Such oversimplified conceptions, opinions, or images, are based on the assumption that there are attributes that members of the other group hold in common. Stereotypes are not only harmful in their own right; they do damage by fostering **prejudice** and **discrimination**. Prejudice is not merely a statement of opinion or belief, but an attitude that includes feelings such as contempt, dislike or loathing. Discrimination occurs when a person is treated less favourably than someone else; the treatment cannot be justified and is a direct result of their prejudice.

Historically, people with disabilities have been stereotyped in many different ways. Some of the stereotypes used to label people with disabilities persist in the mind of the public today. Incomplete information, mistaken perceptions, isolation and segregation have perpetuated many of these stereotypes. Viewing a person with a disability or groups of persons with disabilities according to stereotypes limits what we expect of them and how we respond to them.

Some stereotypes of disabled people portray them as being:

- pitiable and pathetic
- sinister or evil
- tragic but brave
- laughable/the butt of jokes
- aggressive/have a chip on their shoulder
- burdens/outcasts
- non-sexual
- incapable of fully participating in everyday life

Disabled people are often still portrayed in the media in ways that tend to reinforce negative stereotypes. For example, the evil Dr No with 2 prosthetic hands in the James Bond film; the pitiful and tragic 'cripple' Tiny Tim in Charles Dickens's A Christmas Carol; Dustin Hoffman's character with autism in Rainman who was a burden on his brother; the 'freakish' Quasimodo who was cast out from society in the Hunchback of Notre Dame. Such stereotypes are disempowering and demeaning and consider the disability to be the defining characteristic rather than recognising the individual themselves.

Overcoming Prejudice

Educational communities provide an important opportunity to challenge these negative assumptions at an institutional level and to develop a culture that is inclusive while recognising and valuing diversity.

Disabled people are as diverse as non-disabled people. Attaching a label such as 'blind' or 'agoraphobic' to a group of people does not mean that they are all the same, any more than suggesting that all brown-eyed people are alike.

Assumptions should not be made about the impact of a student's condition on their learning, but they should be asked if assistance is needed to learn, and whether or not they want their fellow students to be made aware of their needs from the outset, allowing everyone to adjust their behaviour at the start.

Terminology and language are also very important. They have changed over the years and disabled people themselves sometimes disagree on which terminology is acceptable. In Section 5 there is a guide on currently acceptable terminology.

During an eight-week monitoring period, national newspapers in the UK used the following words to describe disabled people: 'freak' 10 times; 'cripple' 20 times; 'moron' once; 'handicap' 34 times; 'psychos' twice and 'sufferer' 45 times.

Scope (2000) Stop Press: How the press portrays disabled people in the UK

5. Disability Etiquette

Terminology is important, because words reflect our attitudes and beliefs. However, some of the terms we tend to use may not reflect how some disabled people see themselves. Using the right words matters. This is not about 'political correctness' but using wording and language which disabled people and disabled people's organisations, who work to promote the social model of disability, find acceptable.

Disabled people are quite naturally sensitive to the negative connotations of some expressions. Language conveys powerful messages and can lead to inaccurate labelling that dehumanises or belittles. It is helpful to observe care in one's choice of words and to encourage all students to be sensitive to their use of language too. The list below is dynamic and changes in response to the suggestions and beliefs of disabled individuals:

Use the following terms:

- disabled people
- non disabled people
- blind
- partially sighted
- Deaf (note the capital D)
- hearing impaired
- partially Deaf
- Deaf people who use sign language
- mental health difficulties
- wheelchair users
- Specific Learning Difficulties (SpLD)

Do not use the following terms:

- handicapped people
- spastic
- any word ending in "...ic" which replaces the identify of the individual e.g. "the epileptic"
- ESN (Educationally Subnormal)
- EBD (Emotionally and Behaviourally Disturbed)
- cripples
- wheelchair bound

- a victim of...
- suffering from...
- deformed
- retarded
- invalid
- dumb
- the special needs child/student

Common Courtesies

- Avoid attaching labels to people with or without impairments. Do not make assumptions about the presence or absence of impairment; some people have hidden disabilities such as epilepsy or asthma. Medical labels are undesirable and misleading as no two people are alike. Medical labels say nothing about the individual and tend to reinforce stereotypes of disabled people as *patients*, powerless and wholly dependent on the medical profession.
- It is dehumanising to talk of people in terms of a condition. Do not talk about *a dyslexic* or *an epileptic* - it is far preferable to say *he has dyslexia/ she has epilepsy*.
- Do not use the word *disabled* as a noun (*the disabled*), it implies a homogenous group separate from the rest of society. Everyone is an individual; people with disabilities do not constitute a group apart.
- Treat adults in a manner befitting adults, do not patronise.
- Do offer assistance to a disabled person, but wait until your offer has been accepted before you help. Do not assume that you know the best way of helping, listen to any instructions.
- Do not be embarrassed about using common expressions such as *I see what you mean* which may relate to a person's impairment.
- Make eye contact and talk directly to the disabled person rather than through a companion.
- Make appropriate physical contact with disabled people according to the situation in the same way you would with anyone else.

5.1 Students with Physical Disabilities

It is important to note that physical disability does not affect intellectual capacity or the ability to process information. Speech difficulties and physical limitations are usually the result of a loss of motor control - thought processes are unaffected.

Some physical or medical disabilities can affect communication. For instance, an individual may take some time to finish a phrase or sentence and should be allowed to do so. He/she may not be comfortable with oral presentations because of the disability. As with all situations, it is best to discuss the matter with the student concerned and work out the most appropriate way to handle communication.

Over the course of a day a student with physical disabilities may have to expend considerably more time, thought and energy for activities of daily living than other students. Routes around campus for wheelchair users are often more circuitous than for non disabled people - it may be that they take more time to move between classes, or miss out on breaks because of the time taken to get from part of the campus to the dining room and back. As a result, students with disabilities may be far more prone to fatigue.

Etiquette:

- Do not use the expression “wheelchair bound”, a wheelchair is a source of enablement and freedom for those who have a mobility problem. Use the expression “wheelchair user” instead.
- Leaning on a wheelchair is similar to leaning on a person and is considered annoying. The chair is part of its user’s personal body space.
- Do not touch or remove a person’s mobility aid for example, crutches, without the person’s consent.
- When talking to a person in a wheelchair try to put yourself at their level - sit rather than stand. However, try to avoid crouching down as this can appear patronising.
- Do not grab the back of a person’s wheelchair to push them along. Wheelchair users can get around under their own power, however, if they need to overcome some obstacle, they may ask for assistance.

Enabling Strategies:

- Provide sufficient time to discuss needs with the student before/during the initial session.
- Allow sufficient time for the student to get from one place to another.
- Check that the teaching rooms are accessible. Check that seating arrangements allow access to wheelchair users - also the route into the room. Check for heavy doors and kerbs. How much of the journey is outside the building? Will extra time be needed if it rains?
- Ensure notices posted on noticeboards are in locations to which the wheelchair user has access.

- Check the need for equipment; check the need for a specially reserved space in the room or near the room? Will a particular form of seating be required?
- Examination arrangements: will the student require more time or an amanuensis?

5.2 *Students who are Blind or Partially Sighted*

It is important to think about how much vision a student has when considering course material and its presentation. Some people have blurred vision, or cannot judge distances and speed, or are unable to distinguish between objects that have similar colour or shape. Others may be able to see things that are very close but little that is in the middle or far distance, while others have a restricted range of vision (e.g. tunnel vision). Most people who have a visual impairment have some useful sight, only a very small proportion (approximately 4%) have no sight at all.

Most people use sight as their primary source of gathering information, not only for reading and writing but also for social interaction and practical everyday activities. Though being blind can place a student at a significant educational disadvantage, many students successfully complete degree courses and go on to hold responsible jobs.

Not all blind and partially sighted people use a white cane, read Braille, or have a guide dog. A student may be considered legally blind in order to access the help of special learning/living aids.

Hearing and listening play a central role in the learning process of students who are blind or partially sighted. It is important to remember that they will not be able to read body language or facial expressions, their interpretation of attitudes will rely on auditory cues such as pitch, tone, and volume of voice. If one absent-mindedly rustles papers or turns away whilst speaking, or fails to verbally acknowledge a point in the conversation, this may be interpreted as disinterest.

Etiquette:

- In casual encounters, identify yourself clearly and introduce others who are present including their relative position to you.
- Do not automatically assume that the person needs your help. When offering assistance to a blind person ask them directly what you need to do, but in general, offer them your arm. You should guide rather than lead or propel the person.
- When guiding someone, give clear instructions/descriptions, for example, "This is a step down" not merely "This is a step".
- When offering a seat, place the person's hand on the back or the arm of the chair and tell them what you have done.
- In group conversations refer to the person by name to cue them in to the discussion.
- Do not leave someone talking to an empty space. Tell them when you need to end the conversation or move away.
- In welcoming someone to a room they have not visited before, give a brief synopsis of its 'geography' (shape, size, window, doors) and contents (furniture, people).

- Speak to a guide dog owner if the stiff handle is lying along the dog's back - they may need assistance.
- Leave doors either fully open or fully closed.

Enabling Strategies:

- Most students have a preferred way of communicating using the recorded word, the most common being through large print, Braille/Moon, tape, digital recordings, through email, through texting, or a combination of these.
- Large print is material printed using large letters. A minimum of 14 point and preferable 16-18 point is recommended. It can be produced by photocopy enlargement or by producing larger print directly from the computer - the latter is preferable as the quality of the print is far better. However, many students find it difficult to scan large print and find their concentration is quickly depleted.
- Some students may use a CCTV (closed circuit TV) which throws an enlarged version of the page onto a screen. They may also find it useful to use a computer software package which enlarges print (for example, Microsoft Windows has Accessibility Options which allow changes to resolution, colour and size).
- Some students will need to use a tape or digital recorder to record classes/discussions. This means the student has to rely on auditory input which requires skills of concentration and memory, and practice. Also, it is more difficult to scan material and the student therefore has to be well organised.
- Some extremely enabling software packages have been developed recently with regard to voice recognition (for example, Dragon Dictate or ViaVoice (Mac) though these do require some training and practice. Also available is a voiced spellchecker, "Texthelp!"
- Some students may require the use of a note taker.
- Encourage people to sit where they can best hear/see (for those with some residual sight). Remember that if they have a guide dog it will need a break, too. Also, it is important to ensure that classmates understand that the dog is working and should not be petted or fed.
- Keep aisles and open spaces free from obstructions - check for protrusions at head height.
- Ensure that the lighting is good, small adjustments can make a huge difference. Requirements will differ from person to person; glare can be as problematic as deep shadow. Discuss individual requirements with the student. Small adjustments can make a huge difference and are generally inexpensive; for example, changing the wattage of a light bulb. Tutors should stand in a well lit place facing the students, but not with their backs to the window as the face would then be in shadow.
- Give precise instructions and thorough explanations. Students with visual impairments may not have had the breadth of experiences to

make the sort of closures to spoken communication that are available to sighted students.

- Exams, fieldwork and tests will require special arrangements. Students may need large print, a reader, an amanuensis, or special equipment such as a scanner or a PC and separate room. They may need to practise with such aids prior to the examinations.
- Be prepared to accept oral alternatives if written work is not essential. Can the student submit an assignment online?
- Read out loud everything that is written on Overhead projections or PowerPoint. Make sure that course and reading materials are available well in advance of the session - in extra large print (photocopy enlargement/increased font size) for those with some vision. Providing materials in advance will allow the student to make Braille/taped copies of the content.
- Some partially sighted students may adopt awkward body language/head positions when reading or writing - this is what works best for them.
- Provide booklists prior to the start of the course for those students who need to make arrangements to have them read onto tape or Brailled.

5.3 *Students who are Deaf or Hard of Hearing*

Students with hearing problems depend on their sight for information. Communication will be primarily visual, speech reading, lip reading or British Sign Language (BSL) or a form of English using BSL vocabulary called Sign Supported English (SSE). In some cases students will be able to use radio microphones and hearing aids. Bear in mind that some of the Deaf students' difficulties may be cross-cultural. The phonetically based English language and orthography is very different from BSL which is kinetically based.

Many Deaf and hard of hearing students use a hearing aid even when they use other forms of communication as well. These work by amplifying sound, but as all sounds are equally amplified, background noise could be problematic.

Etiquette:

- If you are with someone who can lip read (only 3 out of 10 words are visible on the lips):
 - look directly at them;
 - keep the normal speech rhythm but slow down slightly;
 - use facial expression, body language and gesture where appropriate;
 - keep your head fairly still when speaking;
 - ensure that your mouth is not hidden behind a hand, beard, or cigarette, and that you are not chewing.
- Do not make assumptions about the person's ability to communicate or the way in which they do it. Always ascertain which communication medium the person intends to use. If a sentence is unheard or misunderstood, as a last resort write it down.
- Ensure that there is sufficient light on your face when you are speaking.
- If a sign language interpreter is working with a Deaf person, always face and speak to the Deaf person.
- Remember that shouting does NOT help. Increased volume cannot compensate for an inability to access certain sound frequencies.
- When you wish to speak, make sure that you have the Deaf person's attention and they are looking at you. In order to attract their attention, use a gesture or a gentle touch on the shoulder.
- Try to keep background noise to a minimum for group work, consider booking an additional space.

Enabling Strategies:

- People who depend on their eyes to “hear” will not be able to take notes as well as lip read or watch an interpreter, so it is helpful to provide notes or arrange for copies from another student.
- Do not talk to the group with your back to them whilst writing on the board. Avoid walking about in the teaching room unless you can face the Deaf student as you speak.
- If you have a beard or moustache, keep it trimmed.
- Important announcements, key concepts and new technical words should be written on the board or given as a handout.
- Remember that unintelligible speech is not a reflection of intellectual ability or understanding. Encourage students to contribute to discussions. Be patient, friendly, and give time for communication to take place.
- Deaf students may well have difficulties with grammar. They may not be using their first language (BSL).
- Consider the best place for an interpreter to stand/sit so that they do not distract the rest of the group. Discuss this with the student.
- Some students may need to tape record the class, others may have a note taker or interpreter. Make time for an interpreter; be aware of time lags of interpretations, for example, when asking questions, to allow the Deaf person to answer. Allow short breaks in long sessions to give the interpreter a rest - interpreting is tiring work.
- Group work can be difficult for people who are Deaf as they do not know who is speaking and thus who to watch unless a sign language interpreter is present. Passing a microphone around can help, but students must be encouraged to indicate with a gesture, when they are speaking.
- If an interpreter is essential, the teacher/trainer will need to recognise that the pace of their delivery should be modified to accommodate this, and allow extra time for their delivery.

5.4 Students with Specific Learning Difficulties (SpLD - Dyslexia)

The experience of learning difficulties is specific to the individual and can be found in people of all levels of intelligence. A Specific Learning Difficulty (SpLD) may exhibit itself in a number of different ways, for example, in spelling, reading comprehension, reading speed, numeracy, organisational skills, concept of space/time, handwriting, or social skills. Stress exacerbates these difficulties and one of the most frustrating aspects for both the individual and their tutor can be the inconsistency in performance over time.

Etiquette:

- Avoid discussing the student's problems in front of other students - respect confidentiality.
- Be discreet; do not make an issue about students who need additional support.

Enabling Strategies:

- Some dyslexic students find the new voice recognition software (for example, Dragon Dictate or ViaVoice (Mac) extremely useful, though these require some training and practice. Also available is a voiced spellchecker, "Texthelp!" Check that students know of the availability of such technology.
- Use additional visual presentations such as PowerPoint, OHPs, diagrams, charts, mind maps.
- Provide concise, clear summaries of information/classes in verbal or written form whenever possible - give a mental map of the session.
- Try to ask questions in a straightforward way. Unnecessarily abstract or contrived language can be confusing. Provide handout lists of key concepts, specialist terms and technical jargon.
- Not being able to read is still associated in some people's minds with being unintelligent. There is a stigma attached to it, so be sensitive. Many students who have dyslexia have low self esteem and need positive reinforcements and encouragement.
- Allow the use of tape/digital recorders during classes/seminars for later transcription.
- Students with this kind of difficulty are not visibly disabled; indeed, some are affronted at the use of the term 'disabled' in relation to themselves. It is important that staff are sensitive to the needs of individuals who often receive little sympathy as there are no visible signs of their difficulties.

5.5 Students with Language and Speech Difficulties

Some students have difficulty communicating through speech. This may be the inability to articulate sounds, or a problem with understanding or putting thoughts into spoken or written words (dysphasia). The difficulty may not be immediately obvious as some people have quite good language in understanding or talking about concrete issues, but have major problems with abstract matters. For others the difficulty will be immediately obvious, for example, if the student has a severe stutter. The causes of communication difficulties may not be known, or may be associated with such conditions as cerebral palsy which can affect any muscle groups including those of the face.

Since learning normally involves considerable amounts of communication, usually through speech, any difficulty in this area can be considerably isolating and stressful.

Etiquette:

- Be patient; allow the person time to complete what they wish to say.
- Some appreciate help to complete their sentences - check the student's preference.
- Some may wish to communicate via computer with a speech synthesiser.
- Those with receptive language difficulties may have trouble understanding questions or the demands of a task - be patient, allow plenty of time for information to be assimilated.

Enabling strategies:

- Recognise the student's potential - they have a speech problem not necessarily a low IQ.
- Students with such difficulties may find individual tutorials and other group work more challenging than other students and may need time to gain confidence. Tutors can help by asking questions initially that only require brief answers.
- Stress often exacerbates the problem. Give lots of encouragement and support.
- Listening to someone struggling with speech can often feel embarrassing. Keep calm and watch the person's lips.
- Assessments based on verbal input or discussion may need to be modified.
- Check with the student whether or not they would like you to discuss with the other students the particular ways in which they can be helpful in group sessions. The student may wish to do this themselves, but this should be clarified beforehand.

5.6 *Students with Medical Conditions*

Most people have experienced ill health of one kind or another from time to time, but usually this has been temporary in nature. Some people, however, have long term or permanent conditions which have been present from birth or acquired during life. The effects of these depend on the person's age, circumstances and the nature of the conditions and/or treatment.

Many are also affected by stress and the environment. For some these cause physical or sensory disabilities but for many others stamina is most affected. This means that planning an evenly distributed workload with the possibility of delayed/staggered deadlines is important. This consideration is particularly significant when students have had time off and need to catch up as well as cope with the demands of new studies.

Students with these conditions may not see themselves as having a disability and may not have indicated on their application form for the course that they have a particular need. People with such conditions may also face considerable prejudice from those around them and this also may restrict their disclosure of their condition. It is therefore particularly important that it is known that tutors will be sympathetic to students with such hidden disabilities.

Etiquette:

- Avoid discussing the student's condition in front of other students - respect confidentiality.
- Be discreet, do not make an issue about students who need to leave the room temporarily, for example, to eat during a class or who need to make frequent trips to take care of personal needs.
- Some students need a place of privacy for taking medication including injections; others may need a place of rest.

Enabling Strategies:

- If a tutor believes a student's health is not good it may be helpful to talk to them about it. Tutors should not, of course, suggest variations from the medically prescribed treatment, however, if existing treatment appears to be unhelpful/inadequate, a return to their doctor can be recommended.
- Stress from new situations or pressure may adversely affect people, for example, those with asthma. Try to make the student feel welcome, at ease and confident. Helping students to prepare for exams or assignments is likely to ease the pressure considerably.
- The physical environment will affect some conditions, for example, dust, smoke, or dampness may trigger an asthma attack. Students are likely to have their medication with them, but tutors should know where to seek help if necessary.
- Diet and "eating times" are crucial parts of the treatment of some conditions, and this must be taken into account.

- Students may not appreciate the level of stress (albeit positive, exciting stress) that fieldwork can cause, and few students with a medical condition look obviously “disabled”. Tutors must therefore be sensitively aware of the additional pressures/demands on the student and be prepared to take appropriate steps to help when needed.
- For some people, health and safety issues may need to be considered, though people with medical conditions tend to have a very realistic idea of their limitations but for people with uncontrolled epilepsy, for example, it maybe necessary to discuss the safety of certain activities in particular with regard to laboratory settings, practical work situations or field trips.

5.7 *Students with Hidden Disabilities or Psychiatric Disabilities*

It is important to realise that some disabilities are invisible to others in the relatively close contacts of everyday life. However, conditions such as chronic pain, epilepsy, or psychiatric problems can powerfully affect a person's daily routines. Some of the most commonly diagnosed long term conditions that can affect students are:

arthritis	multiple sclerosis
asthma	cancer
diabetes	muscular dystrophy
epilepsy	cystic fibrosis
narcolepsy	head injury
chronic pain	psychiatric disabilities
HIV/AIDS	Crohn's disease

In many ways it is the side effects of the condition, rather than the medical condition itself, which causes distress. For example, a student may be prone to fatigue or stress or special medication may cause drowsiness and/or poor concentration.

The drugs used to control different diseases and medical conditions need to be properly understood in terms of their possible side effects. Tutors will need to discuss these with their students and avoid springing unpleasant surprises like unexpected tests or assignment. Greater consideration may also be needed in granting extensions.

For a very few people, health and safety issues may need to be considered, though people with medical conditions tend to have a very realistic idea of their limitations.

Etiquette:

- Avoid discussing the student's condition in front of other students - respect confidentiality.
- Be discreet, do not make an issue about students who may need to leave the room in order to need eat during a class or who need to make frequent trips to take care of personal needs.
- Some students need a place of privacy for taking medication including injections; others may need a place of for a short while.

Enabling Strategies:

- Stress from new situations or pressure may adversely affect people, for example, those with asthma. Try to make the student feel welcome, at ease and confident.
- The physical environment will affect some conditions, for example, dust, smoke, or dampness may trigger an asthma attack. Students are

likely to have their medication with them, but tutors should know where to seek help if necessary.

- Students may be forced to miss classes as a result of health problems. Tutors can help by assisting students to keep up with course materials, ensuring that they receive back copies of handouts/class notes.
- If students are able to work for only limited amounts of time, allow extensions for submission of assignments - but take care - this can prove a two edged sword and students can end up with a large backlog of due work.
- Help students to manage their time and organise their work; break tasks down into manageable chunks.
- It maybe helpful to identify a “buddy” in the group who will supply their notes for photocopying by the student who has been absent.

5.8 *Students who have Mental Health Difficulties*

Although everyone experiences periods of stress and unhappiness, some people's reaction to these periods is so severe that they develop physical or behavioural symptoms. For others, chemical imbalances or medical conditions are the cause of behaviours which can include aggression, withdrawal, or obsessional repetition.

Some people are born with these kinds of difficulties (e.g. Asperger's Syndrome) whilst others develop conditions (e.g. depression). Some conditions are temporary and can be treated successfully with medication, rest and/or counselling. Others are longer term and the person may experience periods of good health interspersed with poor health.

People with mental health difficulties often lack confidence. It is essential that tutors recognise this and promote the student's self esteem which will have a positive outcome in terms of effective learning.

Etiquette:

- Avoid discussing the student's condition in front of other students - respect confidentiality.
- Be discreet; do not make an issue about a student's absences/behaviour. Be patient and remain calm.
- Some students need a place of privacy for taking medication including injections; others may need a place of rest for a short while.

Enabling Strategies:

- People with mental health difficulties have often experienced rejection by those who have not understood their needs. Establishing a good, relationship with plenty of encouragement can prove extremely helpful. Aim to discuss the matter as fully as possible with the individual student in order to discover in what situations they feel most comfortable and able to deal with.
- Sometimes people will be withdrawn or disruptive because they either have not understood what is required, or they feel inadequate to the demands of the task. Being aware of this possibility will allow tutors to intercede and attempt to break the cycle of failure.
- It may require time for some students to settle in to a new situation, develop their confidence and demonstrate their abilities to the full. Allowances may need to be made for this.
- Assessment, particularly formal assessments such as assignments and examinations can be very stressful for any student. Students may perform well below standard. Practice and reassurance will help students to overcome this anxiety.
- Access to personal counselling may be the most important help available to students with mental health difficulties.

- Occasionally, students on medication may experience side effects such as drowsiness. It is helpful if you have this information as performance is likely to be affected. It may also be advisable to conduct a risk assessment if the course includes potentially hazardous activities or materials.

6. Health and Safety Issues

People with disabilities are sometimes perceived by others as health and safety risks – this is not necessarily the case. On occasion the environment creates a safety risk for everyone. Tutors have a responsibility to make sure all contact with all students is conducted in a generally safe environment which is conducive to learning.

People with disabilities know their own limitations and will almost inevitably say if something seems dangerous to them, for example, carrying out a science experiment requiring good manual dexterity may be difficult and could be dangerous for someone with severe arthritis; however, people have different experiences of a condition and every case should be judged on an individual basis before deciding on an appropriate adjustment to practice, if feasible. In the above example, a reasonable adjustment might be someone else could conduct the physical activities under the guidance of the student.

Risk Assessment

What is a risk assessment?

A risk assessment is simply a careful examination of what could harm people and how likely this is to happen, so that teachers and trainers can weigh up whether or not the steps they have taken are sufficient to comply with health and safety law, and safe practice.

The definitions of **hazard** and **risk** adopted by the Health and Safety Executive (UK) are helpful in understanding what is involved:

- **Hazard** means anything that has the potential to cause harm (e.g. chemicals, electricity, working from ladders etc);
- **Risk** is the likelihood, great or small, that someone will be harmed by the hazard.

Risk Assessment and Disability

By working together, teachers, trainers and disabled students can get to grips with health and safety in relation to a particular course. The process therefore works best when the teacher or trainer involves the disabled student and thinks about their individual circumstances.

Teachers and Trainers should:

- make sure they manage risks for everyone;
- take account of disability, avoiding assumptions;
- involve disabled students in doing risk assessments and making 'reasonable adjustments';
- consult others with appropriate expertise where necessary;
- review the situation if necessary, working with the disabled student and/or their representative.

Risk assessments can be carried out in the following steps:

Ensure that risk assessments are completed in collaboration with the student and that all information is treated as confidential and stored in line with your organisation’s policy on Data Protection. See [Risk Assessment Form](#) (Appendix 1)

1. Identify Potential Hazards to the Student – List the significant hazards that you are about to assess. Only undertake risk assessment of hazards which could cause serious harm to a person or affect several persons, e.g. working on certain types of machinery, with hot liquids etc.

2. Detail how the student might be harmed whilst undertaking this activity.

3. Risk Control: What action has been taken to control the risk? The emphasis is on control and reduction of risk, not the complete removal of the risk e.g. using a chain saw for a tree surgery course. The main hazard is through the cutting action of the saw, the risk is serious harm to the arm or hand. Normally, the risk control methods are the use of appropriate guards and safety devices, restriction on usage to competent or trained staff and isolation systems to prevent unauthorised use.

Case Study:

A student with epilepsy uncontrolled by medication applied for a course in tree surgery. Following a detailed discussion with the student about the frequency and nature of their seizures as well as possible triggers, it was decided not to admit the student to the course. The possibility (risk) of the disabled person causing harm to themselves and/or others through an accident with the saw (hazard) was substantial, and no controls could be applied that would guarantee the removal of the risk.

4. Level of Risk:

	Very unlikely to occur (No known history of harm)	Unlikely to occur (Unlikely sequence of events to cause harm)	Possible may occur (Foreseeable but in unusual circumstances)	Likely to occur (Foreseeable under normal circumstances- has occurred before)	Very likely to occur (Harm known to occur from previous events)
Negligible impact (No visible injury or harm)	LOW	LOW	LOW	LOW	LOW
Slight impact (minor injury – no long term harm)	LOW	LOW	LOW	MEDIUM	MEDIUM
Moderate impact (Injury causing time off study)	LOW	LOW	MEDIUM	HIGH	HIGH
Severe impact (Lost time - accident with major injury)	LOW	MEDIUM	HIGH	HIGH	HIGH
Very severe impact (Long term disability or death)	LOW	MEDIUM	HIGH	HIGH	HIGH

5. **If you are still not satisfied** with the present risk control methods, refer the matter to a supervisor or other appropriately qualified member of staff.

Level of Risk	Proposed Action
Low	There is minimal risk to the student or others. They can proceed to take part in the course, though some minor adjustment to practice may be required.
Medium	There is moderate risk to the student or others. Discuss what reasonable adjustment to practice could be put in place to reduce the risk.
High	There is high risk to the student or others. They should not proceed with the course in question. The teacher or trainer should advise the applicant about looking for alternative courses.

7. Fair Assessment of Disabled Students

Considerable care should be taken when choosing methods of assessment to ensure that disabled students are not being unfairly disadvantaged.

Spelling & Grammar

If a student is to be assessed on the basis of their written work then it is important to consider whether or not it is appropriate to penalise students with dyslexia or Specific Learning Difficulties (SpLD) for any errors in spelling or grammar, unless these aspects explicitly and justifiably form part of the core assessment requirements.

Feedback

To enable the students to gain the full value of feedback given, ideally it should be word processed or provided electronically, in a clear and consistent manner as handwritten comments are sometimes difficult for dyslexic students to read.

Here are some examples of acceptable adjustments that can be made for assessments taken under examination conditions:

- Extra time
- Extra time on-line
- Alternative venue
- Extension to candidate registration end date
- Assistive technology (speech/screen reading software)
- Voice activated software
- Early opening of externally-set assessment materials
- Enlarged, unmodified papers
- Enlarged, modified papers
- Enlarged on-screen assessment
- Assessment material in Braille
- Language modified assessment materials
- Assessment material in BSL
- Assessment material on coloured paper
- Colour naming
- Assessment material in audio format
- Use of ICT (word processors)
- Spoken responses using electronic recording equipment
- Responses in BSL
- Responses in Braille
- Reader
- Scribe
- BSL/English interpreter
- Prompter (for Certificates of Competence only)
- Practical assistant
- Transcriber/transcript

8. Advice on Disclosure

Before meeting a disabled applicant/student

- Explain to the student about the institutional procedures that are in place for disclosure and confidentiality. Give them a copy of your institution's policy, and the contact information for the disability officer or other designated person.
- If the student asks to see you, or is more comfortable talking to you in the first instance, reassure them that the purpose of the meeting is solely to discuss their study support needs.
- Find out from the student whether any support is required for the meeting, for example a lip-speaker/signer, a room with an induction loop or someone to take notes.
- Allow the student to bring a friend or relative with them to the meeting if that helps.
- Arrange a room for the meeting that is quiet and accessible and where you will not be interrupted.

At the meeting

- Explain the purpose of the meeting and encourage the student to talk about any concerns.
- Describe the main teaching and learning activities of the course and ask if any of them may cause difficulties for the student, or present barriers to their academic progress.
- Encourage the student to discuss their preferred learning styles, to identify their needs and to discuss any reasonable adjustments that you or your department could provide to facilitate access to the course.
- Identify potential hazards and arrange for a risk assessment to be completed, if necessary.
- If the student wants their disclosure to remain confidential to you, agree on the support you will provide and the reasonable adjustments you can make.
- Explain to the student that if the information remains confidential to you, access to support arrangements supplied by the institution will not be available, such as support for examinations and assessment.
- Reassure the student that the information provided to you will remain in confidence between you unless express permission is given for others to be told. However, if it becomes clear that the applicant's impairment/medical condition might mean behaviour or action that could pose a risk of harm to themselves or others, you should explain this to the applicant and also explain that you must share this information with other staff who may have responsibility for the course.
- Your institution may have a form that can be used to set the boundaries of confidentiality, which should be signed by both you and the student.
- Tell the student you will produce a note of what has been discussed and agreed.

After the meeting

- Send the student a draft note of the meeting and ask for their comments.
- Provide the student with the final version of the note of the meeting.
- Establish lines of communication in order to discuss what action needs to be taken and who will take it.
- If the student has requested confidentiality, use the information provided and the agreements reached at the meeting as a basis for setting up support arrangements.
- Establish a mechanism for reviewing support arrangements with the student to ensure that they continue to be appropriate.
- If a risk assessment has been completed, provide feedback on the process and outcomes. Engage in further discussion, if necessary, to ensure that all appropriate avenues are explored before refusing admission.

9. Organising an Accessible Event

If the needs of potential delegates are taken into account at the planning stage of an event, it is more likely that the event will be genuinely accessible, and as such significantly decrease the potential problems encountered by the planning staff.

Before the Event

Venue

The venue should have accessible approaches and entrances:

- Sufficient drop off areas and disabled car parking bays close to the main door;
- Approaches to the building clear of obstructions;
- If steps are included at the entrance, a safe ramp with or a lift to the entrance, which is independently accessible by disabled people should be available;
- An accessible main door, wide enough for wheelchair access;
- Door entry systems that are accessible;
- Clear signs, internally and externally, to all entrances, rooms, lifts, toilets, café and other facilities, including temporary signs giving directions and identifying event areas, where appropriate;
- Fully accessible and clearly signed emergency exits and evacuation procedures in place, to assist disabled people to exit the venue in case of emergency, including alternative procedures where lifts may not be in operation;
- A permanent or temporary induction loop, or infra-red system or other sound enhancement system, where appropriate. Where PA (public address) systems are used, alternative ways of communicating key and emergency information should be organised and clearly understood by organisers and participants.

Clear circulation spaces and accessible areas for events:

- Corridors and reception areas should be obstacle free;
- All event rooms on one floor, or ramps and/or lifts available for the numbers of people to move between rooms within the time available;
- There should be enough room to allow for movement around tables and chairs;
- A range of moveable seating, with and without arms/cushions/high backs, adjustable seat heights and tables which are accessible to wheelchair users. These should be arranged to allow sufficient space for wheelchair users and others to move around easily and to sit where they choose;
- No background noise e.g. noisy heating systems or background music;
- Rooms which are clearly and evenly lit, where possible, with natural light wherever possible;
- Tables, notice boards, flip charts, whiteboards and other furniture and equipment that are also accessible to wheelchair users;
- It is important that any speaking/stage area is accessible.

Additional facilities including lifts, accessible toilets, exercise areas, refreshment and dining facilities:

- Lifts, with tactile buttons at a height accessible for wheelchair users and independently accessible by disabled people, which are large enough for at least one wheelchair user and one person;
- Platform/stage lifts, where available, which are independently useable by disabled people;
- At least one unisex accessible toilet, clearly signposted;
- Appropriate resting and exercise space and the provision of water bowls for assistance dogs, especially if the event is a long one;
- Café and restaurant facilities that are accessible to wheelchair users, including counters, bars, tables, moveable (not fixed) seating, and information in accessible formats.

Accessible publicity:

- Information, including posters, leaflets and background papers, should be available in alternative formats in sufficient time for it to be sent out to the participants in their preferred format.

Registration:

- Specific requirements and needs of participants noted during registration.

Arranging for Language Support Professionals (LSP):

- LSP are in demand, and should be booked as far in advance as possible;
- Where an event is organised to take place for more than one hour, two LSPs should be booked;
- At most events and especially at all open events, it is good practice to book LSP to be available as a matter of course. Although you may plan carefully and get all registration forms, with requirements noted, returned, it is always possible that you will get people attending with additional access requirements;
- In order for LSP to become familiar with the topic, it may be an advantage if they have seen the agenda, presentations etc before the event. In particular, they have been provided with a glossary of acronyms, foreign words, specialist and technical words in advance;
- Needs of LSP should be noted e.g. chairs without arm rests.

Programme structure and briefing speakers, trainers, presenters, workshop leaders and other support staff:

- Build in appropriate access breaks for people attending and allow for short breaks every 20 – 30 minutes where LSP give full title are involved;
- Ensure speakers, trainers and presenters are briefed, well in advance, not only on content but also on inclusive presentations and access issues they may not be aware of;
- Ensure that presenters, facilitators and workshop leaders are briefed on inclusive communication issues, including inclusive practice for

introductions, ice-breakers, discussions, decision making and exercises, to enable all participants to independently access materials;

- All workshops should have notetakers arranged before the event where possible. If this is left to the time of the event, some people may not be able to fully participate;
- Ensure that LSP, personal assistants and advocates are available to participants in workshops as well as in the main event, if required, to provide support to facilities or to interpret or explain and enable people to be fully involved;
- Organisers should also check that support staff including reception, catering and security staff, are briefed or aware of good practice, especially when using another organisation's venues such as hotels.

Presentations:

- Check that any presentations and paperwork, produced by visiting presenters, will be available in accessible formats to send out in advance of the event;
- Wherever possible, the use of overhead projectors, flow charts and graphics should be avoided, unless the information has been provided to participants in a format accessible to them, before the event. Where diagrams or visual images are used at an event, they should be described to participants, unless it is indicated that this is not required;
- All LSP should also have copies of any presentation material as far in advance as possible before the event. They should also have a copy of any verbal presentation, particularly if acronyms, foreign words, technical or specialist language will be used;
- If an overhead projector is used, the print should be large and well spaced enough to be clearly visible, with few lines;
- Avoid using coloured presentational backgrounds. Where colour is used, choose contrasting print on clear backgrounds;
- When an overhead projector, flip chart or PowerPoint presentation is used, each point should be read out and images and diagrams described. Reading it out will also allow for sign language interpretation of the material being presented and for people using other formats, such as Braille, to ensure that they are following the material;
- Present key points in multiple ways, including visual, auditory and tactile approaches;
- Videos should ideally be subtitled or captioned. The content should also be explained/referred to orally;
- At least one roving microphone should be available to allow questions or comments to speakers or presenters from the participants;
- Consideration should be given to those participants who request to tape the presentation.

Speakers:

- Remind speakers that they should avoid using abbreviations, jargon, technical or specialist terms during their presentations, which may not be understood by participants or ensure that these terms are clearly explained during the presentation;
- Speakers must talk clearly, not too fast and face the audience and keep hands away from the mouth;

- Speakers should be aware that good light conditions facilitate lip reading. They should place themselves according to the illumination and avoid standing in front of windows (contrasting lights). Also ensure that the interpreter can be seen when lights are dimmed;
- Speakers to keep presentations within scheduled time frames;
- Speakers must remember not to walk in front of LSP while they are signing;
- It may be necessary for speakers to repeat questions from the audience.

Displays and registration arrangements:

- Briefing for reception staff on access issues, before the event;
- Large clear signs indicating all rooms and facilities;
- Tables at reception and registration, which are accessible for disabled people, including accessible height and knee recess space;
- Chairs available at registration and reception;
- LSP available at reception and registration, where possible;
- Papers and information, including signing up for workshops, available in accessible formats;
- Badges that are easy to use. They should be prepared in advance if possible, using large print. Where badges are written at the event, a range of large and small size pens should be available;
- Induction loops or other appropriate sound enhancement systems, checked and working, and clearly indicated to all participants;
- Seating reserved, if necessary i.e. participants with seeing or hearing disabilities may be more comfortable in the front; need to be seated close to a LSP.

Arrangement, layout and requirements of rooms and venues immediately before the event:

- A sign language interpreter should not be located in front of a door or where people will be walking in front or behind, and there should be no background distractions;
- A clear area between the sign language interpreter and participants must be available and the interpreter should be appropriately lit, avoiding shadows on their face;
- When speech to text is used, and if it is not displayed on a large screen, the room layout should be arranged to accommodate this service;
- Ensure that the room is arranged to allow for movement around tables, chairs and equipment and that obstacles are removed in routes around the venue;
- Ensure that all participants can choose where they wish to sit;
- An even room temperature should be established and all lighting checked for any maintenance requirements;
- Check that all the equipment, including microphones and induction loops, is working;
- Ensure that all equipment, refreshments and resources are accessible to participants and presenters;
- Check that all emergency exits are available and that emergency procedures are known to all organisers;

- Check that all accessible toilets are free of cleaning materials and other obstacles.

At the Event:

- Be welcoming and assist people if needed;
- Clear simple signs will help people get to the event room;
- Let people know about housekeeping at the beginning of the event. Tell people where the toilets, fire exits etc are;
- Remind venue staff to look out for things going wrong i.e. bags on the floor etc;
- Some people will need individual help i.e. do not just point to exits, give a description of how to reach them;
- It will be helpful to set down the event rules i.e. question and answer procedures;
- If seats are allocated, make sure disabled people are not seated all together or away from a LSP;
- If photographs are to be taken or participants videoed during the event, people must be asked at the beginning if they mind and an explanation given of what the photographs will be used for. Some participants may be sensitive to flash photography;
- Introduce organisers so that people know who to ask for if they need help;
- When dimming the lights for a presentation, make sure people can still see their supporter;
- Portable microphones are good for questions from the audience;
- Give LSP regular breaks.

10. General guidelines on making information accessible

Presenting information

- Use simple language and short sentences. This makes information easier to understand for everyone.
- Keep the layout of regular publications consistent for example, a monthly newsletter. But make sure that you are flexible and can give people the information in different ways.
- Use font 'Arial' 12 point for normal text. Unless requested otherwise, use 20 point for people with visual impairments and a minimum of 14 for people with learning difficulties.
- Use simple, clear text with short sentences, simple punctuation and no jargon, acronyms or abbreviations.
- Avoid block capitals, italics or underlining. They all make text harder to read.
- Use a ragged right edge rather than fully justified text.
- Plan what you want to write. Cut out any unnecessary detail and present important ideas in a logical order.
- Use active and personal language. Using 'you' and 'we' makes your writing clearer and more direct.
- Provide information in different formats where necessary. Alternative formats include 'easy read' (there is more about this in presenting information for people with learning disabilities), Braille, audiotape, video, British Sign Language (BSL), and in different languages.
- Where you are using information that another organisation has produced (for example information about a venue) ask them for that information in different formats so that you can pass it on to anyone who needs it. If they are service providers, they will have duties under the Disability Discrimination Act (DDA) to provide information in this way.

Using images

- Images, when used properly, make writing easier to understand and more attractive.
- Use images, like photographs, drawings or symbols to support your text. Aim to make your material clear at a glance, even to a person who does not have good reading skills.
- It is best to stick to one type of image and avoid mixing photographs, line drawings and images.
- Images should show people from different cultures, people with disabilities etc. They can also show specific buildings or people.

- It is recommended that you place pictures to the right of the text.
- People prefer coloured pictures, rather than just black and white.
- Drawings must not be childish or patronising.
- The best drawings are often the simplest – they should not be too ‘busy’.
- Be careful about using humour to portray an idea. Humour can distract from or confuse the message and may also offend some people.
- Many people put a photograph of the writer at the end of a letter or article.

Using photographs

- Generally, photographs are the most popular kind of image with readers.
- A photograph can hold a lot of information and can easily be ‘read’.
- Photographs can help when talking about a certain person or building.
- You must always ask permission if you are taking or using photographs of people you are working with.
- Photographs have to be carefully taken to make sure they show one idea clearly. For example, a photograph of a person illustrating the idea that they are happy should not have a busy background and distract from the main idea of the picture.
- You should be aware that photographs do not always photocopy well.

11. Checklist for Accessible Print

Ensure that:

- Simple and clear typeface is used, preferably Arial, Tahoma, Sans Serif or Comic Sans;
- The type size is at least 12 point;
- Text is aligned left;
- The layout is consistent and logical;
- Words are not split between lines;
- There are no large blocks of capital letters;
- There are no italics;
- No words are underlined;
- Text is not laid over the top of an image or texture;
- Paper or lamination is not glossy;
- Paper is thick enough to minimise the amount of show through from the other side;
- There is good contrast between the text and the background;
- A line space is left between paragraphs;
- All text is set horizontally;
- There is adequate space between columns;
- Information is not conveyed solely through use of images, diagrams or colour

12. Introduction to Web Accessibility

What is Web Accessibility

Web accessibility means that people with disabilities can use the Web. More specifically, Web accessibility means that people with disabilities can perceive, understand, navigate, and interact with the Web, and that they can contribute to the Web. Web accessibility also benefits others, including older people with changing abilities due to aging.

Web accessibility encompasses all disabilities that affect access to the Web, including: visual, auditory, physical, speech, cognitive, and neurological disabilities.

Millions of people have disabilities that affect their use of the Web. Currently, most Web sites and Web software have accessibility barriers that make it difficult or impossible for many people with disabilities to use the Web. As more accessible Web sites and software become available, people with disabilities are able to use and contribute to the Web more effectively.

Web accessibility also benefits people without disabilities. For example, a key principle of Web accessibility is designing Web sites and software that are flexible to meet different user needs, preferences, and situations. This flexibility also benefits people without disabilities in certain situations, such as people using a slow Internet connection, people with "temporary disabilities" such as a broken arm, and people with changing abilities due to aging.

Why Web Accessibility is Important

The Web is an increasingly important resource in many aspects of life: education, employment, government, commerce, health care, recreation, and more. It is essential that the Web be accessible in order to provide equal access and equal opportunity to people with disabilities. An accessible Web can also help people with disabilities more actively participate in society.

The Web offers the possibility of unprecedented access to information and interaction for many people with disabilities. That is, the accessibility barriers to print, audio, and visual media can be much more easily overcome through Web technologies.

Another important consideration for organisations is that Web accessibility is required by laws and policies in some cases. The Council of the European Union's policy on Accessibility of Public Websites -- Accessibility for People with Disabilities: can be viewed at: <http://www.legi-internet.ro/index.php?id=149&L=2>

Making the Web Accessible

Much of the focus on Web accessibility has been on the responsibilities of Web developers. However, Web software also has a vital role in Web accessibility. Software needs to help developers produce and evaluate accessible Web sites, and be usable by people with disabilities.

One of the roles of the Web Accessibility Initiative (<http://www.w3.org/WAI>) is to develop guidelines and techniques that describe accessibility solutions for

Web software and Web developers. These WAI guidelines are considered the **international standard** for Web accessibility.

Making Your Web Site Accessible

Making a Web site accessible can be simple or complex, depending on many factors such as the type of content, the size and complexity of the site, and the development tools and environment.

Many accessibility features are easily implemented if they are planned from the beginning of Web site development or redesign. Fixing inaccessible Web sites can require significant effort, especially sites that were not originally "coded" properly with standard XHTML mark-up, and sites with certain types of content such as multimedia.

Evaluating the Accessibility of a Web Site

When developing or redesigning a site, evaluating accessibility early and throughout the development process can identify accessibility problems early when it is easier to address them. Simple techniques such as changing settings in a browser can determine if a Web page meets some accessibility guidelines. A comprehensive evaluation to determine if a site meets all accessibility guidelines is much more complex.

There are evaluation tools that help with evaluation. However, no tool alone can determine if a site meets accessibility guidelines. Knowledgeable human evaluation is required to determine if a site is accessible.

For More Information

The WAI Web site (<http://www.w3.org/WAI>) provides guidelines and resources to help make the Web accessible.

Related resources for making the Web accessible are also available from other organisations, and many can be found on the Web.

13. Other Useful Links

Accessible Learning

RNIB See It Right Guidelines

http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_seeitright.hcsp

Information Alternatives - a guide to providing accessible information

<http://www.informationalternatives.co.uk/clearprint.htm>

TechDis - the leading educational advisory service, working across the UK, in the fields of accessibility and inclusion.

<http://www.techdis.ac.uk>

Key2Access - e-Learning accessibility specialists

<http://www.key2access.co.uk>

EmpTech - providing information resources on assistive technologies that are designed to help those with specific difficulties or disabilities work and study more effectively

<http://www.emptech.info/>

Education & Employment

Skill - a national charity promoting opportunities for young people and adults with any kind of impairment in post-16 education, training and employment.

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

Realising Potential – the employers' forum on disability

<http://www.realising-potential.org>

General

Equality & Human Rights Commission - champions equality and human rights for all, working to eliminate discrimination, reduce inequality, protect human rights and to build good relations, ensuring that everyone has a fair chance to participate in society.

<http://www.equalityhumanrights.com>

British Dyslexia Association (BDA) – the voice of dyslexic people

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



**Risk Assessment Form
(front)**

Student Name:		Course Title:	
Location of Activity:			

What could cause harm? Enter each hazard	How might the student be harmed?	What are the existing or planned risk controls?	Residual level of risk Low/Medium/High	Is further action needed?

Student Signature:		Assessor Signature:	
Dated:		Dated:	

NB: Ensure that the form is completed in collaboration with the student and that all information is treated as confidential and stored in line with your organisation's policy on Data Protection.

1. Identify Potential Hazards to Student – List the significant hazards which you are about to assess. Only undertake risk assessment of hazards which could cause serious harm to a person or affect several persons, e.g. working on certain types of machinery, with hot liquids etc

2. Detail how the student might be harmed whilst undertaking this activity.

3. Risk Control – What action has been taken to control the risk. The emphasis is on control and reduction of risk, not the complete removal of the risk e.g. working on a circular saw. The main hazard is through the cutting action of the saw, the risk is serious harm to the arm or hand. The risk control methods are the use of appropriate guards and safety devices, restriction on usage to competent or trained staff, isolation systems to prevent unauthorised use.

4. Level of Risk

	Very unlikely to occur (No known history of harm)	Unlikely to occur (Unlikely sequence of events to cause harm)	Possible may occur (Foreseeable but in unusual circumstances)	Likely to occur Foreseeable under normal circumstances- has occurred before)	Very likely to occur (Harm known to occur from previous events)
Negligible impact (No visible injury or harm)	LOW	LOW	LOW	LOW	LOW
Slight impact (minor injury – no long term harm)	LOW	LOW	LOW	MEDIUM	MEDIUM
Moderate impact (Injury or disease causing time off work)	LOW	LOW	MEDIUM	HIGH	HIGH
Severe impact (Lost time accident with major injury or serious disease)	LOW	MEDIUM	HIGH	HIGH	HIGH
Very severe impact (Long term disability or death)	LOW	MEDIUM	HIGH	HIGH	HIGH

5. State if you are still not satisfied with the present risk control methods. Refer matter to a supervisor or other member of staff.

Level of Risk	Proposed Action
Low	There is minimal risk to the student or others. They can proceed to take part in the course, though some minor adjustment to practice may be required.
Medium	There is moderate risk to the student or others. Discuss what reasonable adjustment to practice could be put in place to reduce the risk.
High	There is high risk to the student or others. They should not proceed with the course in question. The teacher or trainer should advise the applicant about looking for alternative courses

NB: For suggestions about adaptations that could be made to ensure the student is included on the course, refer to <http://www.ettad.eu>

Source List

1. University of Worcester
2. The Marie-Curie Association, Bulgaria
3. The QATRAIN project website (<http://www.qatrain.eu>)
4. The Health & Safety Executive (HSE), UK
5. Kings College London, UK
6. The Federation of Awarding Bodies Good Practice Guide; 'The application of reasonable adjustments and special consideration in vocational qualifications', March 2006
7. Open University; Inclusive Teaching, 2006
8. The Web Accessibility Initiative (<http://www.w3.org/WAI>)
9. Strategies for Creating Inclusive Programmes of Study (SCIPS); (<http://www.scips.worc.ac.uk>)
10. European Commission; Including People with Disabilities, 2007.
11. The British Film Institute (<http://www.bfi.org.uk>)
12. The Understanding Prejudice website (<http://www.understandingprejudice.org>)