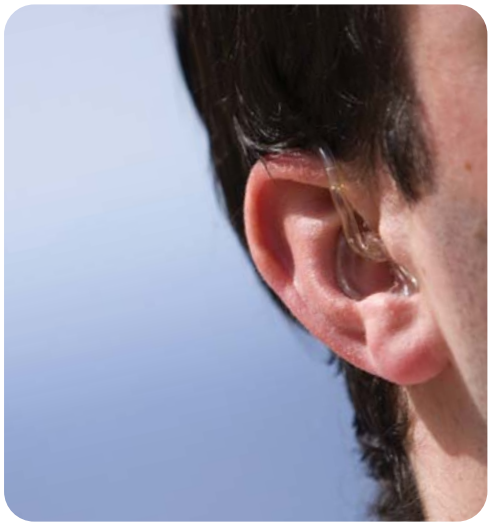
Inclusive Practice within Psychology Higher Education

Naomi Craig and Lucy Zinkiewicz

The Higher Education Academy Psychology Network



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Contents

Contents

Tables and Figures

Contents

Preface

Information presented in this guide is believed to be correct at the time of publication. Responsibility for any errors or omissions remains with the Higher Education Academy Psychology Network.

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We are also grateful for the permission given to draw extensively on the two following publications:

Arlett, C., Hopkins, C., Jackson, D., Tennant, J., and Wilson, A. (2005).The Higher Education Academy Engineering Subject Centre Guide: *Working with Disabled Students*, 2nd ed.: http://www.engsc.ac.uk/downloads/resources/disguide2ed.pdf

Murray-Trail, H. (2002-2007). *Resource pack for departmental disability contacts:* Scottish Disability Team:
http://www.psychology.heacademy.ac.uk/docs/doc/ResourcePackSDT.doc
Scottish Disability Team – now Scottish Further and Higher Education Funding Council: http://www.sfc.ac.uk/

Introduction

Background to this publication

The Improving Provision for Disabled Psychology Students project (IPDPS) was funded by the Higher Education Funding Council for England (HEFCE) and the Department for Education and Learning in Northern Ireland (DELNI), as part of their 2003-05 Improving Provision for Disabled Students Strand 2 funding scheme. This funding scheme was set up to fund projects aiming to improve the provision of higher education (HE) to disabled students, within the context of institutional compliance with Section 4 of the Disability Discrimination Act (the Special Educational Needs and Disability Act 2001, SENDA), which extended disability discrimination protection to the HE sector (2005).

The IPDPS project, led by the Learning and Teaching Support Network for Psychology, revealed psychology departments' need for support in relation to the increasing number of disabled students enrolled in their courses, particularly in relation to aspects of the psychology curriculum such as practical work, statistics and clinical psychology.

The IPDPS project aimed to improve the learning experience for disabled students studying psychology at university, by providing evidence-based information and guidance to staff and to potential and current students. The collected evidence, which feeds into this publication, comes from surveys and interviews with past and current disabled psychology students (n=113), psychology staff (n=8), and institutional disability staff (n=42). Extracts from the data collected will be used throughout this publication to illustrate points being made. The quotes in this document were also collected as part of the IPDPS project.

Several strands of current thinking come together to make supporting disabled students a particularly important issue for psychology departments:

- Staff and institutions in higher education (HE) are committed to providing access to high quality psychology education for all those who can benefit from it.
- Recruitment issues, together with the widening participation agenda, mean that psychology needs to attract and retain all those who can benefit from a psychology education and can then contribute to psychology practice.
- Disability discrimination legislation, in particular Section 4 of the Disability Discrimination Act (2005) places statutory duties on higher education institutions (HEIs) to ensure that they do not discriminate against disabled students. The amended Act (7 April 2005) aims to remove the possibility of the DDA to be complaint-led, and imposes a positive duty on an HEI to make reasonable adjustments. These duties are reinforced by the Quality Assurance Agency Code of Practice for the Assurance of Academic Quality and Standards in Higher Education (Section 3: Students with Disabilities, 1999) and the forthcoming revised codes of practice.

It is timely, then, to offer this guidance on supporting disabled psychology students. The guide draws on the experience of disabled psychology students and graduates around the country, and it is hoped that it will prompt further exchanges of good practice through the Higher Education Academy Psychology Network, which is continuing the work initiated by the IPDPS project.

Aim of the publication

The aim of this publication is to advise academics on aspects of inclusive teaching. Extracts from psychology students' experiences are included where appropriate. The sections include practical advice for inclusive planning to improve accessibility for all students.

Section 1 reports the key findings from the IPDPS project and discusses the participation of disabled students in psychology. Section 2 outlines the legislation and policies surrounding disabled students' needs, including fitness to practice, competence standards and reasonable adjustments. Section 3 looks at institutional issues and equality, including support responsibilities and disclosure. Section 4 looks at the role of the department in providing equality for disabled students, including ethical behaviour and the role of non-academic departments. Section 5 reports disabled students' experiences by academic subject and offers advice to assist the academic. Section 6 focuses on disabled students' experiences of postgraduate

clinical training and issues surrounding mental health. Section 7 examines employability. Section 8 explores effective teaching practices in relation to specific disabilities and provides teaching tables on accessibility relating to the different types of impairments.

There are many generic references and key resources at the end of each section to assist in specific areas, from designing an inclusive curriculum to inclusive teaching and inclusive assessment. Specific requirements have been broken down according to the UCAS system but it is advised that for successful teaching all needs should be considered in advance rather than as they arise. It is hoped that this publication will demonstrate to academic and support staff the vast array of possibilities that are available to them for meeting disabled students' needs, many of which extend beyond the legal requirements.

How to use the publication

This publication is aimed at all staff within psychology departments in HE, people running programmes on learning and teaching, and staff in disability support services who support disabled psychology students. It is likely to be especially relevant for staff who have a particular responsibility for disability issues (for example, a departmental disability tutor).

Staff might use the publication in three ways:

- to refer to, as and when needed, using the contents page as a guide;
- by reading from cover to cover as a way of understanding inclusive education within psychology;
- as the basis for departmental discussions on developing good practice.

Referencing style varies throughout the document depending upon the source type of the information. Any information taken from a paper or document will be referenced in the text using APA style - for example, (Riddell, Tinklin and Wilson, 2002); and the full reference will be given at the end of that section. Web based references (such as appropriate links to societies or helpful information sources) are identified within the text by the initials WR followed by the section number and a unique identifying number, for example [WR 1.1]. The web links are listed at the end of the section below the traditional reference list. If the authored document is also available online the two referencing styles may be combined, for example: (Riddell, Tinklin and Wilson, 2002) [WR 1.1]. Further resources are also listed that relate to the content of the section but may provide more generic information.

Language used in the publication

In this publication the terminology of the social model of disability is used (see terms and abbreviations below), where people have 'impairments' such as deafness, dyslexia, and so on. 'Disability' is the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers they may face. The medical model on the other hand views 'disability' as a 'problem' that belongs to the disabled person. The Disability Discrimination Act (DDA, 2005) [WR 1.2], uses the term 'disability' in the sense of the medical model to mean what the social model describes as 'impairment', so 'disability' may also at times be used in this publication. The terms 'needs' and 'difficulties' have been used throughout this document rather than emerging terminology such as 'entitlements' and 'differences'.

Terms and abbreviations used in this publication

For the purposes of this publication, the terms 'disabled students' and 'students with disabilities' have been used interchangeably. This reflects practice in the legislation and associated guidance.

In the higher education sector, there is considerable variety in the terms that are used to describe departments and services. Most institutions will have some form of central disability support service, albeit named differently in different places. Similarly, institutional structures and terminology vary in relation to faculties, schools, departments, programmes, modules, courses, and so on. The following terms have been adopted in this publication:

Department	A grouping of staff working in the same area (for example, Psychology, Behavioural Sciences). Might also be called a school, academic grouping or academic unit
Departmental Disability Tutor	The member of staff within a department with primary responsibility for disabled students, and perhaps other non-traditional students. Might also be called Departmental Disability Liaison Officer
Departmental Learning and Teaching Coordinator	The member of staff within a department with primary responsibility for the department's teaching. Might also be called Chair of the Departmental Learning and Teaching Committee
Disability	More technically, within UK higher education, 'disability, special need or impairment'
Disability Support Service	A central institutional unit offering support to disabled students
Educational/Staff Development Unit	A central institutional unit advising staff on learning and teaching issues, and sometimes other areas
Faculty	A group of cognate departments (for example, the Science Faculty, Social Sciences Faculty)
Head of Department	Head or Chair of the department
Personal Tutor	A member of academic staff within the department providing academic and pastoral support to students
Programme Director	The member of staff responsible for a particular degree programme

The following abbreviations are also commonly used in this publication:

BPS	British Psychological Society [WR 1.3]
BSL	British Sign Language [WR 1.4]
DDA	Disability Discrimination Act [WR 1.2]
DRC	Disability Rights Commission [WR 1.6]
DSA	Disabled Student Allowances [WR 1.7]
HE	Higher Education
HEI	Higher Education Institution (university or college of higher education)
HESA	Higher Education Statistics Agency [WR 1.8]
HoD	Head of Department
IPDPS	Improving Provisions for Disabled Psychology Students [WR 1.9]
QAA	Quality Assurance Agency for Higher Education [WR 1.10]
UCAS	Universites and Colleges Admission Service [WR 1.11]

Why produce a resource focused on psychology?

Whilst many generic disability awareness resources for departmental staff already exist, the need for a psychology-specific resource was perceived for several reasons, as outlined below.

Diversity of skills required

Psychology requires a diversity of skills [WR 1.12]. It is distinctive in the rich and diverse range of attributes it develops, drawing as it does on skills that are associated with studying the humanities (critical thinking, essay writing) and the sciences (hypothesis testing, numeracy).

In addition, the nature of the discipline, and the kinds of learning opportunities that it provides, allow students to develop a special blend of generic skills that can be underpinned by their own formal knowledge of psychological processes. For example, communication skills can be enhanced by knowledge of theories of communication,

critical thinking can be underpinned by knowledge of cognitive biases, and group work can be supported by knowledge of group processes.
Developing the range of skills required to study psychology is a challenge for all students, and some disabled students may encounter problems developing particular skills. For example, students with dyslexia, dyscalculia and other specific learning difficulties may encounter problems with writing long essays and practical reports, while visually impaired students may have difficulties using software for statistical skills.
It is important to note that just because a student has a particular impairment, this does not mean that they will be unable to gain a particular skill or succeed in a particular psychology subject, especially if appropriate support is given. However, for their success it may require psychology staff to support disabled students in a wide variety of ways, some of which may be unusual and not well covered by generic staff development materials. This publication attempts to cover the full range of skills developed in psychology and includes reference to technologies that are specific to psychology as well as more generic assistive technologies.

The information in this section is largely based on materials provided by The University of Newcastle, Australia [WR1.13]; Loughborough University [WR 1.14]; The University of Tasmania [WR 1.15]; and The Higher Education Academy Inclusion project e-bulletins [WR 1.16].

Designing teaching, learning and assessment for inclusive practice

When considering diversity and inclusion in higher education it is often tempting to consider the areas that are covered by legislation, such as 'race', disability, sexual orientation, religion or belief, and age and gender identity. However, students have multiple identities and all students have aspects of their personal lives that will impact upon the classroom context (such as having to act as a carer for a relative or partner, or having to work extra hours to earn additional money). An inclusive curriculum not only addresses groups of students who are covered by legislation, but also allows flexibility to accommodate issues that can potentially be faced by a much larger group of students. It has been said that 'good practice for disabled students is good practice for all', and by focusing on addressing the needs of disabled students with a range of impairments it may also benefit the wider student community (Gravestock, 2008) [WR 1.17].

What makes the curriculum inclusive?

"The key element in curriculum planning is to forge strong links between planned educational intentions, course content, teaching and learning methods, and the assessment of student learning while taking full account of student characteristics." (Uniability, 2008) [WR 1.19].

It is safe to assume that within each class there will always be at least one student with a hidden impairment who has not disclosed this information. It is better not to try to assume to know about students' needs or requirements. Instead, aim to reduce anxiety by providing detailed information about the academic practices within the course.

Inclusive curriculum practice refers to the process of developing, designing and refining programmes of study to minimise the barriers that students may face in accessing the curriculum. By focusing on the core requirements of a course it is possible to identify aspects of the curriculum that might prevent some students from achieving these core requirements. The task is then to redesign the course to reduce or remove these potential barriers. This should not only focus upon current students, but should also anticipate the needs of students who may participate in the course in the future (Gravestock, 2008) [WR 1.17].

Accessible education is good education

Education that is accessible to disabled students – that is to say, that enables them to access all elements of the educational experience on an equal basis – is good practice. Accessible teaching practice is an aspect of inclusive teaching practice that requires teaching in ways that do not exclude students, accidentally or intentionally, from opportunities to learn, and that values the diversity of students. As such, accessible learning can benefit all students, by offering flexibility and opportunities to learn in different ways. Research shows that such education benefits students both educationally and personally (Doyle and Robson, 2002) [WR 1.18].

The purpose of the DDA legislation is to enable disabled people to gain wider access to learning opportunities. In achieving this, it is not expected that academic

standards should be compromised in any way. Course leaders and course developers need, therefore, to be precise on what is, and what is not, a core element or aspect of a programme, so that they can assess where adjustments to teaching practices may need to be introduced. Wherever possible, courses and teaching practices should be accessible by design, so that only minimal adaptations need to be made for individuals. This will also help in complying with the 'anticipatory' aspect of the Disability Discrimination Act (2005).

Teaching disabled students can serve to challenge academic staff to rethink and re-evaluate their general teaching methods and strategies. Over time, staff may have developed practices that are unhelpful to disabled and non-disabled students alike. For example, statements like 'see how this graph illustrates an interaction' can be unhelpful not just for visually impaired students, but for all students (Johnson, 2006).

Accessibility and inclusion

Accessibility in higher education institutions is not just about physical access: it is also about an institution's public information, selection and admission procedures, learning and teaching, examination and assessment methods and materials, as well as its central facilities, staff development programmes and quality assurance processes, all of which should demonstrate that they can best meet the needs of an increasingly diverse student population.

Within teaching and learning, 'accessibility' is also used in the context of enabling someone to have full access to the whole HE curriculum – not just obtaining materials and information in accessible forms, but being able to use these in a meaningful way. In fact, every aspect of a course from teaching to assessment should ask: 'Can any student with any type of disability (or whatever background or culture) understand what is taught, understand what coursework is looking for, and what learning outcomes an examination is seeking evidence of?'

'Inclusion' applies to an arrangement whereby every student's needs (including disabled learners) have been designed in from the outset. This contrasts with 'integration', which is the assimilation of students' needs (including those of disabled learners) into a pre-existing arrangement. Integrating disabled learners involves making ad hoc changes to teaching, or providing individuals with equipment or other forms of support, so that they can access teaching and learning that has not been designed from the outset with their needs in mind. Inclusive teaching will have been prepared in a way that is accessible for all learners, as far as possible. Consideration will have been given to the impact of teaching activities on disabled students and will aim to reduce the number of needless barriers such students encounter (Simpson, 2008) [WR 1.22].

Section 1

1

The participation of disabled students in psychology

According to information from the Higher Education Statistics Agency (HESA) [WR 1.8], participation by disabled students in HE has increased from 2.6% in 1994/95 to 6.5% in 2007/08 (Table 1.1). In psychology 2.1% of psychology students declared a disability in 1998/99, and this increased to 7.7% in 2005/06 and to 8.8% in 2007/08 (Table 1.2).

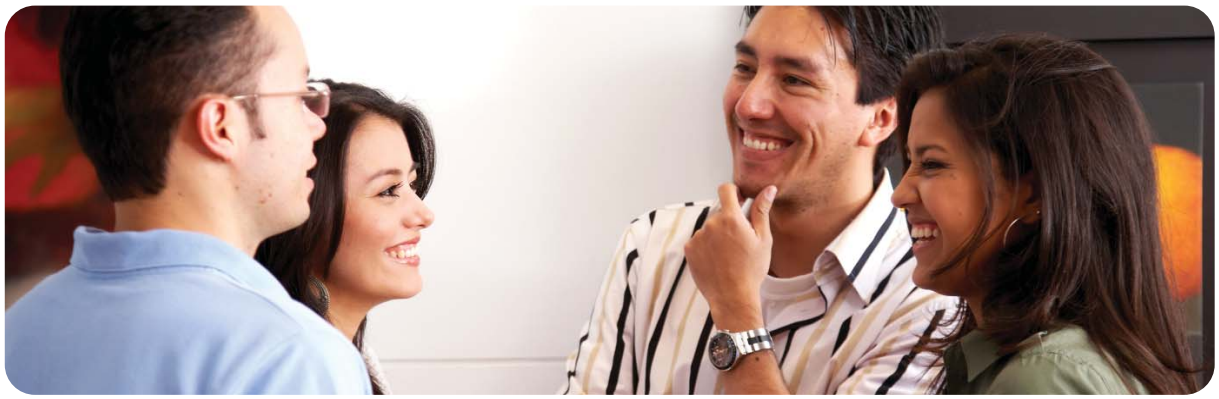
Table 1.1 Changes in the numbers of all students declaring a disability

Date	Declared disability	Overall student population	% declared disability
1994/95	15,699	592,839	2.6
2007/08	57,750	880,030	6.5

Table 1.2 Percentage of psychology students declaring a disability

Date	% declared disability
1998/99	2.1
2005/06	7.7
2007/08	8.8

This upward trend is likely to continue for a number of reasons, including the extension of the Disability Discrimination Act to cover HE, the UK Government's target to widen participation to 50% of the 18-30-year-old population, the UK HE funding councils' policies and plans in support of this, and wider self-diagnosis by students.



Universities and Colleges Admission Service data

Turpin and Fensom (2004), in a report for the British Psychological Society (BPS) [WR 1.3] on widening access in UK undergraduate psychology education, obtained data from the Universities and Colleges Admission Service (UCAS) [WR 1.11] on the numbers of applications and acceptances to read psychology at degree level within UK HE, for four consecutive years (1998-2001). Psychology was defined using the UCAS admissions codes covering psychology as either a biological or social science, and as either a single or balanced combined honours degree. While at this time there were 10 categories of disability used by UCAS , Turpin and Fensom (2004) – presumably for reasons of small cell sizes – combined categories to make six larger and more general categories. Tables 1.3(i) and 1.3(ii) present the application and acceptance data for students who disclosed a disability when applying to study at undergraduate level.

Table 1.3(i) Applications for psychology for students with a declared disability

Disability	1998	1999	2000	2001
Blind or partially sighted	102	90	165	133
Deaf/hard of hearing	129	140	168	194
Dyslexia	1134	1000	1067	1450
Mobility difficulties	142	116	83	95
Other disclosed disability	2966	1474	1538	1974
Total disabled	6471	4819	5021	5847
No disability disclosed	78129	76601	76504	81687
Grand total	82602	79421	79525	85533

Note: Taken from Turpin and Fensom (2004)

Table 1.3(ii) Acceptances for psychology for students with a declared disability

Disability	1998	1999	2000	2001
Blind or partially sighted	19	12	29	24
Deaf/hard of hearing	18	20	29	38
Dyslexia	159	150	169	224
Mobility difficulties	24	21	18	18
Other disclosed disability	410	225	256	327
Total disabled	2628	2427	2501	2632
No disability disclosed	10792	11097	11601	13277
Grand total	11422	11525	12102	13908

Note: Taken from Turpin and Fensom (2004)

As can be seen, after somewhat of a slump in applications and acceptances between 1998 and 1999, the numbers of declared disabled students applying for and being accepted into psychology programmes has increased since 1999. However, it should be noted that these data rely on self-disclosed disability, and therefore might not truly reflect the extent or severity of disabilities experienced by psychology applicants. In addition, the proportion of disabled students who disclose their disability may not have remained stable across the four years. Because these data were collected before the extension of the Disability Discrimination Act to the HE context (pre 2005), the data are likely to be an underestimate of the number of disabled students at the time (who may have avoided disclosing for fear of being discriminated against in gaining entry to a course) or who may only discover that they are disabled when they get to university.

Whilst it is tempting to try to compare the proportions of successful disabled and non-disabled applicants (those accepted into courses), such an analysis would be invalid given that applicants might, at that time, make up to six applications each through the UCAS system, and it cannot be assumed that disabled and non-disabled applicants have the same pattern of number of applications (that is, it cannot be assumed that they fall into the same population on this attribute). Neither can it be assumed that the pattern of applications is consistent across students with differing disabilities. In both cases this may be due to the fact that students with differing disabilities may be more or less constrained in the courses and HEIs for which they can realistically apply, due to geographical, financial, resourcing or other factors.

However, the ratio of applications to acceptances can be compared within disability categories for differing years and this is shown in Table 1.4. This reveals that the ratio for disabled students is very similar to that for non-disabled students, with little variability by disability.

Table 1.4 Ratio of acceptances for psychology for students with a declared disability

Disability	1998	1999	2000	2001
Blind or partially sighted	0.19	0.13	0.18	0.18
Deaf/hard of hearing	0.14	0.14	0.17	0.20
Dyslexia	0.14	0.15	0.16	0.15
Mobility difficulties	0.17	0.18	0.22	0.19
Other disclosed disability	0.14	0.15	0.17	0.17
Total disabled	0.14	0.15	0.17	0.16
No disability disclosed	0.14	0.14	0.15	0.16
Grand total	0.14	0.15	0.15	0.16

Note: Taken from Turpin and Fensom (2004)

Overall, then, it appears that substantial numbers of disabled students apply to study psychology at undergraduate level at university, and that the ratio of acceptances to applications for such disabled students is similar to that for non-disabled students.

Higher Education Statistical Agency data

The IPDPS project [WR 1.9] also obtained data from the Higher Education Statistics Agency (HESA) [WR 1.8] on the number of students studying a first degree in psychology for the 1999/2000, 2002/03, 2005/06 and 2007/08 academic years. Data included students studying any type of psychology (with a biological emphasis or a social sciences emphasis), in any kind of psychology programme, including single or combined honours, and who declared that they had a disability (disabled), did not declare this to be the case (no known disability), or did not reply to the question on the form (disability status unknown).

Table 1.5(i) Number and proportion of all first degree students, and all first degree psychology students, disclosing a disability, over two academic years between 1999-2003

	1999/2000			2002/03		
Subject	All	Disabled	% of all student body disabled	All	Disabled	% of all student body disabled
All	313190	14940	4.8	660930	34595	5.2
Psych	37549	2147	5.7	507780	3941	7.8

Note: Source: HESA Student Record 1999/2000, 2002/03. © Higher Education Statistics Agency Limited 2003. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.

Table 1.5(ii) Number and proportion of all first degree students, and all first degree psychology students, disclosing a disability, over two academic years between 2005-08

	2005/2006			2007/08		
Subject	All	Disabled	% of all student body disabled	All	Disabled	% of all student body disabled
All	711590	45425	6.3	1306104	165030	7.15
Psych	71187	5506	7.7	72568	6445	8.8

Note: Source: HESA Student Record 2005/06, 2007/08. © Higher Education Statistics Agency Limited 2007 and 2009. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.

While the number and proportion of all first degree students, and all first degree psychology students, disclosing a disability increased over the four academic years, for all years the proportion of students disclosing a disability was greater in the psychology student population than in the student body as a whole. However, it is impossible to determine whether this is due to a greater rate of disclosure within first degree psychology students, or an actual greater proportion of disabled students choosing to study psychology.

Tables 1.6 (i-iv) show the total numbers on application of first degree psychology students within each of the pre-1993 UCAS disability categories, together with percentages of total students in each category, and percentages of total disabled students in each disability category, for the academic years 1999/2000, 2002/03, 2005/06 and 2007/08.

It is important to note that the Open University [WR 1.20] changed its coding practice to combine groups 98 (information not sought) and 99 (not known) for the academic years 2003/04 and 2004/05. This led to a significant increase in the number of students being recorded as 'unknown'.

Table 1.6(i) First degree psychology students by declared disability 1999/2000

	n	% of all psych students	% of all disabled psych students
No known disability	33737	89.85	n/a
Dyslexia	603	1.61	28.09
Blind/partially sighted	71	0.19	3.31
Deaf/hard of hearing	74	0.20	3.45
Mobility difficulties	107	0.28	4.98
Personal care support	2	n/a	n/a
Mental health difficulties	62	0.17	2.89
Unseen disability	863	2.30	40.20
Multiple disabilities	80	0.21	3.73
Disability not listed above	285	0.76	13.27
Autistic spectrum disorder	n/a	n/a	n/a
Total declared disability	2147	5.72	100
Unknown	1665	4.43	n/a
Total	37549	100	n/a

Note: Where any *n* is less than 50 individuals, no corresponding percentage will be presented. The 'unknown' category relates to students for whom HESA has no information regarding disability status.
Source: HESA Student Record 1999/2000 © Higher Education Statistics Agency Limited 2003. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.

Table 1.6(ii) First degree psychology students by declared disability 2002/03

	n	% of all psych students	% of all disabled psych students
No known disability	46836	85.07	n/a
Dyslexia	1288	2.54	40.02
Blind/partially sighted	106	0.20	3.30
Deaf/hard of hearing	151	0.23	4.70
Mobility difficulties	147	0.29	4.67
Personal care support	9	…	…
Mental health difficulties	170	0.33	5.39
Unseen disability	785	1.54	24.40
Multiple disabilities	169	0.33	5.25
Disability not listed above	390	0.77	12.11
Autistic spectrum disorder	n/a	n/a	n/a
Total declared disability	3218	6.33	100
Unknown	723	1.42	n/a
Total	50778	100	n/a

Note: Where any *n* is less than 50 individuals, no corresponding percentage will be presented. The 'unknown' category relates to students for whom HESA has no information regarding disability status.
Source: HESA Student Record 2002/03 © Higher Education Statistics Agency Limited 2003. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.

Table 1.6(iii) First degree psychology students by declared disability 2005/06

	n	% of all psych students	% of all disabled psych students
No known disability	55840	72.44	n/a
Dyslexia	2086	3.00	41.3
Blind/partially sighted	152	0.21	3.00
Deaf/hard of hearing	191	0.27	3.78
Mobility difficulties	222	0.31	4.40
Personal care support	11	n/a	n/a
Mental health difficulties	463	0.65	9.15
Unseen disability	893	1.25	17.66
Multiple disabilities	723	1.01	14.3
Disability not listed above	717	1.00	14.2
Autistic spectrum disorder	43	0.006	0.007
Total declared disability	5506	7.83	100
Unknown	9841	13.82	n/a
Total	71187	100	n/a

Note: Where any *n* is less than 50 individuals, no corresponding percentage will be presented. The 'unknown' category relates to students for whom HESA has no information regarding disability status.
Source: HESA Student Record 2005/06 © Higher Education Statistics Agency Limited 2008. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties

Table 1.6(iv) First degree psychology students by declared disability 2007/08

	n	% of all psych students	% of all disabled psych students
No known disability	57399.4	79.1	n/a
Dyslexia	2385.2	3.30	37
Blind/partially sighted	137.0	0.2	2.12
Deaf/hard of hearing	174.0	0.24	2.70
Mobility difficulties	296.0	0.40	4.60
Personal care support	8.0	0.01	0.12
Mental health difficulties	687.8	0.94	10.6
Unseen disability	1009.8	1.40	15.6
Multiple disabilities	858.7	1.20	13.37
Disability not listed above	862.2	1.18	0.40
Autistic spectrum disorder	26.2	1.18	0.40
Total declared disability	6445.4	8.88	100
Unknown	8723.4	12.0	n/a
Total	72568.2	100	n/a

Note: Where any *n* is less than 50 individuals, no corresponding percentage will be presented. The 'unknown' category relates to students for whom HESA has no information regarding disability status.
Source: HESA Student Record 2007/08 © Higher Education Statistics Agency Limited 2008. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.

Looking at disability categories in more detail, Tables 1.6(i-iv) reveal that, at least to some extent, the increase in proportion of disabled students over time may be due to a reduction in the categorised number of students for whom the disability status is unknown. This may reflect improvements in data collection, reflecting students' increased awareness of disability legislation, or the additional help and support available to them if they disclose their disability, or some combination of the two.

In relation to types of disability within the psychology student body, as with the disabled student body as a whole, dyslexia is the most commonly reported impairment, with the proportion of students declaring that they have this impairment increasing over three of the four years, both as a proportion of all psychology students and disabled students. Interestingly, a similar pattern (though much smaller proportion) emerges for mental health difficulties.

Table 1.7(i) Proportions of first degree undergraduate students as a whole, and undergraduate psychology students, declaring mental health problems over six academic years between 1998-2009

	1998/99	2000/01	2002/03	2004/05	2006/07	2008/09
Student group	%	%	%	%	%	%
All students	0.03	0.07	0.09	0.13	0.18	0.26
Psychology Students	0.08	0.12	0.17	0.17	0.48	0.63

Note: Source: HESA Student Record 1998/99 – 2008/09 © Higher Education Statistics Agency Limited, 2010. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.
*Populations excludes 'writing up' and 'sabbatical' modes of study for comparability across years.
**For 1998/99 and 2001/01, 'Psychology' is defined using HESACODE:
(C8) Psychology (not solely as a social science)
(L7) Psychology (without significant element of biological science)
For the years 2002/03 and later, 'Psychology' is defined using the Joint Coding System which replaced HESACODE:
(C8) Psychology

Table 1.7(ii) Proportions of first degree postgraduate students as a whole, and postgraduate psychology students, declaring mental health problems over six academic years between 1998-2009

	1998/99	2000/01	2002/03	2004/05	2006/07	2008/09
Student group	%	%	%	%	%	%
All students	0.10	0.15	0.22	0.30	0.38	0.50
Psychology Students	0.19	0.26	0.38	0.69	0.89	1.12

Note: Source: HESA Student Record 1998/99 – 2008/09 © Higher Education Statistics Agency Limited, 2010. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.
*Populations excludes 'writing up' and 'sabbatical' modes of study for comparability across years.
**For 1998/99 and 2001/01, 'Psychology' is defined using HESACODE:
(C8) Psychology (not solely as a social science)
(L7) Psychology (without significant element of biological science)
For the years 2002/03 and later, 'Psychology' is defined using the Joint Coding System which replaced HESACODE:
(C8) Psychology

Table 1.7(i) shows that, in comparison to the first degree student body as a whole, a greater proportion of first degree psychology students declare mental health difficulties, with this proportion increasing over time for both populations. However, as acknowledged earlier, it is unclear whether the higher proportion in psychology is due to psychology attracting more students with mental health problems, or to psychology students' greater willingness to disclose a mental health difficulty given the relevance of this to the programme in which they are enrolled.

In relation to the increase in the proportion of students disclosing, it is unclear whether these increases reflect an increase in rates of disclosure, or an increase in rates of incidence. Interestingly, however, the increase seems to be slightly faster in psychology students than in the student body as a whole, reflecting that psychology may have particular relevance to disabled students.

To summarise, HESA statistics reveal that disabled students are just as well represented in psychology as in other degree courses, and in fact students willing to disclose mental health difficulties are better represented in psychology than in the student body as a whole. The proportion of disabled psychology students as a whole, and particularly those declaring dyslexia and mental health difficulties, is also increasing, at least as shown in the 1999-2002 and 2005-08 data.

See Appendix, Tables A1 and A2 of the distribution of disabilities across all first degree students (1999-2002 and 2005-08) (pgs. 157-158).

Psychology and personal experiences

Given the range of topics covered in psychology courses, and that the focus of the course is human behaviour in all its variety, it is unsurprising that students may find the course content to be relevant to themselves and disabled students are no exception. In fact, some disabled students may find elements of the psychology curriculum particularly relevant to their life experiences – for example, sensation and perception, health psychology, neuropsychology, clinical psychology, cognitive psychology and developmental psychology all cover material related to the impairments and medical conditions experienced by differing disabled students.

The relevance of the psychology curriculum to personal circumstance has varying consequences for disabled students. In some cases students report being more motivated to study the subject, or to gain a greater insight into what is studied.

> "I think that my mental health problems give me some insight into clinical psychology; and my former visual impairment gave me an insight into visual processing/perception" (student with mental health difficulties)

"With hindsight my disability has given me an enhanced understanding of prejudice and individual difference which has enhanced my psychological understanding and made me critical of mainstream psychology" (student with a specific learning difficulty)

Some students may actually seek to study psychology to learn more about their impairment and in some cases this will help them cope with it better. This may be a factor contributing to the slightly greater proportion of students with disclosed mental health difficulties found in psychology undergraduates, in comparison to undergraduate students as a whole (though other factors may be operating). Data suggest that as many as 0.6% of psychology students declared mental health difficulties in 2005/06 in comparison to 0.1% in nursing and 0.08% in medicine. The only other subject with a high disclosure rate of mental health issues is English Studies (0.5%) (Table 1.8).

Table 1.8 Percentage of undergraduate students declaring mental health difficulties by subject (a random subject sample)

Subject	% undergraduate students who declared mental health difficulties (2005/06)
Psychology	0.6
English Studies	0.5
Maths	0.3
Media Studies	0.3
Politics	0.2
Chemistry	0.2
Geography	0.2
Nursing	0.1
General Engineering	0.1
Medicine	0.08
Ocean Sciences	0.02

Such experiences and feelings are acknowledged by some of the disabled psychology students who were surveyed as part of the IPDPS project:

"I wanted to find out more about my disability by studying psychology" (disabled psychology student)

"I thought it would help me deal with and solve my mental problems… I hoped it [my impairment] would motivate me but feared it would stop me from studying" (student with mental health difficulties)

"I have learned the biological basis to epilepsy, meaning that I understand my condition more, which has been both interesting and informative" (student with an unseen disability)

However, this increased knowledge may come with some costs. Learning about one's impairment can be painful for students. As one staff member put it:

"Psychology attracts more students with mental health problems than other disciplines. Students think this will help but in fact they tend to feel worse" (psychology academic)

Some students find the new knowledge can trigger negative feelings or memories, while others find the contrast between what is taught and their own life experience problematic, particularly when teaching staff over-simplify a complex reality:

"Some subjects, like study of repressed memories and social psychology, have made me feel more depressed and made me focus on my own problems and made me feel more hopeless and helpless" (student with mental health difficulties)

"There are some aspects of the course that I find irritating; in a module on Personality for example the suggestion that cancer (such a generalisation) can, in some cases, be attributed to personality traits seems very simplistic. (This was the cause of my disability)" (student who uses a wheelchair or has mobility problems)

Teaching sensitive issues

It is important that psychology staff recognise that disabled students, including those with mental health difficulties, may be present in their classes, whether or not such students have disclosed themselves as disabled. It is also important that staff ensure that course material is taught with appropriate accuracy, and complexity, and includes acknowledgement that best practice may not be common practice. Finally staff should recognise that disabled psychology students may be particularly motivated to understand course content and relate it to their life experience (May 2006) [WR 1.21].

Zinkiewicz and Trapp (2004) [WR 1.23] offer some recommendations for handling sensitive issues, including: establish the goals and rules of conduct, require correct use of terminology, remain neutral, refrain from relating personal frustrations or political views, do not alienate minority students.

Expectations of psychology staff and courses

Many psychology students, whether disabled or not, perceive (perhaps on the basis of mass media representations) that psychology is purely a professional discipline, focusing on treating people with psychological impairments of various sorts, rather than being both a scientific discipline and a profession. As a consequence, many students choose to study psychology in order to pursue a career as a psychologist, unaware that currently only 15-20% (British Psychological Society, 2005) [WR 1.12] of graduating students go on to complete a professional psychology qualification.

Given this belief, disabled psychology students may expect that most psychology academic staff will have clinical experiences, and that they will therefore be sensitive and empathic, have highly developed skills in communication and counselling, and generally be more supportive than academics in other disciplines.
As one student put it:

> "I expected that psychology staff would have a deeper understanding of issues such as chronic pain, frustration and the needs of an individual to be included" (student with multiple sclerosis)

Even where students know that most psychology academics are research- rather than clinically focused, they still may expect psychology staff to apply the relevant knowledge they have to their own practice:

"They are scientists, but don't appreciate the knowledge they have that explains my behaviour, and how they can help. A lecturer that specialises in reading, and in dyslexia and reading, doesn't apply what she teaches when she knows she has students that match the case studies that she presents. It's very frustrating" (student with specific learning difficulties)

Such beliefs and expectations may lead disabled psychology students to have higher expectations of psychology academics than those in other teaching disciplines, resulting in students being more disappointed if they receive inadequate support from psychology staff than from other staff. As one student put it:

"None of my expectations were met regarding my disability in this department. [Psychology staff were] not as aware or considerate as I would have expected" (student with specific learning difficulties)

This possibility is recognised by some institutional disability support staff, with 30% of such staff surveyed by the IPDPS project stating that they felt disabled students entering psychology programmes had higher expectations of psychology staff than staff in other departments.

Disabled students may be attracted to psychology as a career as a result of their experience with health and social services. Such experiences may give them a desire to 'give something back' to the community, or to use their insight and knowledge gained by experience to improve such services. This may be particularly the case in relation to mental health difficulties. As students put it:

"I thought my own life experiences would help me be empathic and understand others' distress so I wanted to pursue the clinical route" (student with mental health difficulties)

"My struggles with a long-term illness, the medical establishment, medication side effects, bad management by the course and my employers have all proved very valuable in understanding my clients' difficulties with mental health" (postgraduate student with chronic, fluctuating medical condition)

References and Resources

References

Johnson, D. (2006). Teaching and mentoring students with disabilities. In W. Buskist and S. F. Davis (Eds.), *Handbook of the teaching of psychology* (pp. 153-158). Malden, MA: Blackwell.

Turpin, G. & Fensom, P. (2004). *Widening access within undergraduate psychology education and its implications for professional psychology: Gender, disability and ethnic diversity*. Leicester: British Psychological Society.

Web Resources

DELNI: The Department for employment and learning: http://www.delni.gov.uk/

Higher Education Funding Council for England (HEFCE): http://www.hefce.ac.uk/

Department for Education and Learning in Northern Ireland (DELNI): http://www.delni.gov.uk/index/further-and-higher-education/higher-education.htm

Quality Assurance Agency (QAA) Code of practice for the assurance of academic quality and standards in higher education: Section 3 – Students with disabilities (1999); Section 8 – Career education, information and guidance (2001): http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/default.asp

Section 4 of the Disability Discrimination Act (the Special Educational Needs and Disability Act 2001, SENDA): http://www.opsi.gov.uk/acts/acts2001/ukpga_20010010_en_1

The Learning and Teaching Support Network Subject Centre in Psychology (now the Higher Education Academy Psychology Network): http://www.psychology.heacademy.ac.uk/

WR 1.1 Example of a web resource: www…

WR 1.2 Directgov – Disability Discrimination Act (DDA, 2005): http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

WR 1.3 British Psychological Society (BPS): http://www.bps.org.uk/

WR 1.4 British Sign Language: http://www.britishsignlanguage.com/

WR 1.6 Disability Rights Commission: http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001070

WR 1.7 Disabled Students Allowance: http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10034898

WR 1.8 Higher Education Statistics Agency (HESA): http://www.hesa.ac.uk/

WR 1.9 Improving Provisions for Disabled Psychology Students (IPDPS): http://www.psychology.heacademy.ac.uk/ipdps/

WR 1.10 Quality Assurance Agency for Higher Education: http://www.qaa.ac.uk/

WR 1.11 UCAS – Universities and Colleges Admission Service codes: http://www.ucas.com/

WR 1.12 BPS undergraduate information: http://www.bps.org.uk/careers/careers-in-psychology—-undergraduate/careers-in-psychology—-undergraduate_home.cfm

WR 1.13 The University of Newcastle, Australia: http://www.newcastle.edu.au/

WR 1.14 Loughborough University: http://www.lboro.ac.uk/

WR 1.15 The University of Tasmania: http://www.utas.edu.au/

WR 1.16 The Higher Education Academy Inclusion e-bulletins: http://www.psychology.heacademy.ac.uk/networks/sig/index.asp

WR 1.17 Gravestock, P. (2008): The Higher Education Academy Inclusion e-bulletins Inclusive Curriculum Practices: http://www.psychology.heacademy.ac.uk/networks/sig/icp.asp

WR 1.18 Doyle C. and Robson, K. (2002). Accessible Curricula: Good Practice for all: http://www.techdis.ac.uk/resources/files/curricula.pdf

WR 1.19 Uniability (2008): http://info.tuwien.ac.at/uniability/english/home.htm

WR 1.20 The Open University: http://www.open.ac.uk/

WR 1.21 May, H. (2006). Information Collection and Dissemination Practices for Learners with Specific Learning Difficulties across the Education: http://www.achieveability.org.uk/downloads/Research_Report.pdf

WR 1.22 Simpson, A. (2008). The Higher Education Academy e-bulletin Inclusive Teaching Practice: http://www.psychology.heacademy.ac.uk/networks/sig/it.asp

WR 1.23 Zinkiewicz, L. and Trapp, A. (2004). Widening Participation Report: http://www.psychology.heacademy.ac.uk/docs/pdf/p20040422_widen_partic.pdf

Other Useful Resources

Aimhigher: (Directgov) helping you into higher education: http://www.direct.gov.uk/en/EducationAndLearning/UniversityAndHigherEducation/DG_073697

ALERT – Accessibility in Learning Environments and Related Technologies: http://www.bournemouth.ac.uk/alert/

DART – Disabilities: Academic Resource Tool: http://dart.lboro.ac.uk/tool/

Riddell, S., Tinklin, T. and Wilson, A. (2002). Disability and the wider access agenda: Supporting disabled students in different institutional contexts. *Widening Participation and Lifelong Learning, 4*, 1.

Riddell, S., Tinklin, T. and Wilson, A. (2005) *Disabled students in higher education*. Routledge, Oxon.

SCIPS – Strategies for Creating Inclusive Programmes of Study: http://www.scips.worc.ac.uk/

SPACE Project – Inclusive Assessment: http://www.plymouth.ac.uk/pages/view.asp?page=10494

SWAP – Social Policy and Social Work Subject Centre: http://www.swap.ac.uk/resources/publs/guides.html

Teachability: http://www.teachability.strath.ac.uk/

The Higher Education Academy e-bulletins on Inclusive Practice: http://www.psychology.heacademy.ac.uk/networks/sig/

Tinklin, T., Riddell, S. and Wilson, A. (2004). Disabled Students in Higher Education: http://www.ces.ed.ac.uk/PDF%20Files/Brief032.pdf

Legislation and policy

Equality Bill

There is to be a single Equality Act for Great Britain, bringing disability, sex, race and other grounds of discrimination within one piece of legislation. The proposals for this include some major changes to disability discrimination law.

The Equality Bill was published on 27 April 2009. It completed its Commons Committee stage on 7 July 2009. Royal Assent is expected in Spring 2010, but the Bill is at risk of being lost if there is an early general election, however this now seems unlikely. Assuming the Bill is passed before the general election, and that plans are not changed by whoever wins the election, most of the Bill is expected to come into force in Autumn 2010. However, the Government envisages that some parts will be delayed until Spring 2011 and beyond [WR 2.1].

The Equality Bill proposes to bring together the different strands of equality law. Key changes currently proposed include:

1. A **single equality duty** on public bodies, embracing grounds such as sexual orientation and religious belief as well as race, disability and gender.
2. **Greater transparency**, including an obligation on public authorities to report on disability employment, strengthening the requirement for public bodies to tackle discrimination through their purchasing functions, and a 'kite-mark' on equality for the private sector.
3. A **single objective 'justification' test** will replace the different tests currently used. The test will be whether the conduct is a 'proportionate means of achieving a legitimate aim'. The Government says that:

- in employment, this will be a higher threshold than the present test. In other words employers will not find it so easy to justify less favourable treatment;
- service providers could potentially use a wider range of circumstances than at present to justify their conduct, but 'proportionality' will be stricter than 'reasonable opinion' which is used in the current test.

4. A concept of **'indirect discrimination'**, to replace 'disability-related discrimination'.
5. It would be easier to claim **reasonable adjustments** from service providers.
6. The Government proposes **not to broaden the definition of disability** as recommended by the Disability Rights Commission, apart from removing the list of 'capacities'.

What effect this will have on Higher Education Institutions (HEIs) remains to be seen but any changes should secure the rights of disabled people and responsibilities of education providers.

The Disability Discrimination Act

The Disability Discrimination Act (DDA) [WR 2.2] was passed in 1995 (and updated in 2005) to end the discrimination that many disabled people face. It focuses on employment, access to goods, services and facilities, and education. There are also sections on the sale and letting of property and access to transport. Discrimination in relation to disability can be direct and indirect and both can be intentional or unintentional. All these forms of discrimination are equally unlawful.

The law now protects people with a long-term health condition against discrimination and unfair treatment in almost every aspect of college and university life. This includes students, staff and others who use the services and facilities of the institution.

In addition, the Disability Equality Duty (DED) [WR 2.3] requires education institutions to promote disability equality across the whole range of their functions and activities. Institutions also need to measure the progress they make in improving outcomes for disabled students and staff.

Universities are covered by the Disability Discrimination Act (DDA, 2005) [WR 2.2] and must not discriminate against students on the grounds of disability. Higher

Education Institutions are also required, where reasonable, to make adjustments to the course and university environment.

UK disability discrimination legislation requires HEIs and staff within them to provide disabled students with access to a learning and teaching experience that is comparable with that of their non-disabled peers. Disabled students, applicants and others using institutional services may seek legal redress if they perceive an HEI to be treating them in a discriminatory manner – and individual staff may be legally liable if their own behaviour can be interpreted as discriminatory.

The DDA (2005) 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. Section 4 relates to learning and teaching.

This promotes a mainstream approach to disability – 'the social model'. The social model (Hasler, 1993) of disability recognises that the disadvantages and social exclusion experienced by many disabled people are not the inevitable result of their impairments or medical conditions, but rather stem from attitudinal and environmental barriers which limit life chances (Phillips, 2008) [WR 2.4].

Academic staff are required to plan and review their practices, to adopt more inclusive teaching, learning and assessment approaches and, where possible, to anticipate adjustments. This includes planning for prospective students as well as continuing provision for current students. This is good practice that will benefit all students.

Academic staff refers to all staff that have contact with students in a learning and teaching context, for example, lecturers, technical staff and laboratory assistants.

Despite advances in the law protecting and promoting people with disabilities, there is concern that, due to confusion within the law and complexities of categorisation, the DDA is still failing people with health impairments. One of the most difficult aspects of the law on disability is the way the definition of disability operates in relation to someone with a mental impairment. It is important to properly categorise impairment as physical or mental because Schedule 1(1) of the DDA states 'mental impairment' includes an impairment resulting from mental illness only if the illness is clinically well-recognised. There is no such requirement for physical impairment [WR 2.5].

The kind of cases that are likely to require careful consideration of categorisation are those in which a person with a mental health impairment experiences physical symptoms which have no underlying cause. In Rugamer v Sony Music Entertainment UK Ltd and McNicol v Balfour Beatty Rail Maintenance Ltd 2001 IRLR 644 [WR 2.6],

the Employment Appeal Tribunal (EAT) [WR 2.7], held that the condition known as functional or psychological overlay should be treated as a mental impairment because 'the dividing line between physical and mental impairment depends on whether the nature of the impairment itself is physical or mental, rather than on whether a physical or mental function or activity is affected'.

This approach is contrary to the DDA's Guidance on matters to be taken into account in determining questions relating to the definition of disability (paragraph 11), which states that it is not necessary to consider how an impairment was caused.

Some months after Rugamer and McNicol, in College of Ripon and York St John v Hobbs 2002 IRLR 185 [WR 2.8], the EAT took a different approach. In the judgment, Mr Justice Lindsay (then President of the EAT) stated: 'There is no statutory definition of "impairment" and nothing in the Act or Guidance which requires that the task of ascertaining whether there is a physical impairment involves any rigid distinctions between an ongoing fault, short-coming or defect of or in the body on the one hand, and evidence of the manifestation of the effects thereof on the other. The Act contemplates that an impairment can be something that results from an illness as opposed to itself being an illness. It can thus be cause or effect. In the present case, therefore, it was appropriate, and not simplistic, for the tribunal to ask itself whether there was evidence before it on which it could hold, directly or by inference, that there was something wrong with the applicant physically, something wrong with her body'.

In a case where the impairment is properly categorised as mental impairment, the next issue is whether it is 'clinically well-recognised'. The Guidance (paragraph 14) states: 'A clinically well-recognised illness is a mental illness which is recognised by a respected body of medical opinion.' It is very likely that this would include those specifically mentioned in publications such as the World Health Organisation's International Classification of Diseases (ICD-10) [WR 2.9]. The EAT has since clarified that ICD-10 should be used rather than the more stringent criteria contained in the Diagnostic and Statistical Manual of Mental Disorders (known as DSM IV) [WR 2.10] – see Goodwin v The Patent Office 1999 IRLR 4 [WR 2.11] and London General Transport Services Ltd v Blackledge EAT 1073/00 [WR 2.12].

If a disabled person can establish they have a mental impairment and that it results from a mental illness that is clinically well-recognised, they will also have to demonstrate that the impairment is a disability as defined in the DDA (that is, one which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities). This may be far from straightforward.

First, there can be difficulties in establishing that some forms of mental impairment have a substantial and long-term adverse effect, because the adverse effect may only be substantial for relatively short periods of time. This will not be a problem if the

adverse effect is kept in abeyance by medication, and would otherwise be substantial. Where this is not the case, the only way the definition can be met is if it can be established that the effect is one which is recurrent. The Guidance states that a substantial effect will be treated as continuing if it is more likely than not that it will recur. It may be very difficult to obtain evidence on this point.

A further difficulty relates to the list of 'normal day-to-day activities' contained in paragraph 4 of Schedule 1 of the DDA. This does not adequately encompass the range of effects that may accompany mental impairment.

The disabled person who manages to overcome all of the above difficulties and establish that they meet the DDA definition of disability, may well feel that the end of the road is in sight. However, as the requirement to meet the definition is merely a gateway provision, the reality is that they are at the start of it.

It is not always straightforward in cases of physical disability either. The University of York St John College failed in 2001 to quash a disability discrimination claim against it [WR 2.13]. The Times Higher Educational Supplement (THES) [WR 2.14] reported in June 2000 that, when faced with allegations of discrimination from disabled lecturer Claire Hobbs, the college ignored its earlier unequivocal acknowledgement of her disability and attempted to argue that she was not disabled after all.

This was despite the fact the college had been claiming financial support for Ms Hobbs, who has muscular problems, under the Access to Work scheme for disabled people.

In a unanimous decision, the Leeds employment tribunal ruled that Ms Hobbs was disabled within the terms of the Disability Discrimination Act. The employment appeal tribunal threw out the college's appeal against the decision.

2

Quality Assurance Agency Code of Practice, Section 3: Students with disabilities

In relation to policy, the Quality Assurance Agency for Higher Education (QAA) [WR 2.15] specifies that accessibility of provision is one measure against which the quality of institutional provision can be judged. The QAA, in its Code of Practice, Section 3: Students with Disabilities (2010) states that, 'Disabled students are an integral part of the academic community… accessible and appropriate provision is not "additional" but a core element of the overall service which an institution makes available'.

The QAA's Code of Practice for the Assurance of Academic Quality and Standards in Higher Education, Section 3: Students with Disabilities (QAA, 2010) [WR 2.15] focuses on the quality assurance aspects of the provision for disabled students, and does not offer extensive practical advice. Rather, it encourages HEIs to adopt the principle of including the needs of disabled students as a dimension in all decisions and activities.

One of the difficulties for formulating clear guidance for psychology departments around legislation and policy that relates to the provision of higher education for disabled psychology students is that psychology courses, and in particular postgraduate professional training courses, are both educational and professional training courses. Moreover, for professional psychology programmes such as the Doctorate in Clinical Psychology, departments have even more roles in relation to trainees, particularly those trainers whose trainees are on placement: an employer role, an educational role and a professional role. As a consequence, both education and employment legislation are relevant to departments.

Disability Discrimination Act changes in 2005 brought the rights of disabled people in education in line with the rights of disabled people in employment. Moreover, advice from the Disability Rights Commission (DRC) indicates that placement experience would be seen as a form of employment (British Psychological Society Training Strategy Group, 2005) [WR 2.16]. Given this legal position, it is advisable for courses to ensure that their policies and practice meet the employment standard for all the areas for which they are responsible. It is therefore important to understand the legislation and its implications, and to develop good practice in response to it.

Professional ethics

The British Psychological Society's (BPS) Code of Conduct (2009) [WR 2.17] specifies that psychologists should not allow their practice to be adversely affected by consideration of disability and other extraneous factors. It is therefore an ethical duty for psychologists and those involved in training to provide equal opportunities for disabled students.

"I would also like to see the BPS step in and inform the universities that they are not willing to accept bad practice towards disabled students as I am aware of the importance of BPS recognition to psychology departments. I think it would also be effective if the BPS had designated staff who are highly trained in the area to intervene and remind psychology departments of their obligations towards students both on a legal and an ethical stance" (student with a wheelchair or has mobility difficulties)

Professional regulations

Many higher education courses lead to careers in areas where professional accreditation or membership of a professional organisation is required. Professional bodies are now covered by Part 2 of the DDA under provisions made for trade organisations and qualifications bodies [WR 2.19].

For example:
A qualifications body for social work recommends to a college of higher education that a man with mobility impairment should not be allowed onto a social work course, as he may have difficulty visiting the homes of clients. It does this without talking to the man or conducting any assessment. This is likely to amount to direct discrimination and would therefore be unlawful. Source: Disability Rights Commission – now Equality and Human Rights Commission [WR 2.31]

The amendments require placement providers, trade organisations and qualifications bodies to make reasonable adjustments to ensure that disabled people are not placed at a disadvantage. Reasonable adjustments is a term used extensively in the DDA and is explained in depth in the DRC's Codes of Practice [WR 2.31].

Some examples include:

- providing test papers in alternative formats such as large print;
- providing a parking space for a disabled person taking a test at a qualifications body's test centre;
- providing a ramp for a wheelchair user to get onto the stage at a qualifications body's awards ceremony.

British Psychological Society (BPS)

The BPS Equal Opportunities Policy Statement and Policy (BPS, 2000) [WR 2.18], prohibits the BPS from discriminating against individuals on the basis of their disability. This commits the BPS to ensuring 'equality of opportunity in academic and professional training' and sets out a number of actions to be taken in these contexts including reviewing course content, utilisation of relevant external expertise and the monitoring of applicants with respect to ethnicity, gender and disability.

For the BPS [WR 2.17] to indirectly or directly discriminate therefore against disabled people in relation to entry onto BPS-accredited courses would clearly violate this policy, as well as the DDA. However, some psychology staff appear to be unclear about how some of the BPS practices and policies apply in relation to disabled individuals, as shown by the quote below:

"I am a disabled student coordinator for Psychology at __, and I was wondering if you could help me. I am currently writing part of the Disabled Policy for admission into Psychology, and I'm not sure where to start. We have a lot of disabled students at __, and at times we are concerned about their progression and employment prospects as psychologists. Do you know of any regulations laid down by the BPS that prevent some student groups from obtaining Graduate Basis for Registration (GBR)? For example, I have heard a rumour that the BPS are reluctant to award GBR status to visually-impaired students on the grounds that they will not be able to access some of the core aspects of course material. We have tried in the past to clarify this issue with the BPS, but to no avail." (email sent by psychology academic staff member to IPDPS project)

Whilst BPS accreditation requires undergraduate programmes to cover certain core domain areas (for example, cognitive psychology, social psychology), and to include certain topics within these knowledge areas, their Graduate Qualification Accreditation Committee (GQAC) [WR 2.20] does not specifically approve subjects or modules within a programme (though, for example, it might ask for changes to a module if content was thought to be out-of-date). Nor does it specify how a module should be taught.

What this means is that any reasonable adjustment made for a disabled student concerning how a subject or module is taught is acceptable to the BPS. For example, a student with low vision who could not interpret visual illusions (in a core cognitive psychology module) could instead focus on auditory or haptic illusions without the BPS having to be notified and without jeopardising the course's accreditation.

In relation to postgraduate professional training, there has been recognition within the BPS of the need for professional programmes to increase the diversity of students accepted into training programmes (Turpin and Fensom, 2004). Turpin and Fensom's report made a number of recommendations relevant to disabled students:

- the need to increase the numbers of people in training from under-represented groups such as disabled people;
- the need for careers information to include positive role models from a variety of under-represented groups;
- the need to review entry requirements (particularly regarding prior experience and the assessment of academic potential);
- the need to consider more flexible routes to qualification;
- the need for the BPS to draw up and publish an action plan in relation to these recommendations (this has now been published [WR 2.21]).

Health Professions Council

From July 2009 the Health Professions Council (HPC) [WR 2.23] assumed responsibility for the regulation of professional psychology. A register of health professionals, including professional psychologists, who meet the necessary standards for training, professional skills, behaviour and health is maintained by the HPC. The HPC is committed to preventing discrimination, valuing diversity and achieving equality of opportunity for all they serve.

The aim of the HPC is to encourage and support disabled people who want to become health professionals whilst guaranteeing 'fitness to practice'. Everyone on their Register must meet the standards of proficiency that have been set. The standards of proficiency are the professional standards which health professionals must meet to become registered.

- an example of a **generic standard** is that all health professionals must 'be able to practice in a non-discriminatory manner';

- an example of a **profession-specific** standard is that a registered dietitian must 'be able to advise on safe procedures for food preparation, menu planning, manufacture and handling'.

The HPC set these standards to make sure that wherever and whenever a member of the public sees a health professional, they can be sure that they meet standards which apply consistently across the UK.

For example:
A biomedical scientist uses British Sign Language (BSL), and has a BSL interpreter who works with her so that she can communicate with her colleagues. Using the BSL interpreter means that she can communicate effectively. So, she can therefore meet the standard of proficiency which says that anyone who registers with the HPC must 'be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers'.
Source: Disability Rights Commission – now Equality and Human Rights Commission [WR 2.31]

Anyone registered with the HPC who uses a personal assistant or support worker needs to make sure that they maintain standards of confidentiality. (The personal assistant would normally have to keep to the employer's policies about confidentiality.) But what this example shows is that a registrant can make adjustments to his/her practice, still meet the required standards and stay registered.

National Health Service: Fitness to practice

The National Health Service (NHS) [WR 2.24], the largest employer in the UK, has a policy of 'promoting equality and opportunity in the workplace' (Department of Health, 2002, p. 3) [WR 2.26]. As part of this, the NHS is aiming to increase the representation of disabled people (including those with mental health difficulties) in its workforce.

The NHS requires students engaged in professional psychology training courses to possess the necessary fitness (psychological and physical) to undertake the course and NHS placements, and to be suitable for employment in the NHS upon successful completion. Such fitness is seen as essential not only if the student is to carry out their course without significant risk to their own health and safety, but also so that patients patients, clients and pupils are protected from potential harm.

The NHS therefore requires that HEIs organise the health screening of applicants upon acceptance onto such courses, generally by an occupational health service. Information about past health from the person's doctor is also gathered. The health screening should take into account the applicant's health (both mental and physical); the nature of the course; any relevant adjustments which may need to be made to the course to accommodate the student's health needs; the academic and competence requirements of the course; and relevant professional codes of conduct (in this case, the BPS code). While the occupational health service provides advice, it is the HEI that ultimately decides whether the student is fit to practice.

HEIs are also required to ensure that such fitness continues throughout the course, and to respond appropriately where such fitness no longer exists. Consequently, an increasing number of HEIs and departments are developing protocols for the management of students who may no longer be fit to practice. For example, students entering the Doctorate of Clinical Psychology and other professional psychology programmes at the University of Birmingham are subject to a programme-specific code of professional conduct and fitness to practice regulations, with trainees required to sign the code during their first term of study. These are adapted from the University's generic Code of Professional Conduct and Fitness to Practice.

Unfortunately, this fitness to practice requirement may serve as a disincentive to students planning to enter, or those already in, professional programmes with regard to disclosing or seeking help with mental health-related problems, at least from academic staff members, and possibly from health and student service professionals, in case this results in the students' confidentiality being breached and their fitness being challenged (Zinkiewicz, 2004) [WR 2.25].

However, the Department of Health document, Mental Health and Employment in the NHS (2002) [WR 2.26] provides guidance for NHS staff and HEIs in relation to best practice in employing people with experience of mental health difficulties in the NHS, and providing support for current employees, students and trainees who are experiencing difficulties.

This document makes clear that the NHS and the Department of Health does not accept the 'two year rule' used by some occupational health professionals as reason for recommending some applicants be refused posts. This proposition, expressed to the Clothier Report (Clothier, 1994) [WR 2.27], suggested that no applicant for an NHS post who had a previous mental health problem should be accepted for employment unless they had been free of drugs and other support for a period of at least two years. The NHS rejects this argument, requiring all cases to be judged on an individual basis, and the 'two year rule' will not be acceptable as a reason for challenging a person's fitness to practice.

2

Maintaining academic competence standards

The purpose of the Disability Discrimination Act (DDA, 2005) [WR 2.28] legislation is to enable disabled people to gain access to learning opportunities. In achieving this, it is not expected that academic standards (now competence standards) should be compromised. Course leaders and course developers need, therefore, to be precise on what is, and what is not, a core element or aspect of a programme, so that they can assess where adjustments to teaching practices may be introduced. Wherever possible, courses and teaching practices should be accessible by design so that only minimal adaptations need to be made for individuals. This will also help in complying with the 'anticipatory' aspect of the Act (Cavanagh and Dickinson, 2006) [WR 2.29].

Some questions to consider are:

- Do course validation procedures consider the accessibility of new programmes?
- Are programme specifications reviewed to ensure they include no unnecessary barriers to access by disabled people?
- Are staff clear on the core elements of a course and where adjustments may, or may not, be made?

Reasonable adjustments and competence standards

A competence standard is an academic, medical or other standard used by an education provider to determine whether a person has a particular level of competence or ability. Competence standards apply to individual courses and, specifically, to the criteria used on entry to a course, for the assessment of students and for work placements. Competence standards can be set by professional or qualification bodies or by higher education institutions (HEIs) through staff with particular responsibility for assessment, admissions, courses and so on (Simpson, 2008) [WR 2. 30].

Whilst HEIs are not required to make reasonable adjustments to the competence standard itself, HEIs are required to make reasonable adjustments in the way that the competence standard is implemented or assessed (Simpson, 2008).

Competence standards have a very precise meaning within the Disability Discrimination Act (2005), Part 4 Code of Practice, the amendments to which came into force in September 2006. Competence standards have to be relevant to the course (that is, 'genuine'), and must not lead to direct discrimination against a disabled student when applied. Notably, not all competences which are or might be expected of students on courses and programmes of study are competence standards, as described in the Code of Practice (Simpson, 2008).

For example:
A programme specification required students to show 'competence in handling particular chemicals'. This was an unnecessary barrier to students with manual dexterity problems who used assistants to undertake practical work under instruction. The specification was changed to refer to 'understanding how to handle particular chemicals'
Source: Disability Rights Commission – now Equality and Human Rights Commission [WR 2.31]

There is no duty to make reasonable adjustments to competence standards. This is why it is important that HEIs are sure about when a standard is (or is not) a genuine and relevant competence standard. For example, a university would not be able to insist on a 'high level of physical fitness' as a competence standard for a Sport and Recreation Management course that is predominantly theory based and does not involve any strenuous physical activity (Simpson, 2008).

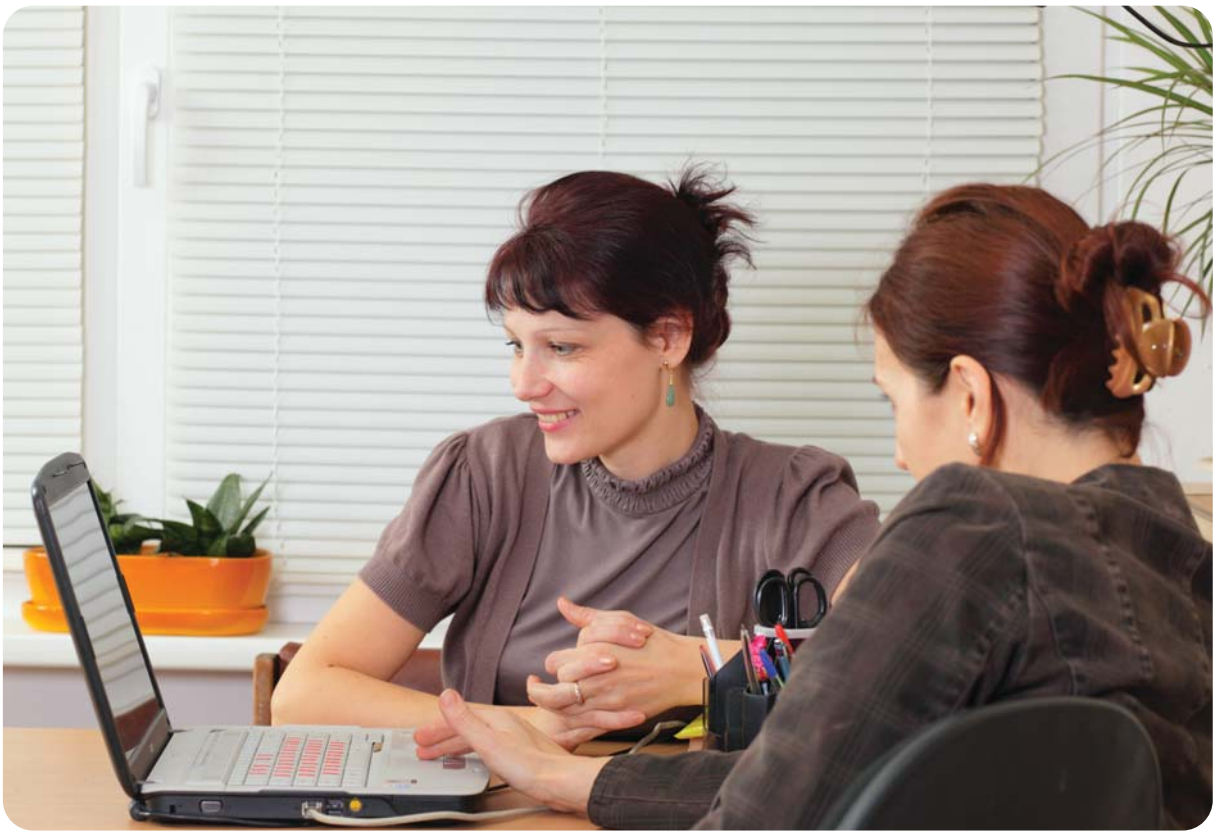
It is important to note that best practice goes out-of-date, particularly in relation to technology, terminology and legislation. For example, Dailey (1979) provides recommended procedures for teaching psychology to blind students, deaf students, and those with spinal cord injury. These recommendations are now out-of-date, particularly in relation to terminology used, legislation, technology, and attitudes to disabled people. The benefit of many of the online resources in this document is that they are intended to be continually revised and kept up-to-date.

It is recommended that all staff familiarise themselves with the Disability Legislation: Practical Guidance for Academics produced by the Higher Education Academy with the Equality Challenge Unit [WR 2.29].

The law accepts that the integrity of professional competence standards set by professional bodies, for example the General Medical Council (GMC) [WR 2.32] or the General Teaching Council (GTC) [WR 2.33] are acceptable.

For example:
Having a certain level of eyesight is a competence standard required for a pilot's qualification. A qualification body for pilots would not have to make an adjustment of lowering the standard for someone who is partially sighted. Source: Disability Rights Commission – now Equality and Human Rights Commission [WR 2.31]

However, professional bodies are obliged by law to ensure that neither the competence standard nor (and this is more likely) the method by which that standard is assessed is unnecessarily discriminatory.



For example:
A woman with dyslexia asks to be allowed to take a theory test as an oral rather than a written exam. This is likely to be a reasonable adjustment for the qualifications body to make. Source: Disability Rights Commission – now Equality and Human Rights Commission [WR 2.31]

All qualifications bodies have a responsibility to review their competence standards in order to justify not making reasonable adjustments and to ensure that they are not discriminatory. Within these parameters, the HEI has the duty to seek adjustments which have the effect of alleviating what would otherwise amount to the disabled student's 'substantial disadvantage'. Where a particular standard is agreed to be a competence standard, legally defined alternative ways of allowing disabled students to demonstrate that they have attained that standard need to be sought for the purpose of avoiding substantial disadvantage.

2

The Disabled Student's Allowance

The main source of funding for disabled students in the UK is the non-means tested Disabled Student's Allowance (DSA) [WR 2.34]. DSAs provide help for UK students who have extra costs while studying at HE, due to their impairment. DSAs are paid in addition to the existing standard support for students and are (in general) available to full-time and part-time undergraduate and postgraduate students. Part-time students must be studying at least 50% of a full-time course.

Disabled Students' Allowances (DSAs) are intended to cover any extra costs incurred as a result of a student's disability while undertaking a degree. DSAs are divided into four separate categories:

- **Specialist equipment allowance**: for a computer and associated equipment, specialist furniture, training in the use of specialist equipment.
- **Non-medical helper's allowance**: for a support worker, personal assistant, communication support worker or other assistant required by the student to benefit fully from a programme of study.
- **General expenditure costs**: intended to cover any costs related to a student's disability that are not covered by other specific allowances, or can be used as a top-up for the specialist equipment and non-medical helper's allowances.
- **Travel allowance**: for extra travel costs incurred by students as a result of their disability. For example, a taxi is needed to get to the campus while most other students use public transport such as the bus. Students may receive the difference between the two fares.

References and Resources

References

Dailey, A. L. (1979). Teaching psychology to physically handicapped students. *Teaching of Psychology, 6*, 219-222.

Hasler, F. (1993). Developments in the disabled people's movement. In J.Swain et al. (Eds.) *Disabling barriers, enabling environments*. London: Sage.

Turpin, G. & Fensom, P. (2004). *Widening access within undergraduate psychology education and its implications for professional psychology: Gender, disability and ethnic diversity*. Leicester: British Psychological Society.

Web Resources

WR 2.1 Stammeringlaw.org.uk: http://www.stammeringlaw.org.uk/changes/sea.htm

WR 2.2 Directgov - The Disability Discrimination Act (DDA), 2005: http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

WR 2.3 Disability Equality Duty (DED): http://www.dotheduty.org/

WR 2.4 Phillips, A. (2008). Forum for the Enhancement of Learning and Teaching (FELT): http://www.york.ac.uk/felt/

WR 2.5 Disability Rights Commission. Is the DDA failing people with mental impairments?:http://83.137.212.42/sitearchive/drc/the_law/legal_commentary/is_the_dda_failing_people_with.html

WR 2.6 Rugamer v Sony Music Entertainment UK Ltd and McNicol v Balfour Beatty Rail Maintenance Ltd 2001 IRLR 644, the Employment Appeal Tribunal: http://83.137.212.42/sitearchive/drc/the_law/legal_commentary/is_the_dda_failing_people_with.html

WR 2.7 Employment Appeal Tribunal (EAT): http://www.employmentappeals.gov.uk/

WR 2.8 College of Ripon and York St John v Hobbs 2002 IRLR 185: http://83.137.212.42/sitearchive/drc/the_law/legal_commentary/is_the_dda_failing_people_with.html

WR 2.9 World Health Organisation's International Classification of Diseases (ICD-10): http://www.who.int/classifications/icd/en/

WR 2.10 The Diagnostic and Statistical Manual of Mental Disorders (known as DSM IV): http://allpsych.com/disorders/dsm.html

WR 2.11 Goodwin v The Patent Office 1999 IRLR 4: http://83.137.212.42/sitearchive/drc/the_law/legal_commentary/is_the_dda_failing_people_with.html

WR 2.12 London General Transport Services Ltd v Blackledge EAT 1073/00: http://83.137.212.42/sitearchive/drc/the_law/legal_commentary/is_the_dda_failing_people_with.html

WR 2.13 York St John Disability Claim Quashed: http://www.timeshighereducation.co.uk/story.asp?storyCode=166000&sectioncode=26

WR 2.14 The Times Higher Educational Supplement (THES): http://www.timeshighereducation.co.uk/

WR 2.15 Quality Assurance Agency (QAA) Code of practice for the assurance of academic and standards in higher education. Section 3: Disabled students (2010): http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/section3/Section3Disabilities2010.pdf

WR 2.16 British Psychological Society Training Strategy Group, 2005: Good Practice Guidelines for UK Clinical Psychology Training Providers: http://www.bps.org.uk/downloadfile.cfm?file_uuid=CA992E67-1143-DFD0-7E5C-380A04430E9D&ext=pdf

WR 2.17 The British Psychological Society: Code of Ethics and Conduct: http://www.bps.org.uk/the-society/code-of-conduct/code-of-conduct_home.cfm

WR 2.18 BPS' *Equal Opportunities Policy Statement and Policy* (BPS, 1994): http://www.bps.org.uk/publications/bps-policy/bps-policy_home.cfm

WR: 2.19 Professional bodies are now covered by Part 2 of the DDA under provisions made for trade organisations and qualifications bodies: http://www.employment-studies.co.uk/summary/summary.php?id=417

WR 2.20 Graduate Qualification Accreditation Committee (GQAC): http://www.bps.org.uk/careers/accredited-courses/training-committee-information/graduate-qualifications-accreditation-committee-gqac/graduate-qualifications-accreditation-committee-gqac_home.cfm

WR 2.21 BPS Action Plans: Clinical Psychology Training and Disability: Information, guidance and good practice guidelines (2006): http://ltsnpsy.york.ac.uk/ipdps/links/Training_and_Disability.pdf

WR 2.23 The Health Professions Council (HPC): http://www.hpc-uk.org/

WR 2.24 The National Health Service (NHS):http://www.nhs.uk/Pages/homepage.aspx

WR 2.25 Postgraduate Supervision and Support in Psychology. A review of good practice: Zinkiewicz, L. (2004): http://www.psychology.heacademy.ac.uk/docs/pdf/p20040422_postgrad_sup_pro.pdf

WR 2.26 Department of Health document, *Mental Health and Employment in the NHS* (2002): http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008361

WR 2.27 Implications of the Clothier Report:
http://nej.sagepub.com/cgi/content/refs/1/3/179

WR 2.28 The Disability Discrimination Act (DDA, 2005):
http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

WR 2.29 Cavanagh, S. and Dickinson, Y. (2006). Disability Legislation: Practical Guidance for Academic Staff: http://www.heacademy.ac.uk/assets/York/documents/ourwork/tla/disability/web0429_disability_legislation_practical_guidance_for_academics.pdf

WR 2.30 Simpson, A. (2008). The Higher Education Academy Inclusion e-bulletins; Competence Standards: http://www.psychology.heacademy.ac.uk/networks/sig/icp.asp

WR 2.31 Disability Rights Commission - now Equality and Human Rights Commission:
http://www.equalityhumanrights.com/en/Pages/default.aspx

WR 2.32 General Medical Council (GMC): http://www.gmc-uk.org/

WR 2.33 General Teaching Council for England (GTC): http://www.gtce.org.uk/

WR 2.34 Directgov – Disabled Student Allowances (DSA):
http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10034898

Other Useful Resources

Health Professionals Council – A disabled person's guide to becoming a health professional:
http://www.hpc-uk.org/publications/index.asp?id=111

Johnson, D. (2006). Teaching and mentoring students with disabilities. In W. Buskist and S. F. Davis (Eds.), *Handbook of the teaching of psychology* (pp.153-158). Malden, MA: Blackwell.

The Higher Education Academy inclusion e-bulletins:
http://www.psychology.heacademy.ac.uk/networks/sig/

Section 3

3

Institutional issues and equality

The aim of this section is to provide information and advice relating to issues of accessibility, inclusion and good teaching practice that are relevant to institutions as a whole.

HEIs are required to develop policies, practices and procedures that do not discriminate against disabled students. See WR 3.9, WR 3.10 and WR 3.11 for some examples of institutions' disability policies.

The anticipatory requirements of the legislation require institutions to limit the development of additional or separate practices for disabled students and instead to adapt their routine practices to meet the needs of students. The emphasis has moved from 'support' to 'equality'.

The need for a proactive, whole-institutional approach to disability

The DDA 2005, Part 4 Code of Practice [WR 3.1], and The Disability Equality Duty (December, 2006) [WR 3.2], require HEIs to be anticipatory and proactive in promoting disability equality and meeting the needs of disabled students.

This anticipatory approach fundamentally challenges the formerly dominant model of providing ad hoc individual support to disabled students. The individual support model is reactive, time-consuming, costly, and has to be re-established for each new student. It also assumes students disclose their disability. In addition, the individual support model forces the student to be the initiator of support, and places

responsibility with disability support services, thus failing to address the need to change the way learning and teaching are designed and delivered.

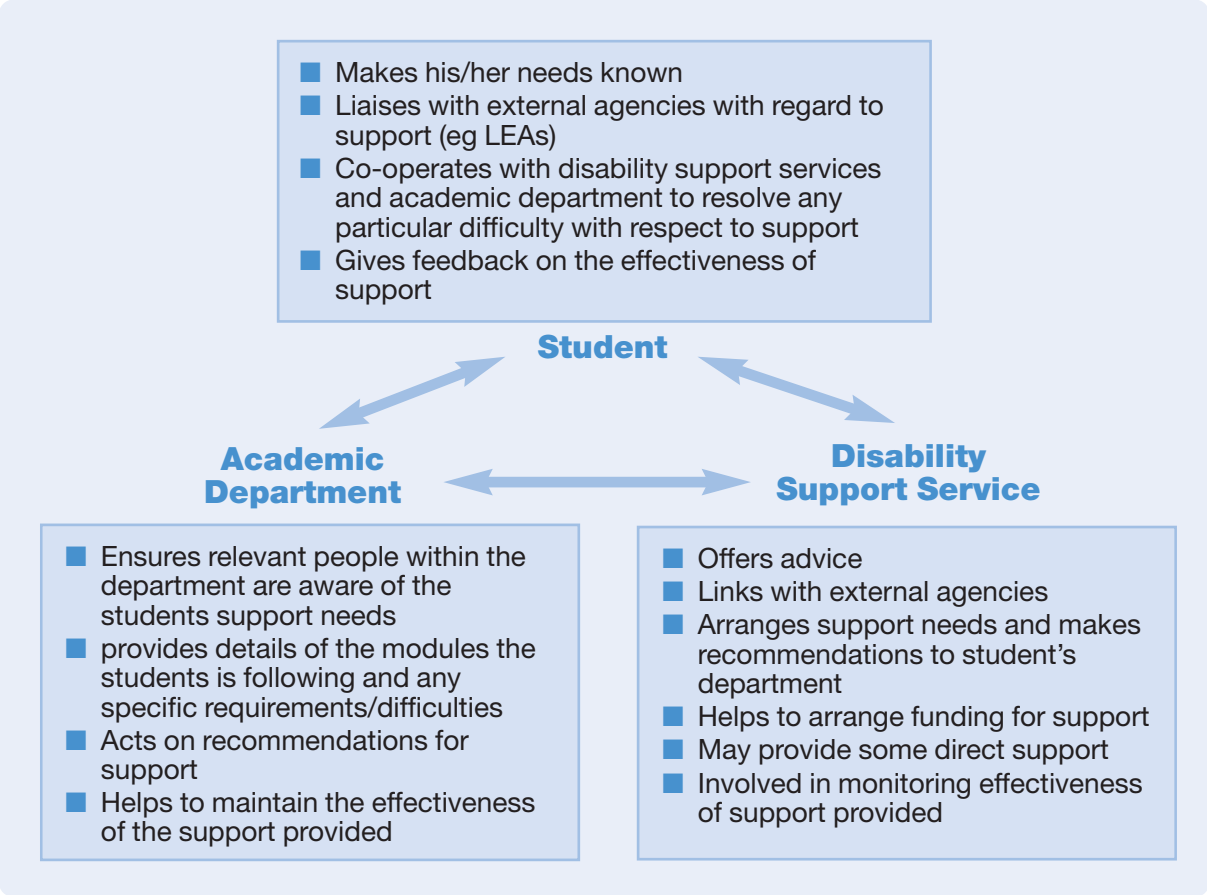
Creating an inclusive learning environment requires the whole HEI to be responsible for disabled students, including individual departments and their staff. While institutional disability support services and disabled students themselves have the knowledge and experience of impairment, adjustments, assistive technology, the law, inclusive learning and best practice, departmental staff have the in-depth understanding of their discipline and its disciplinary culture, including its teaching and assessment methods, as well as the department's decision-making processes and available resources.

Together, disability support services, students and departmental staff can ensure that individual students' needs are met fairly, while creating an inclusive learning, teaching and working environment for everyone in the department.

A full-institutional approach to disability issues

Facilitating open dialogue and cooperation between the student, academic department and institutions' disability support services is an effective means to ensure disabled students' needs are met. Anticipating needs may meet most requirements but the student will always know if their learning needs can be met more efficiently.

Figure 3.1: Tripartite Model of Partnership (The Higher Education Academy Engineering Centre Guide: Working with Disabled Students, 2nd edition, 2005, p.49) [WR 3.3], illustrates the lines of communication that will normally exist when setting up and maintaining support for an individual student.



Within this tripartite model of partnership each party will have specific responsibilities. For example, the student makes his or her needs known; the academic department ensures relevant people within the department are aware of the student's support needs; and the disability support service arranges the meeting of support needs and makes recommendations to the student's department. It is important that these responsibilities are taken seriously, as each of the parties has specific knowledge and expertise to contribute in ensuring that the support given to the student is effective.

It is helpful to produce an explicit equality package for each student. When doing this it is important that a record is made of the support to be provided and the actions to be taken, and that a copy of this is made available to everyone concerned. The views of the student must be considered with regard to how much personal information is shared with others.

It is important that early contact is made with the university's disability support team and an understanding gained of what services they offer to ensure that all anticipatory adjustments meet the student's needs. The earlier that support is arranged in a student's academic career, the more beneficial it will be – once a student falls behind on their course due to lack of effective support, it can be extremely difficult for them to catch up. It is useful to think of the equality process as one of sharing expertise, between the academic and the department, the student, and the disability support service (Arlett, Hopkins, Jackson, Tennant and Wilson, 2005) [WR 3.3].

In addition to the student, the department and the disability support service, there may be several other individuals or agencies involved. The pattern will vary from student to student, depending on the complexity of their needs. Open and clear communication between all parties, with explicit agreement on exactly who will be responsible for particular actions, is essential.

The following is a list of some of the services that may be involved with students in a department, and a description of the role they can play. Liaison between the student and these services will often be supported by the Disability Support Service, but it may be helpful to understand the range of services that may be involved with a single student. Such services are organised very differently in different universities.

Disability support service/dyslexia support service

One or both of these services are invariably involved in coordinating or providing direct support to disabled students.

Examinations office

The majority of disabled students require some form of alternative assessment procedure to take account of the difficulties they encounter as a result of their disability. The HEI's examinations office will have considerable experience of what is appropriate for students with different abilities, and will usually be involved in arranging the alternative approaches.

Student accommodation services

Some disabled students (for example, those who are blind/partially sighted, deaf/hard of hearing, or who have a physical disability) require adapted living accommodation or provision for a personal assistant or carer to live near them. The HEI's student accommodation services will usually play a key role in these arrangements.

Estates/facilities services

If a student requires some physical adaptation to their living or study environment, the work will usually be undertaken by the HEI's estates or facilities services. In response to the new requirements under Special Education Needs and Disability Act (SENDA) [WR 3.4], The Higher Education Funding Council for England (HEFCE) [WR 3.5] has allocated special funding to improve physical access on campuses.

Library and information resource staff

Some students will require help when using the library and other information resources effectively, and blind or partially sighted students may require relevant course texts to be provided on tape or in Braille. Staff can assist by providing extended loan periods as well as access to telephone and electronic borrowing. Staff can also help with physical assistance (for example, taking books off shelves or photocopying information). Library staff will usually be able to advise on these matters.

Computing services

Technology forms the basis of support to many students. HEI computing services staff can be very helpful in ensuring that there is back-up if and when this technology goes wrong, or if a student needs training in how to use a particular package. The type of support available from computing services will vary between HEIs, but even if there is very little support available, students can use funds from their Disabled Student's Allowance to buy in training from external sources for particular software packages.

Specific software exists to help students who have dyslexia and students who are blind or partially sighted. Students who have a physical disability may use a combination of adapted hardware and software. AccessApps [WR 3.6] is an initiative developed by the Scottish JISC Regional Support Centres [WR 3.7] in cooperation with JISC TechDis [WR 3.8]. It consists of more than 50 open source and freeware assistive technology applications which can be entirely used from a USB stick on a Windows computer. AccessApps will run without needing to install anything on a computer and provides a range of e-learning solutions to support writing, reading and planning as well as assist with visual and mobility difficulties.

Learning support services

Learning support services can assist students to manage their work and be as independent as possible. Students with dyslexia, or deaf/hearing impaired students, may find such a service helpful, particularly in relation to English language support. Where HEIs provide support services in relation to mathematical skills, this can also be valuable for students with dyslexia and other disabilities.

Specialised disabled student support personnel

Sign interpreters

For students with a hearing impairment who use signed English or British Sign Language (BSL) [WR 3.12].

Readers

These can assist students who cannot read print (for example, a partially sighted student) or who can only access auditory information (for example, some students with a specific learning difficulty).

Note takers

These assist students who cannot take lecture notes. This service can be provided by a peer note taker (another student in the class) or by a person who is trained in these skills.

Scribes, writers or amanuenses

These record a student's work, helping students who are unable to write or type, have reduced writing speed, pain when writing, are restricted in maintaining the posture required for writing, or who present information better in an oral form. Some examples include students with quadriplegia, arthritis or some specific learning difficulties.

Personal assistants

These follow a student's instructions to help them to complete manual tasks (for instance, inserting a computer disk or removing a coat).

Disclosure and confidentiality

Early disclosure is encouraged by universities, for example via the UCAS form or by speaking to the university's disability coordinator [WR 3.18]. This gives the university time to assess a student's support needs and put reasonable adjustments in place for the start of term.

Prospective students may be unhappy about declaring their impairment because they think it will affect their chances of being made an offer to study at a particular institution, though this perception is gradually changing as a result of greater awareness of disability discrimination legislation. In addition, some students may not feel they have a disability, and so may be reluctant to take on a label they may see as stigmatising. As a consequence, some disabled students may not disclose their disability until after they have been accepted into a course, or later still – for example, once they have become more aware of the support that is available for those with conditions similar to their own. This delay impacts on the statistical data which may underestimate the number of first year undergraduates with disabilities.

Some students will only declare their disability when they arrive. If the student informs their department of their disability then it is important that this is kept confidential, with only those people whom the student wishes informed actually told of the disability. It is therefore important for this to be explicitly discussed by the student and department, with the student agreeing in writing to whom it should be disclosed. The student should be advised to disclose to, and visit, the HEI's disability support service, if they have not already done so, so that support can be arranged.

IPDPS data on disclosure patterns

"I think where disability is disclosed, the information should be more effectively shared within the department and I also think more research should be conducted into why students don't disclose" (student who uses a wheelchair or has mobility difficulties)

3

Students in psychology disclose disabilities, including mental health difficulties, at a higher rate than do students in the undergraduate student body as a whole. However, whether this differential rate of disclosure reflects differences in the proportion of disabled students in psychology, or in their rate of disclosure, is uncertain. In order to explore this, the Improving Provisions for Disabled Psychology Students (IPDPS) project collected data relating to disclosure at two points in time.

First, as part of an initial pilot survey of first year students (in the 2003/04 intake) performed at Aston University [WR 3.13], students were asked whether they had a disability, and if so whether they had disclosed it, amongst other issues. Of the sample (*n*=224), 12 students (5.35%) declared they did have a disability and three (1.3%) declared they were not sure. Of the 12 students who stated they had a disability only four had disclosed this to the university and UCAS, one had disclosed to UCAS but not the university, and one had disclosed to the university but not UCAS. Six students had not disclosed to anyone. These figures represent a disclosure rate of 50%. The three students who were not sure whether they had a disability did not intend to seek further advice or help in identifying any possible disabilities.

Following the pilot, IPDPS conducted a national disabled psychology student survey (*n*=113), 68 students stated they had disclosed their disability on their UCAS application form, 20 had not declared their disability, and 23 had their disability identified after starting university. One student did not complete this section of the survey, and one student could not remember whether disclosure had been made to UCAS. This represents a disclosure rate of 77% of those knowing they were disabled at time of application. However, by the end of their degrees 106 of the 111 (95%) had eventually disclosed to someone at their HEI.

Thirty-five students gave reasons for not having disclosed their disability at all, or for having only disclosed to selected individuals (see Table 3.1). The most prevalent reason was fear of negative consequences, followed by it being of no benefit for them to do so. 'Other reasons', which was the next most frequently selected category, also included issues about other people's perceptions, and forms of discrimination (for example, 'Albinism is not understood well by most people, even medics, and so I'd rather spare myself the patronising comments and suggestions of others'; 'I didn't want to seem a bother when I may not need to be'; and 'embarrassment').

Table 3.1 Reasons given by respondents for non-disclosure

Reason	*n*	Example comments
Fear of negative consequences	14	"Fear of positive stereotyping as a person who needs extra support or sympathy – what I don't want is more help than I need/deserve, or sympathy for being different"
No benefit for me	11	"I already have a counsellor elsewhere"
Other	10	"Did not know who I needed to tell. Not very clear from the start! Don't know if we have a departmental disability tutor. Quite a rubbish department though!" "Don't know who to tell and doesn't seem to make a difference when I do"
Nobody at university needs to know	8	No comments available
Don't see myself as having a disability	7	No comments available
It might affect my career prospects	6	"The fact is that any disclosure affects a) how people react to you b) how people view you – this does affect your prospects and you know it does. Any 'equal opportunity' is just a statement to cover people's backs – in reality it does not apply! I speak from experience"
Total	56	

Note: Individual participants may have contributed to more than one category

Respondents were asked about the impact of their disclosure, and their responses were coded into one of several categories, as shown in Table 3.2:

Table 3.2 Impact of disclosure

Impact	n	%
Disclosure had a generally positive effect	48	42.5
Disclosure had little or no effect	23	20.4
Not answered or not clear from the answer what effect	19	16.8
Mixed positive and negative effects of disclosure	13	11.5
Disclosure had a generally negative effect	10	8.8
Total	113	100.0

To summarise the above results, the findings suggest that, within psychology, 50-77% of students who see themselves as having a disability are likely to disclose their disability at the time of applying for HEI entry. However, by the end of their degree an increased number of students will have disclosed their disability to someone at their HEI. Academic staff are likely therefore to be teaching substantially more disabled students than those who disclosed at the beginning of their degree.

Many adjustments for disabled students require students to have disclosed their disability, and for some students late disclosure may mean that they do not receive much benefit at all. There also remains a large proportion of disabled students who do not disclose their disability due to a fear of negative consequences, a perception that to do so would be of no benefit, confusion over to whom and how to disclose, or not seeing themselves as having a disability. Unfortunately, some of these fears turn out to have some truth to them, with approximately 20% of respondents reporting at least some negative impact of disclosure.

These results suggest that it would be valuable for psychology staff and disability support service staff to encourage students to disclose, by clarifying how and to whom disclosure should occur, by explaining what is meant by 'disability', by sorting out why and what benefits can come from a disclosure of disability and, most importantly, by working proactively to remedy the negative effects of disclosure.

The department, the institution and the disability office have a role to play in fostering disclosure. There is no duty on a student to disclose a disability. However, HEIs are expected to take reasonable steps to find out about a student's disability.

Many students contact their HEI's disability services independently for an assessment of need, on the basis of which reasonable adjustments are made. Once the student's needs have been established, this information goes to the departmental disability representative or administrator, who should let staff know on a 'need to know' basis. If the student chooses not to follow this procedure, however (particularly if no adjustments are needed), the disability could remain unknown by the university and/or the department (Phillips, 2008) [WR 3.14].

If a student declares a disability to a staff member which the department does not previously know about, it is important for that staff member to make a note that the student has told them, and to suggest that he or she contacts Disability Services to see what support can be provided. However, as previously mentioned, the student has a right to limit who knows about her or his disability – although this of course limits what the university and department can do to help.

Once a student has disclosed a disability, or once an HEI might reasonably be expected to know about a student's disability (for example, if it is visible), the institution has a responsibility not to discriminate. Students do, of course, have a right to confidentiality, through the Data Protection Act [WR 3.15] and separately within the DDA [WR 3.16]. For some courses there may be particular health and safety requirements that students disclose certain disabilities or conditions.

Some questions to consider are:

- Are applicants encouraged to disclose a disability and any support needs both when they apply and after they have been offered a place? (Some applicants may be wary of disclosing a disability before an offer has been made.)
- Does recruitment material provide an image of an institution where it is safe to disclose a disability?
- Are applicants informed of the HEI's confidentiality policy so that they can be confident that information they disclose will not be misused?
- Is information about applicants' disabilities recorded so that appropriate arrangements can be made either during the admissions process or subsequently?
- Are there procedures in place to ensure that information is kept confidential to relevant staff, or completely confidential if the student requests this?
- Are students informed about the courses where health and safety or other standards require the disclosure of certain conditions or disabilities?

For example, at the University of Nottingham [WR 3.17] a clear confidentiality policy ensures that students sign an agreement detailing what information about themselves they want to be passed to other staff so that adjustments can be made for them.

3

References and Resources

Web Resources

WR 3.1 The DDA 2005, Part 4 Code of Practice:
http://www.paisley.ac.uk/schoolsdepts/specialneeds/legislation/dda-4.asp

WR 3.2 Directgov – The Disability Equality Duty (2006):
http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_10038105

WR 3.3 Arlett, C., Hopkins, C., Jackson, D., Tennant, J. and Wilson, A. (2005), 2nd ed.: The Higher Education Academy Engineering Subject Centre Guide: Working with Disabled Students: http://www.engsc.ac.uk/downloads/resources/disguide2ed.pdf

WR 3.4 SENDA: http://www.techdis.ac.uk/index.php?p=3_12_21

WR 3.5 HEFCE: http://www.hefce.ac.uk/

WR 3.6 AccessApps: http://www.rsc-ne-scotland.ac.uk/accessapps/

WR 3.7 Scottish JISC Regional Support Centres: http://www.rsc-ne-scotland.ac.uk/

WR 3.8 JISC TechDis: http://www.techdis.ac.uk/

WR 3.9 Herriot Watt University: http://www.hw.ac.uk/welfare/docs/disability_disclosure.pdf

WR 3.10 University of Sussex Disability Policy: http://www.sussex.ac.uk/equalities/1-2-8.html

WR 3.11 Lancaster University:
http://www.lancs.ac.uk/studentservices/disabilities/disabilitypolicy.htm

WR 3.12 British Sign Language (BSL): http://www.britishsignlanguage.com/

WR 3.13 Aston University: http://www1.aston.ac.uk/

WR 3.14 Phillips, A. Forum for the Enhancement of Learning and Teaching (FELT), (2008):
http://www.york.ac.uk/felt/

WR 3.15 The Data Protection Act:
http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

WR 3.16 Directgov – Disability Discrimination Act (DDA):
http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

WR 3.17 The University of Nottingham Disclosure Policy:
http://www.hw.ac.uk/welfare/docs/disability_disclosure.pdf

WR 3.18 UCAS information guide on disclosing your disability:
http://skillcms.ds2620.dedicated.turbodns.co.uk/uploads/disclosure.doc

Other Useful Resources

12 Steps towards Embedding Inclusive Practice with Technology as a Whole Institution Culture: http://www.techdis.ac.uk/resources/files/TCI%20report%20final.pdf

Informing Policy, Improving Practice; making the student experience more inclusive through technology: http://www.techdis.ac.uk/index.php?p=3_10_19_1

Section 4

4

Departmental issues and equality

This section is aimed at heads of departments, disability tutors and teaching and learning coordinators.

Developing a departmental disability policy and strategy

As the student case studies on the IPDPS website [WR 4.2] and the data obtained in the IPDPS student surveys show, one of the difficulties experienced by disabled students in psychology is the inconsistency of academic staff within the same department, in terms of knowledge about disability, willingness to provide adjustments and support, and actual adjustments provided. To give some examples:

> [When asked about psychology staff's treatment of disabled students] "I think some of them are ok. And I had a number of staff members who were very helpful, but the ones that stick out were the ones who were horrible" (student with a specific learning difficulty)

> "They are all different. Some are more supportive than others. It depends on the staff member, the student, and the disability" (student with mental health difficulty and other disability)

4

"[Psychology staff are] not as aware or considerate as I would have expected. Staff were either willing to be helpful to everybody or nobody" (student with a specific learning difficulty)

As part of a proactive approach to disabled student support, it is recommended that each department develops a department-specific disability policy, specifying policy and practice in relation to disabled students (and, preferably, staff) in all areas of departmental activity, and reflecting the unique context within which the department operates. This should reflect the broader institution's disability policy and practice, but may extend beyond such policy where its institution's policy is insufficient or deliberately leaves decision making to faculties or departments.

A department-specific policy may include commitments relating to:

- roles and responsibilities of staff (including those with specific disability-related responsibilities) and students;
- staff training;
- teaching practice related adjustments;
- assessment adjustments (for example, extensions for coursework);
- accessibility of informational material (for example, course handouts, slides);
- policies on recording lectures and other teaching sessions;
- disclosure of disability, dissemination of information to necessary staff, and confidentiality of such;
- the organisation of fieldwork and placements;
- disability as a standing item on committee agendas; and
- departmental grievance procedures.

A departmental policy that is clear about the roles and responsibilities of staff, and about the adjustments that will be provided to students, will reduce uncertainty in staff and students, and promote a higher and more consistent standard of practice across staff. Such an explicit policy, particularly when it is made available to potential students and staff (for example, on a non-password protected area of a department's website), allows all those concerned to know what to expect from the department, and what is expected from them. It also makes it less likely that individual staff members will see disability as not being their concern if it is made clear, at a departmental level, that individual staff members have some responsibilities in this area.

At the moment many departments (such as University of Lancaster [WR 4.3], University of Northumbria [WR 4.4], Herriott-Watt University [WR 4.5], Bournemouth University [WR 4.6], University of Buckingham [WR 4.7], University of Glasgow [WR 4.8]) report that they do not have a separate formal departmental policy but simply adhere to the main institutional policy. This does not necessarily mean that these institutions do not have adequate and forward thinking inclusivity policies. Many institutions have a departmental disability officer who acts as an intermediary between the institutional policies and the needs of the disabled students within individual departments. Some departments have created their own disability departmental policies, examples include Cardiff University [WR 4.9] and Glasgow Caledonian University [WR 4.10].

However, a departmental policy makes it easier for departments to monitor what is occurring in their department. This is becoming increasingly important with the implementation of the Disability Equality Duty's requirement for institutional disability equality strategies, and for the monitoring of their implementation and success.

It is suggested that all departmental staff members including postgraduates who teach and part-time staff are involved in the development of a departmental disability policy in order to maximise staff members' awareness and understanding of, and commitment to, the policy. This may take some time, but is a worthwhile exercise.

Useful tools for assisting in the development of such a policy include:

- feedback from current and former disabled students, particularly when complaints were made;
- minutes of departmental boards and other committees (for example, the learning and teaching committee, admissions committee) relating to disabled students in general or in particular;
- advice from institutions' disability support services.

The departmental strategy should correspond to the HEI disability equality scheme [WR 4.11 and 4.12].

4

Ethical behaviour: supporting and mentoring students ethically

"Something I was surprised at was apparently they can't ask you how you're doing because of ethics – this would not have been the case at college" (student with a specific learning difficulty)

"I believe disability training should be mandatory for all staff, and it should be updated at regular intervals. I believe that all staff should be made aware of the DDA and the implications to them and to their unis if they choose to disregard them. I would also like to see the BPS step in and inform the unis that they are not willing to accept bad practice towards disabled students as I am aware of the importance of BPS recognition to psychology departments. I think it would also be effective if the BPS had designated staff who are highly trained in the area to intervene and remind psychology departments of their obligations towards students both on a legal and an ethical stance" (student who has mobility difficulties)

It is important that staff recognise that they should not diagnose students – it is not appropriate for staff to have dual relationships with individual students, to serve as teacher and doctor/therapist/counsellor. Psychology academics may have the knowledge to diagnose, but must not be tempted to use it, even if students may be more willing to approach psychology staff for help than staff in other disciplines. It is more appropriate for staff to refer students with problems to professional sources of help. The BPS Code of Ethics and Conduct [WR 4.13], states that psychologists should provide services and teach only within the realm of their competence.

Rossi (2006) provides some guidance for staff about how to help students with personal problems. If a student is having problems with the course, struggling with coursework and perhaps depressed, they may have an unidentified learning disability. In this case the student has an entitlement to be referred for professional evaluation and institutional support. If the cause of the depression is a learning

difficulty, then the sooner the student is evaluated the more likely their performance will improve and their depression lessen. Indications of a learning disability include a discrepancy between aptitude and performance, and reports by the student or other staff that the student has difficulty understanding test material or reading, but seems to understand course material in class.

Departmental disability tutors or contacts

It is helpful if departments appoint one or more staff members as a departmental disability tutor or contact as the first point of call for disabled students. See WR 4.14 for an example of a departmental disability policy case study which describes how one psychology department has put in place a disability tutor who has responsibility for the progress of disabled students, and how this has helped with an anticipatory approach to meeting these students' needs.

As the following extract from the IPDPS project shows, disabled students may not wish to discuss their disability individually with each member of staff with whom they come into contact, but instead prefer to have one person to serve as an intermediary between themselves and staff teaching them:

"Richard feels that it would be beneficial for him to have someone in the psychology department with whom he could discuss any problems relating to the course and its contents, but ideally someone not directly related to the teaching of the course. He felt this would help alleviate some of the problems that disabled students encounter, because at times it is very difficult to tell an individual lecturer that there is something wrong" (staff member on behalf of a disabled student)

This additional responsibility should be taken into consideration when negotiating staff workloads, and additional time and financial support given to support appropriate and continuing professional development for the position holder. Contact details for the tutor should be promoted in departmental and institutional handbooks, as well as in any information material provided to disabled applicants and students. See WR 4.15 for further information on the role of the departmental disability tutor in meeting students' needs.

Graduate teaching assistants and non-academic staff

Much teaching is undertaken by postgraduates. It is therefore important that they are familiar with departmental policy. With appropriate training, graduate teaching assistants can provide additional support for disabled students – for example, ensuring that interpreters come to class, that materials are photocopied, or that space near the front of the lecture theatre is reserved. See Section 8 for more detailed examples.

Some useful advice for staff organising examinations is available at the University of Sheffield Disability Service website. While this is tailored to the Sheffield context, much of this has general relevance to HEIs [WR 4.16]. For example, it is advisable to design assessment tasks to ensure that they are as accessible as possible and to use a range of assessment methods (for example, coursework, exams and presentations). More information on inclusive assessments is available in the Higher Education Academy inclusive e-bulletin on inclusive assessment (Waterfield and West, 2008) [WR 4.17].

Effective teaching for inclusivity

Departments can assist teaching staff by reminding them of effective teaching practice to promote inclusivity, as illustrated in Table 4.1. Information regarding the use of technology to assist in inclusive teaching can be found in Section 5.

Table 4.1 Effective teaching practice points

Outline	Start each lecture with an outline of material to be covered that period. At the conclusion, briefly summarise key points
Verbal	Explain information on overheads verbally
General announcement	In the first class, make a general announcement inviting any students to discuss their needs
Outcomes	Have clear outcomes and structures
Positioning	Ensure audibility and visibility
Language	Use language that is appropriate to the group
Sensitivity	Respond sensitively to participants' needs
Examples	Use a wide range of examples
Positive	Promote a positive approach to diversity
Feedback	Provide the opportunity for feedback both during and after the session
Seating	Provide considerate seating arrangements
Taped	Permit lectures to be taped
Flexible	Be flexible in assignment deadlines
Presentation	Use a variety of presentation styles
Plain English	Use plain English and explain jargon
Face	Face the class when speaking
Concrete	Stay on topic and use concrete examples
Rephrase	Rephrase information that students do not understand
Key points	Write key points and assignments on the blackboard or provide in handouts
Label	Label equipment in the laboratory or other workshop situations
Safety	Resolve safety issues in a manner that respects a student's rights

4

References and Resources

References

Rossi, M. (2006). Helping college students with personal problems: Should I help and how? In W. Buskist and S. F. Davis (Eds.), *Handbook of the teaching of psychology* (pp. 309-313). Malden, MA: Blackwell.

Web Resources

WR 4.1 2002-07 Resource pack for departmental disability contacts, Scottish Disability Team: http://www.workway.ie/_fileupload/Downloads/ The_Equality_Authority_Disability_Resource_Pack_62656835.pdf

WR 4.2 IPDPS website: http://ltsnpsy.york.ac.uk/ipdps/

WR 4.3 University of Lancaster: http://www.lancs.ac.uk/studentservices/disabilities/disabilitypolicy.htm

WR 4.4 University of Northumbria: http://www.northumbria.ac.uk/sd/central/uso/foi/publish/Policies/section6/

WR 4.5 Herriott-Watt University: http://www.hw.ac.uk/welfare/disability-service/policies.htm

WR 4.6 Bournemouth University: http://www.psychology.heacademy.ac.uk/docs/doc/p20090408_Student_Support_and_Guidance_Policy.doc

WR 4.7 University of Buckingham: http://www.buckingham.ac.uk/facts/official/calendar/disability-policy.pdf

WR 4.8 University of Glasgow: http://www.gla.ac.uk/services/humanresources/policies/a-g/disabilitypolicy/

WR 4.9 University of Cardiff: http://www.psychology.heacademy.ac.uk/docs/pdf/p20090408_Accessible_Curriculum.pdf

WR 4.10 Glasgow Caledonian University: http://www.psychology.heacademy.ac.uk/docs/doc/p20090408_Disabled_students_in_Psychology-1.doc

WR 4.11 Disability Equality Duty (DED): http://www.odi.gov.uk/resources/the-law-ded.php

WR 4.12 Higher Education Institutions DED Overview Report: http://www.psychology.heacademy.ac.uk/docs/doc/p20090617_HEIoverview.doc

WR 4.13 BPS code of ethics and conduct: http://www.bps.org.uk/the-society/code-of-conduct/

WR 4.14 Departmental Disability Policy Case Study: http://www.psychology.heacademy.ac.uk/ipdps/ipdps.asp?CurrentPageID=17.1

WR 4.15 Role of departmental disability tutor in meeting students' needs: http://www.psychology.heacademy.ac.uk/docs/pdf/p20090402_CaseStudy-deptl-disability.pdf

WR 4.16 University of Sheffield Examination and Assessment Advice: http://www.shef.ac.uk/disability/exams

WR 4.17 Waterfield, J. and West, R. (2008). The Higher Education Academy inclusion e-bulletin – Inclusive Assessment: http://www.psychology.heacademy.ac.uk/networks/sig/ia.asp

Other Useful Resources

12 Steps towards Embedding Inclusive Practice with Technology as a Whole Institution Culture: http://www.techdis.ac.uk/resources/files/TCI%20report%20final.pdf

Adele Laing article on the Prevention of Disabling Practices in Higher Education: http://www.did.stu.mmu.ac.uk/cwf/cd/abstracts/Adele-Laing.doc

Laing, A. (2009). Prevention of disabling practices in higher education: An undergraduate institutional case study. *Journal of Community & Applied Social Psychology, 13*(4), 325-326.

Social Inclusion Training Pack. A training pack for front-line staff teams containing practical exercises, a worksheet, study cards and an extensive reference list. Available from the National Development Team for inclusion, price £20 plus £5 p+p: http://www.ndti.org.uk/cms/site/docs/SI%20Training%20Pack%20Flyer%20final.pdf

Section 5

5

Equality for the disabled psychology student

The IPDPS project [WR 5.1] identified specific issues relating to disabled psychology students. This information forms the focus for this section.

There is a good deal of literature relating to the general experiences and problems of disabled students within higher education. For example, Powell (2003) describes problems experienced by students with visual and auditory impairments, dyslexia and other specific learning difficulties, mental health issues, Asperger syndrome and autism, and suggests solutions to these. In addition, many university student support and equal opportunity offices provide guidelines and recommendations for supporting students with disabilities.

However, there is far less guidance available that relates specifically to disabled students studying psychology in the UK. This section outlines some of the difficulties encountered by disabled psychology students when engaging with the psychology curriculum, together with information, where possible, as to how these difficulties can be limited. Extensive use is made of data and quotations gathered through surveys, interviews and case studies by the IPDPS project [WR 5.1].

The Quality Assurance Agency [WR 5.2], in conjunction with representatives of the psychology profession and the British Psychological Society [WR 5.3], have developed benchmark statements (standards of knowledge and skills) for psychology bachelor's degree with honours (QQA, 2007) [WR 5.4].

In addition to outlining the core knowledge areas of psychology to be studied, the benchmark statements indicate the subject and generic skills that students should acquire. A number of these subject-specific and generic skills may be problematic for students with particular impairments, as illustrated below.

Written communication and American Psychological Association (APA)

Students may have difficulties with written work that requires precise formatting. For example, the use of APA style in essays and lab reports.

> "I also struggled with report-writing and expressing complex ideas"
> (a psychology student with dyslexia and visuo-spatial awareness difficulties)

> "I can't get the readings for the lab reports done in the one week we have to complete reports, never mind getting the actual report written up"
> (a psychology student with dyslexia and difficulties with short-term memory)

The APA Publication Manual [WR 5.5], which sets out the APA style rules, has a complex format and is therefore not very accessible, particularly to visually impaired and dyslexic students. The manual is available in hardcover, soft cover and spiral bound (which may be more accessible to people with RSI and other mobility difficulties). Despite the fact many APA books are available online through the APA's online full text database, this is not the case with the Publication Manual.

The APA manual is available as an electronic file from the APA (Munsey, 2006), though HEIs are first asked to attempt to obtain it in alternative forms from providers such as, in the US, Recording for the Blind and Dyslexic. HEIs submit an application on behalf of the student and the HEI is sent an electronic file, and then provides the student with a password to open the secure file. According to Munsey (2006), the most requested text from the APA is the Publication Manual.

In addition the APA has produced a variety of resources to help people learn to use APA style, including:

- a website with APA style tips, FAQs, and so on [WR 5.6];
- publications such as the Concise Rules of APA Style, and Mastering APA Style: Student's Workbook and Training Guide [WR 5.7];

- APA-Style Helper software, although this is not currently compatible with JAWS (JAWS for Windows ® Screen Reading Software) [WR 5.23];
- additionally, most bibliographic software packages, such as EndNote [WR 5.8], Reference Point [WR 5.9] and Biblioscape [WR 5.10], have APA style templates either as standard or downloadable from their websites.

There are a number of useful websites that summarise APA style and provide useful tutorials and exercises to help students test their knowledge, including Dr Abel Scribe's Guide to APA Style and Documentation [WR 5.11] and Kevin Schoepp's APA Interactive Tutorial [WR 5.12].

Psychology terminology

Research suggests that disabled students frequently have difficulties with subject-specific terminology. This was confirmed by participants in the IPDPS national student survey [WR 5.13], where 23% (26/113) of respondents reported having problems with psychology subjects that involved a lot of jargon and technical terms, and 5% reported this as their only content difficulty in psychology. Students with specific learning difficulties (73%) represented the majority of those reporting difficulties with jargon-heavy subjects, and 83% of those reported it as their only content difficulty. Students with multiple disabilities reported 12% and the other 15% consisted of students with hearing, mobility, unseen and mental health difficulties.

"Actually comprehending theory especially with technical terms which were not broken down in any logical way" (student with a specific learning difficulties)

"Jargon/technical terms (bio, neuro, abnormal, research methods…). Making notes in lectures, when words and names are not written, just spoken, I can't spell these and thus when I come back to the work I often have no idea what it was supposed to be, author names and jargon words being the biggest problem" (student with specific learning difficulties and unseen disability)

Particular difficulties encountered included: "Confusion between the words and subjects, a university psychological dictionary would have been useful" (student with specific learning difficulties).

Students with dyslexia and other specific learning difficulties should be encouraged to purchase a dictionary of psychology and to bookmark online psychology dictionaries. Glossaries provided in advance of lectures (especially if accompanied with a pronunciation guide) are particularly useful to dyslexic students, allowing them to familiarise themselves with important terms before they encounter them verbally or in written material. Glossaries that identify the derivation of terms may be particularly useful for some students [WR 5.14].

Hearing-impaired students are another group of students that have particular difficulty with terminology in psychology:

"Some of the terms used in psychology texts are very complex" (student with a hearing impairment)

"Mishearing things so spelling them wrongly. It has helped when lecturers have used power point displays to supplement their lectures as I can double-check things I'm not sure about" (student who is deaf or hard of hearing)

For deaf students who rely on sign language, the Institute of German Sign Language and Communication of the Deaf at the University of Hamburg [WR 5.15] provides a very extensive online GSL dictionary of psychology. However, no such equivalent exists in the UK, though some BSL signs relating to statistical terms and concepts (for example, statistical manipulation, statistical evidence, quantitative data, chi-square test, mean, qualitative data, quantitative research and qualitative research) are available online at Science Signs [WR 5.16].

Vinsel, Wales and Wales (2001), suggest that those who are reliant on sign language be exposed to psychology terms and concepts in BSL before having to deal with those terms and concepts in signed lectures, although this is obviously not always possible. Academic staff should provide students with a glossary of key terms as early as possible to allow these terms to be translated to BSL if necessary [WR 5.14].

Laboratory and research skills

Wood (1996) states that laboratory skills involve learning how to follow protocols and work efficiently and safely, and include manipulative skills, equipment operation, data recording, data processing and reporting skills. High-level skills include planning experiments, preparing protocols, critical analysis of data and of the literature, hypothesis forming, communication of data, problem solving and teamwork.

For disabled students to acquire these skills, practical classes and laboratories should not create barriers. Catering for disabled students in laboratories may require adaptations that are relatively easy to make and will benefit all students. For example: modifications to signage; improved access to workbenches; and strategic placement of lamps to improve visibility of equipment or computer screens. More elaborate adaptations may be required for students with mobility or vision impairments.

> "I felt greatly disadvantaged in laboratory classes and practicals and had to resit the two modules that have practicals" (a second year undergraduate psychology student with considerable hearing loss)

Gaining experience as research participants

Many departments require students to participate in psychological research studies and it is important that a range of experiments are available so that disabled students are not placed at a disadvantage.

"I think universities should encourage psychology students to have the experience of participating in research as one student has approached me stating that she doesn't feel her participation is valued as she is often excluded due to accessibility problems. I think inclusion on research should be promoted as part of 'good practice'" (student who has mobility difficulties)

"I had difficulties with getting participation credits as I was limited to the kind of experiments I could participate in" (partially sighted and colour blind student)

The BPS state under their 'appropriate exclusion criteria, point 3.7, p.5' [WR 5.17] that: 'Recruitment of participants for a given study should apply exclusion criteria that protect the health and well being of participants (for example, exclusion on the grounds of psychological vulnerability or a pre-existing medical condition). Many students find themselves excluded due to recruitment criteria specifying no medical conditions such as dyslexia or colour blindness. Whilst researchers must screen out participants who may skew data, it is important that all students should be allowed the opportunity to participate in current research whilst attending university.'

Statistics

The IPDPS data highlighted a number of difficulties encountered by disabled psychology students in relation to numeracy and statistics.

"Not enough information, from anywhere, was given on the statistics side of psychology. Perhaps this is a good thing because if I had known about the statistics workload I may not have continued with my application; nevertheless, more information would be appreciated" (disabled student)

"I found the software package SPSS very difficult to access as it was not compatible with my speech recognition software. It was a complete nightmare. I got around the problem by letting other students do the computer work during the SPSS classes"
(postgraduate student with mobility difficulties)

"Statistics was a nightmare, I had great difficulties with it. I found that the only way I could get through was going back to basics in terms of having to work out equations by hand, it was the only way I could grasp the concepts. I had to pay for extra tuition as the amount of time allotted for statistics wasn't enough" (postgraduate psychology student with dyslexia)

A common problem is the use and accessibility of statistical software. The Open University Knowledge Network provides information relating to SPSS and screen readers [WR 5.18]. The only screen reader known to work with SPSS in any useful way is JAWS for Windows but customisation scripts are required [WR 5.19] and other resources. Features known not to work even with scripts are:

- creating variables for data entry (after version 9);
- reading output tables created in SPSS.

Possible partial fixes are:

- use version 9;
- supply students with SPSS files with variables already created;
- export results to another application such as Excel (exporting to HTML has not been tested);
- use an alternative statistics package.

For students who have no working vision, the most practical solution is to use sighted help to input data, describe graphical output and export necessary tables to an accessible format.

Users of JAWS can, by and large, conduct any analysis and produce output using the JAWS scripts. However, JAWS cannot be used to read tables, graphs or other output that SPSS generates.

Ways around this problem are for students to work with a sighted helper, or to export the data to Excel [WR 5.20], or export to Notepad [WR 5.21] with a Braille display (although this works only with a very small amount of SPSS output). Outputting to HTML might also be possible, though this has not been explored.

For versions of SPSS later than version 9, it is not possible to create variables for data entry using a screen reader. As with reading output, sighted help is needed for this. Alternatively, a student could be sent a file where the variables have already been created and some of the data added. It would then be possible to use JAWS to navigate the datasheet and add more data.

A number of resources exist to support the teaching of statistics to the deaf or visually-impaired, ranging from the use of cardboard and modelling clay, to raised line drawing kits:

- The Tactile Graphics Handbook Pack for HE (National Centre for Tactile Diagrams) [WR 5.24]. This pack provides a range of resources suggesting appropriate materials, learning and teaching methods, and technology that is available to blind and visually impaired students. The graphical part of a blind or visually impaired student's course is often the most difficult to deal with. The Tactile Graphics Handbook for HE contains samples of tactile graphics, good practice guidelines and case studies. The pack also contains a Tactile Graphics Verbal Descriptions section and a Tactile Graphics Sample Pack. All volumes are available in the included disk and in Braille.
- Gibson and Darron (1999) describe the use of inexpensive, easily constructed, low-tech devices made from cardboard and modelling clay for teaching statistics to a student who is blind. The student tactilely explored these manipulatives and achieved a high level of conceptual understanding [WR 5.22].

- Schilling, Caplan, Treisman and Boyd (2001) describe the development of specialised instructional components and teaching techniques to enable deaf or hearing-impaired students and hearing students to complete an Introduction to Statistics course more successfully.
- Accessing Maths and Stats by Other Means (Maths, Stats and OR Network) [WR 5.25] addresses the practicalities of making mathematics accessible through the use of assistive technology, and contains links to further information.

Clinical psychology and mental health

Table 5.1 Proportions of first degree undergraduate students as a whole, and of undergraduate psychology students, declaring mental health problems over six academic years between 1998-2009

	1998/99	2000/01	2002/03	2004/05	2006/07	2008/09
Student group	%	%	%	%	%	%
All students	0.03	0.07	0.09	0.13	0.18	0.26
Psychology Students	0.08	0.12	0.17	0.17	0.48	0.63

Note: Source: HESA Student Record 1998/99 – 2008/09 © Higher Education Statistics Agency Limited, 2010. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.
*Populations excludes 'writing up' and 'sabbatical' modes of study for comparability across years.
**For 1998/99 and 2001/01, 'Psychology' is defined using HESACODE:
(C8) Psychology (not solely as a social science)
(L7) Psychology (without significant element of biological science)
For the years 2002/03 and later, 'Psychology' is defined using the Joint Coding System which replaced HESACODE:
(C8) Psychology

In 1998/99, 0.03% of all undergraduate HE students declared a mental health difficulty. This increased to 0.26% in 2008/09. However, across all years a higher proportion of undergraduate psychology students declared a mental health difficulty, increasing from 0.08% in 1998/99 to 0.63% in 2008/09 (table 5.1). It is important to be aware of the difficulties that can arise for students when learning about certain areas of psychology, particularly those parts that deal with clinical and mental health issues. Many topics and areas within psychology have very personal aspects or associations that can be distressing for students regardless of whether they are disabled. With this in mind, it is unconstructive that the term 'abnormal psychology' remains so pervasive. The term is problematic because students can interpret it to mean their disability classifies them abnormal. The comments shown below relate to other core areas of psychology and illustrate how students can be affected by different topics.

"I found some of the descriptions of psychopathologies slightly distressing, but I think many people who do not have my disability might share this opinion" (student with mental health difficulties)

"Yes, some aspects of these areas can be distressing as I have experienced these difficulties personally (+ family members + friends)… A lecturer who is sensitive to the emotional impact of some of the course content is always helpful… All academic staff should be sensitive to the emotive nature of some course material – I think this is key… [In psychology there is] wider prejudice against those with mental health difficulties" (student with mental health difficulties)

"I'm not sure how much was actual difficulty and how much was a morbid fascination – I enjoyed learning about panic disorder, and found it useful to learn about how to cope with the problem, but I suppose that thinking about it a lot didn't help as it made me even more aware of my difficulties and of my body, leading to even more hypersensitivity" (student with mental health difficulties)

"I feel that within the psychology course there is too much of a negative attitude towards mental illness" (an undergraduate psychology student with mental health difficulties)

"With a mental health condition, I had become tired of hearing conflicting comments about human nature and my own condition… The knowledge I have gained has helped me grow in self-confidence and become more informed and assertive" (student with mental health difficulties)

If a student needs to take time out from studying due to mental health issues it is necessary for the university to monitor the situation with a view to re-engaging with the student to discuss studying possibilities during a period of wellness. Careful counselling may be required to ensure that the student is as aware as possible of time limits and other difficulties linked to the absence from their studies.

Students who experience difficulties with their illness or medication may require some course or assignment flexibility. Modular teaching, coupled with a form of continual assessment, may be an effective format of curriculum delivery. Traditional study and end of year exams are potentially difficult for students experiencing mental illness. If students change medication with uncomfortable side effects, or find it difficult to concentrate for periods, their ability to meet the course requirements at a crucial time may be hampered. They may have put in considerable effort at times when they are well enough to work, yet be unable to realise the fruits of that work at key examination times.

A greater awareness of each individual's mental health, capacity for generating and dealing with stress, and wider understanding of mental illness will help to lessen the misunderstandings and stigma surrounding mental illness.

Lecturers and tutors are not trained counsellors, and as discussed in Section 4 should not necessarily be expected to diagnose, treat or provide the individual support which may be needed. However, lecturers and tutors need to make themselves aware of the signs of stress, which can be indicators of deeper difficulty. Students who seek guidance through study support or counselling often have one or more of the following problems:

- poor time management/organisational skills, which may result in poor attendance;
- consistently misses deadlines and has an inability to complete an assignment;
- procrastination, often from fear of tackling an assignment;
- low levels of concentration in seminars and tutorials;
- difficulty in assimilating and processing information, for example from handouts/texts under discussion;
- shyness, reticence, unwillingness to participate in group discussions;
- underdeveloped, immature social skills (poor mixer, difficulty in relating to peers).

Some of these are general difficulties that many students experience as a matter of course when adjusting to independent study in higher education, and this is where close liaison with support staff is essential in ensuring the early identification of students whose learning difficulties may have their roots in an inner vulnerability. A programme of staff development can provide tutors and lecturers with useful guidelines on the typical symptoms associated with the more common disorders such as depression, obsessive-compulsive disorder, mania, eating disorders, self-harm and phobias (Arlett, Hopkins, Jackson, Tennant and Wilson, 2nd ed. 2005) [WR 5.26].

Perception and cognition

Many topics and areas within psychology have very personal aspects or associations that can be distressing for students regardless of whether they are disabled. The comments below illustrate how students can be affected by different topics.

"Hearing, Speech and Language. I couldn't participate in practical classes… Perception was both empowering and unnerving as it explained the ear and how you hear – I hadn't realised how much I was missing in terms of bi-directional hearing and so on. The same is true for the teaching about vision as I have a syndrome that means my eyes will deteriorate over time" (student who is deaf or hard of hearing)

"Doing the perceptual psychology is harder, as being dyspraxic I don't perceive things as others do. Therefore I have to learn what the principle is, and the relevant test for it, but the tests and the visual illusions don't work for me in the same way they do for others" (student with a specific learning difficulty)

"I was particularly frustrated by the way the 'dyslexia topics' were covered on the basis we should just get on with it, as it's self determined… The lecturer could have had a more positive and informed view of dyslexia, and not placed his views on the other students who knew very little about the condition, plus not make those who do suffer from dyslexia be made to feel inadequate…" (student with a specific learning difficulty and an unseen disability)

"I found it hard during my MSc in health psych hearing about psych support for people diagnosed with serious medical conditions as I was never offered any on finding out I probably had MS even though I was only 20 and I felt we were being taught about ideals rather than reality" (student who uses a wheelchair or has mobility difficulties)

"Health psychology feels a bit too close to home sometimes… I just needed a sounding board to reflect on the personal impact of the lectures" (student with chronic, fluctuating medical condition)

Technology

The JISC TechDis Service (the JISC-funded UK advisory service for accessibility and inclusive practice in further and higher education) aims to support the education sector in achieving greater accessibility and inclusion by stimulating innovation and providing expert advice and guidance on disability and technology [WR 5.27]. TechDis recognises key topics within the sectors and provides information with a disability and technology perspective. Highlighted here are the areas currently being prioritised.

E-assessment

E-assessment is a vital tool in education. E-assessment potentially offers advantages over traditional modes of assessment, including, for example, greater speed of marking, immediate feedback to both learner and assessor, and a more entertaining assessment experience. JISC TechDis have produced a Staff Development Pack entitled E-Assessment. This is written with the aim of enabling staff developers or other intermediaries to deliver a workshop introducing the principles of accessible assessment to practitioners [WR 5. 28].

Web accessibility

Web accessibility is a key area of JISC TechDis work. Over the last three years JISC TechDis has built relationships with key intermediaries, including Universities and Colleges Information Systems Association (UCISA) and UKOLN (a centre of excellence in digital information management, providing advice and services to the library, information and cultural heritage communities), in this field to ensure that the advice given is both in context for the education sector and relevant to the web development community [WR 5.29].

M-learning

Upwardly Mobile – getting started in inclusive m-learning is a DVD-ROM which is designed to be a practitioner resource and is aimed at both technophiles and technophobes. Within the educational community it has long been suspected that, for all the difficulties of small screens, fiddly buttons and clunky navigation, mobile learning has much to offer disabled learners. Upwardly Mobile provides teaching and lecturing staff across the UK educational sectors with information on the accessibility pros and cons of mobile learning, ideas and approaches on using mobile content created by tutors, learners and other individuals, and tips on creating and distributing mobile content [WR 5.30].

E-learning

E-learning offers many potential accessibility benefits for many disabled learners. Resources in digital form are more flexible, adaptable and personalisable than almost any other medium. Nonetheless, e-resources (like any other resource) are not universally accessible and it is important for those involved in e-learning to be able to minimise the barriers and maximise the benefits.

E-learning offers great potential for adding value to traditional learning. The inherent flexibility and creativity offered by e-learning provides many opportunities to make learning more accessible to a wide range of students. Interactive e-learning experiences need not involve any more than basic ICT skills using commonly available software [WR 5.31 and WR 5.32].

Accessibility Essentials Series: The Complete Series

This updated resource gathers four titles on one DVD (the resource is also available online, with the addition of updates to all of the techniques for Microsoft Office 2007) [WR 5.33]. Topics include:

- making electronic documents more readable;
- writing accessible electronic documents with Microsoft word;
- creating accessible presentations;
- making the most of pdfs.

Obtaining textbooks in alternative formats

TechDis provides guidance specifically designed for library staff, support staff and subject tutors and lecturers supporting disabled learners. The alternative text guide [5.34] is written in conjunction with the UK publishers association and is a companion to the online database publisherlookup [WR 5.35]. The guide is for anyone who needs to source text books in an alternative format for a reading impaired learner.

Adding value to libraries

The JISC TechDis team works with a range of library services and organisations to develop, promote and disseminate good practice with regard to accessibility and inclusion. The Libraries guide outlines some of the services and resources available for libraries and library staff [WR 5.36].

The JISC TechDis HEAT scheme

The Higher Education Academy Technology (HEAT) scheme provides staff working in higher education (teaching staff, library staff, careers officers, staff developers, IT specialists and accessibility or support specialists) with technology with which to develop or uncover aspects of good inclusive practice. This may be specific to the teaching of a particular discipline, supporting a specific role area, or may have more generic applicability across the sector. Staff time is not funded, as the good practice developed is expected to form a normal part of the routine of teaching and learning, supporting the inclusion model where specific adjustments for disabled students are required less often if the mainstream offering is more inclusively designed in the first instance. The case studies can be browsed by the type of technology or by subject area [WR 5.37].

5

References and Resources

References

Munsey, C. (2006). New program helps students with disabilities access APA books. *Monitor on Psychology, 37*(1).

Powell, S. (2003). Special teaching in higher education: *Successful strategies for access and inclusion*. Routledge.

Schilling, M., Caplan, A., Treisman N. & Boyd, B. (2001). Statistics is NOT for dummies! Getting the mean, the mode, the median… and everything in between! In K. B. Jursik (Ed.), *PEPNet 2000: Innovation in education. Proceedings of the 9th Biennial Conference on Postsecondary Education for Persons who are Deaf or Hard of Hearing, April 5-8, 2000, Denver, Colorado* (pp. 117-122). Knoxville, TN: Postsecondary Education Consortium, Centre on Deafness, University of Tennessee.

Vinsel, A., Wales, K. & Wales, R. (2001). Creating an ASL study aid for Introduction to Psychology: Meshing four constituencies to make a video tape. In K.B. Jursik (Ed.), *PEPNet 2000: Innovation in education. Proceedings of the 9th Biennial Conference on Postsecondary Education for Persons who are Deaf or Hard of Hearing, April 5-8, 2000, Denver, Colorado* (pp. 123-130). Knoxville, TN: Postsecondary Education Consortium, Centre on Deafness, University of Tennessee.

Wood, M. R. (1996). An advanced writing requirement for psychology majors: Lessons for faculty. *Teaching of Psychology, 23,* 243-245.

Web Resources

WR 5.1 IPDPS Project: http://ltsnpsy.york.ac.uk/ipdps/

WR 5.2 QAA Website: http://www.qaa.ac.uk/

WR 5.3 BPS: http://www.bps.org.uk/

WR 5.4 QAA (2007), Benchmark Statements: http://www.qaa.ac.uk/academicinfrastructure/benchmark/statements/Psychology07.pdf

WR 5.5 APA Publication Manual: http://www.apastyle.org/pubmanual.html

WR 5.6 A website with APA style tips, FAQs, and so on: http://www.apastyle.org

WR 5.7 Publications such as the *Concise Rules of APA Style, and Mastering APA Style: Student's Workbook and Training Guide*: http://www.apastyle.org/products/4210004.aspx

WR 5.8 Endnote: http://www.endnote.com/

WR 5.9 Reference Point: http://www.lluk.org/3034.htm

WR 5.10 Biblioscape: http://www.soton.ac.uk/library/infoskills/bibliographic/biblioscape/index.html

WR 5.11 Dr Abel Scribe's Guide to APA Style and Documentation: http://www.docstyles.com/apaguide.htm

WR 5.12 Kevin Schoepp's APA Interactive Tutorial: http://www.kevinschoepp.ca/APAtutorial/contents.htm

WR 5.13 IPDPS national student survey: http://ltsnpsy.york.ac.uk/ipdps/ipdps.asp?CurrentPageID=16

WR 5.14 Psychology Glossary: http://www.tuition.com.hk/psychology/

WR 5.15 Institute of German Sign Language and Communication of the Deaf at the University of Hamburg online GSL dictionary of psychology: http://www.sign-lang.uni-hamburg.de/Projectseng/PsychLex.html

WR 5.16 Science Signs: http://www.sciencesigns.ac.uk/

WR 5.17 BPS quote: http://www.bps.org.uk/downloadfile.cfm?file_uuid=2B522636-1143-DFD0-7E3D-E2B3AEFCACDE&ext=pdf

WR 5.18 The Open University Knowledge Network provides information relating to SPSS and screen readers: http://kn.open.ac.uk/public/workspace.cfm?wpid=4021

WR 5.19 SPSS and JAWS: http://www.freedomscientific.com/fs_support/BulletinView.cfm?QC=426

WR 5.20 Excel: http://office.microsoft.com/en-gb/excel/default.aspx

WR 5.21 Notepad: http://www.finalemusic.com/notepad/

WR 5.22 Gibson, W. E. and Darren, C. (1999): http://www.informaworld.com/smpp/content~content=a785834194~db=all

WR 5.23 APA-Style Helper software, although this is not currently compatible with JAWS: http://ww.apastyle.org/stylehelper

WR 5.24 The Tactile Graphics Handbook Pack for HE (National Centre for Tactile Diagrams) University of Hertfordshire, 2003: http://www.nctd.org.uk/MakingTG/index.asp

WR 5.25 Accessing Maths and Stats By Other Means: From the Maths, Stats & OR Network; http://ltsn.mathstore.ac.uk/access/accessmsor.shtml

WR 5.26 Arlett, C., Hopkins, C., Jackson, D., Tennant, J. and Wilson. A., (2005), 2nd ed. The Higher Education Academy Engineering Subject Centre Guide: Working with Disabled Students: http://www.engsc.ac.uk/downloads/resources/disguide2ed.pdf

WR 5.27 TechDis: http://www.techdis.ac.uk/

WR 5.28 TechDis: e-assessment: http://www.techdis.ac.uk/index.php?p=9_1

WR 5.29 TechDis: web accessibility: http://www.techdis.ac.uk/index.php?p=9_4

WR 5.30 TechDis: m-learning: http://www.techdis.ac.uk/index.php?p=9_5

WR 5.31 TechDis: E-learning: http://www.techdis.ac.uk/index.php?p=9_6

WR 5.32 TechDis: Creation of learning materials: http://www.techdis.ac.uk/index.php?p=9_7

WR 5.33 TechDis: Accessibility Essentials: http://www.techdis.ac.uk/index.php?p=3_20

WR 5.34 TechDis: Alternative Texts: http://www.techdis.ac.uk/getaltformat

WR 5.35 TechDis: publisherlookup: http://www.publisherlookup.org.uk

WR 5.36 TechDis: Libraries: http://www.techdis.ac.uk/getlibraryguides

WR 5.37 TechDis: HEAT scheme: http://www.techdis.ac.uk/getheatscheme

Other Useful Resources

Written communication

Cognitive Science:
http://www.bcp.psych.ualberta.ca/~mike/Pearl_Street/Dictionary/dictionary.html

General Psychological Dictionaries:
http://allpsych.com/dictionary/
http://www.abacon.com/psychsite/dict.html
http://www.learner.org/discoveringpsychology/glossary.html
http://www.alleydog.com/glossary/psychology-glossary.php

Social Psychology Dictionaries:
https://facultystaff.richmond.edu/~allison/glossary.html

Psychological Terminology

HEIs submit form to: http://forms.apa.org/ada/

Meehan, A., Hoffatt, D. and Hoffatt, L. C. (1993). Strategies and resources for teaching visually impaired students. *Teaching of Psychology, 20*(4), 242-244:
http://www.informaworld.com/smpp/content~content=a785863415~db=all

Recording for the Blind and Dyslexic: Building bridges between print disabilities and educational success: http://www.rfbd.org/

Laboratory/Research Skills

Farrar, V. (2009). The Higher Education Academy Inclusive Research Communities e-bulletin: http://www.psychology.heacademy.ac.uk/networks/sig/irc.asp

Issues in Providing Learning Support for Disabled Students Undertaking Fieldwork and Related Activities (GDN): http://www2.glos.ac.uk/gdn/disabil/

NatCen Learning provides research training and events giving practical insight and enhanced skills for conducting or managing research:
www.natcen.ac.uk/natcenlearning

Premia project – a resource base to help make the research environment more accessible to disabled postgraduate students: http://www.premia.ac.uk/

The Higher Education Academy Geography, Earth and Environmental Sciences (GEES) Subject Centre Learning and Teaching Guide, p. 18, ideas to assist lecturers and demonstrators:
http://www.gees.ac.uk/pubs/guides/labspracs/geeslabsnpracs.pdf

Statistics

A new set for SPSS version 14 was released by Richard Orme at the RNIB in February 2007. Download SPSS JAWS scripts: http://kn.open.ac.uk/public/workspace.cfm?wpid=4021

Freedom Scientific provides advice and scripts about SPSS and JAWS for the visually impaired: http://www.freedomscientific.com/

Freedom Scientific website link: www.sightandsound.co.uk/pages/JAWS_Features.htm

R is a free application which offers some useful functionality for screen reader users as it has a command line mode and JAWS can read this without scripts: http://kn.open.ac.uk/public/workspace.cfm?wpid=4021

Screen reading software (JAWS) for SPSS set up instructions: https://docs.rice.edu/confluence/display/ITTUT/Screen+reading+software+(JAWS)+for+SPSS+set+up+instructions

Stata software claims to be fully accessible (to the USA Section 508 standard) and may be a suitable alternative but is more expensive and students may require alternative instructions to carry out activities: http://www.stata.com/

Statistical Thinking recognises and appreciates the needs of non-statisticians working in (and allied to) health. All the short courses in the programme are precisely targeted so that delegates can become effective users and consumers of statistics: www.leeds.ac.uk/statistical_thinking

Clinical Psychology and mental health

Aimhigher: peer mentoring Project for Disabled Learners: http://resources.glos.ac.uk/departments/externalrelations/aimhigh/aimhighermentoring.cfm

Debbie Mayes is a service user researcher employed by the Spectrum Centre at Lancaster university. In this article she describes some of the complexities and benefits of research conducted by those with direct personal experience of distress: http://www.guardian.co.uk/education/2009/aug/25/mental-health-academic-research

Rethink: Severe Mental Illness (2002): www.rethink.org

The Higher Education Academy Inclusion e-bulletin on mental well-being: http://www.psychology.heacademy.ac.uk/networks/sig/mwb.asp

Technology

JISC infoNet; Transforming Curriculum Design and Curriculum Delivery through Technology: http://www.jiscinfonet.ac.uk/curriculum

The TechDis Accessibility Database contains over 2,500 items of assistive technology used to support students with disability: http://www.techdis.ac.uk/resources/files/AAA.pdf

Section 6

6

Postgraduate training

Inclusive research communities

The percentage of research students who are disabled has risen significantly over five years to 7.5% in 2007/08 [WR 6.1]. If disabled graduates apply to doctoral programmes, research staff may consider that they have resolved any problems which study presents (Farrar, 2009) [WR 6.2].

Yet from the perspectives of disabled postgraduate students, doctoral studentships can be a very different experience. The activities and expectations of a doctoral student are unique: planning and delivering at least three years' research; learning and confidently using complex subject terminology; reading extensively; writing a lengthy thesis; defending the thesis in a viva and academic networking (Farrar, 2009).

A research community values academic independence and self-direction; and an inclusive research community enables all its members to become independent researchers through appropriate levels of guidance, supervision and support. For more information regarding inclusive research communities and best practice see Farrar (2009) [WR 6.2] and Premia Project [WR 6.3].

Professional training degrees

The Improving Provision for Disabled Psychology Students (IPDPS) project [WR 6.4] identified a wide range of concerns and experiences of disabled people wishing to undertake professional training in psychology.

"When I phoned the professional society to ask about becoming a clinical psychologist I was told in no uncertain terms that I could not be one as a deaf person! I have proved them wrong. Outrageous attitude. I hope that is changing now" (deaf or hard of hearing student)

"Just thought you might like to know that around 90% of Assistant Psychologist vacancies and also a high proportion of Research Assistant ones ask for a driver and put this as 'essential' on their person spec. I have dyspraxia and cannot drive so I have been explaining this but I suspect it is not being taken into account. What's worse is that most APs I know say that driving is not necessary for their job at all. I strongly suspect that it is being used to cut down on the amount of applications to consider even when it is not necessary at all. Obviously this has profound implications for disabled psychology graduates" (email sent to IPDPS)

"I'm having difficulties in gaining the clinical training required to ultimately become a clinical psychologist. My mobility difficulties have restricted travel that is necessary to visit patients as well as the kind of research I could do for my MSc. dissertation. I think things are made worse, partly because of the semi-visibility of my disability" (a postgraduate student with multiple sclerosis)

Legislation through the Disability Discrimination (SENDA, 2001) Act [WR 6.5] requires equality of access to education and training for all students. This has had a major impact on HE provision and practices and has also posed challenges around supporting disabled students, particularly for both health professions training (for example, Health Care Professions 2003 [WR 6.6]) and for health service employees (Scullion, 2000). The issue of disabled graduates on professional psychology courses has also received attention (Atherton and Dent, 2003) [WR 6.7]; (BPS, 2004) [6.8]; (Cromwell, 2001); (Dent and Atherton, 2004) [WR 6.9].

For clinical psychology training that involves NHS placements and settings, particular difficulties are caused by problems of physical access. However, several courses with assistance from the NHS Workforce Development Confederation [WR 6.10] who fund training, have successfully overcome many of the practical difficulties arising through disability. Examples include: making adjustments to premises, allocating some of the disabled person's duties to another person, acquiring or modifying equipment (Harper, Rowlands and Youngston, 2006) [WR 6.11].

Nevertheless, the profession is faced with some difficult questions regarding the extent to which adaptations can be made within training when assessing the basic competences required of a professional psychologist. To what extent can or should occupational standards be adapted for people with disabilities? Should special provision be made for people working specifically with disabled groups? What adaptations are acceptable within generic services and by non-disabled clients to achieve competence (for example, signing, interpreters, and so on).These are controversial and challenging questions that the profession needs to address. An excellent overview of these issues as they relate to disabled graduates and employability is provided by Wilson (2004).

The Alternative Handbook for Clinical Psychology (2008) [WR 6.12] provides information from trainees about their experiences on training programmes. The data give a clear indication of how supportive each establishment is towards its disabled postgraduate students. It is recommended that the Alternative Handbook be used in conjunction with the handbook produced by the Clearing House for Postgraduate Courses in Clinical Psychology [WR 6.13]. The BPS supports the development of good practice in this area and other health-related professional bodies have already been active in responding to disability issues (for example, WHO [WR 6.14]; Scullion, 2000).

Selection and admission into professional programmes

Turpin and Fensom (2004) examine potential barriers to a more diverse workforce in psychology, analysing statistics on the number of applications and acceptances into undergraduate psychology degrees and postgraduate clinical psychology courses by gender, age, ethnicity and disability. Statistics reveal that the proportion of applicants accepted varies by disability status. Turpin and Fensom (2004) recommend that the BPS should use disabled (and other minority) role models in its publications, and support the development of good practice in the area of disability and professional training.

Clearing House for Postgraduate Courses in Clinical Psychology data

The Clearing House for Postgraduate Courses in Clinical Psychology (CHPCCP) [WR 6.13] handles applications for all programmes, with each candidate submitting only one application form. The website of the UK Clearing House for Postgraduate Courses in Clinical Psychology (CHPCCP), handles applications for 30 UK clinical psychology programmes, and reports demographic details on applicants for, and those accepted into, each year's intake.

Table 6.1 Clearing House data on disabled applicants for clinical psychology training

Year	*N* disabled applicants (% all applicants)	*N* successful disabled applicants (% all successful applicants)	% of disabled applicants successful	% of all applicants successful
1999	19 (1.22%)	4 (1.06%)	21%	24%
2000	18 (1.17%)	6 (1.45%)	33%	20%
2001	17 (1.14%)	5 (1.10%)	29%	31%
2002	15 (0.90%)	2 (0.41%)	13%	29%
2003	75 (3.81%)	10 (1.86%)	13%	27%
2004	105 (5.49%)	26 (4.66%)	25%	29%
2005	128 (6.02%)	24 (4.00%)	19%	28%
2006	141 (5.90%)	24 (4.36%)	17%	23%
2007	172 (7.50%)	38 (6.56%)	22%	25%
2008	179 (8%)	44 (8%)	24%	26%
2009	196 (9%)	42 (7%)	21%	27%

Note: Based on Table 1 in Harper, Rowlands and Youngston (2006) [WR 6.11], and disability tables at [WR 6.30]

As the CHPCCP website notes, these data raise questions about the success rates of disabled applicants, given that their acceptance rate is lower than their application rate compared to non-disabled applicants. A major factor that may account for this could be the qualifications earned by disabled students in their undergraduate psychology degrees. In relation to the qualifications of those entering without a

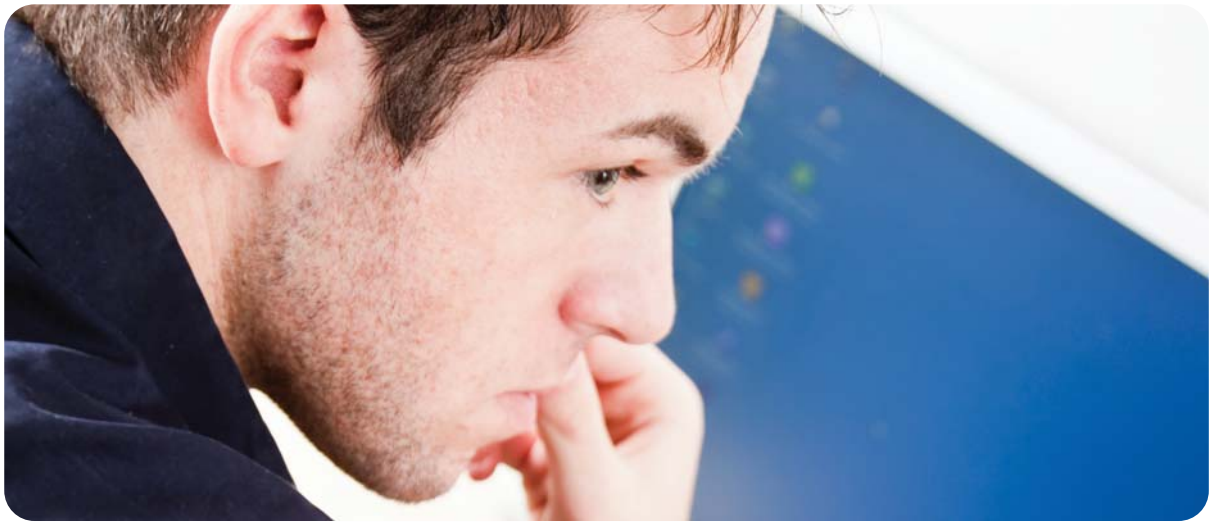
higher degree qualification in 2009, only 9% of disabled applicants had a first in their undergraduate degree, compared with 14% of non-disabled applicants. Five per cent had a 2.2 compared with 2% of non-disabled applicants. However, the CHPCCP note that, given the small numbers involved, it is not possible to say whether these difficulties are statistically significant. This finding is similar to that found by Riddell, Banks and Wilson (2002), for disabled students in English HEIs from 1999-2000.

These findings suggest that, while the proportion of disclosed disabled students applying for clinical psychology programmes is similar to their proportion in the psychology undergraduate population, they are under-represented amongst those accepted into such courses. This may be due to lower degree classifications obtained at undergraduate levels. Disabled students in clinical psychology programmes disclose a range of disabilities, with a small proportion of applicants (and, presumably, of those accepted) disclosing mental health difficulties, at a rate virtually identical to that of undergraduates in the 2001/02 academic year (0.29%).

One of the implications of the Disability Discrimination Act (DDA, 2005) [WR 6.16] is that it is now illegal to discriminate against candidates on the grounds of any disability, including mental health problems and there have been a number of cases found against employers, including cases involving mental health difficulties. This Act now applies explicitly to education providers; there is an onus on courses to make 'reasonable adjustments' to accommodate those with a range of disabilities. Selection procedures must not discriminate between candidates on the grounds of gender, age, sexual orientation, ethnic origin, religion, creed or disability (BPS/MQB, 2002) [WR 6.17] and training programmes should take active steps to widen access to entry to the profession of clinical psychology, aiming for diversity within trainee cohorts (p.12).

The National Health Service Executive (NHSE) [WR 6.18] is drawing up a policy on the DDA and employment based on the premise that, as the UK's largest employer, the NHS should set an example in employing people with a variety of disabilities. People with mental health problems, for example, experience a great deal of discrimination in the workplace and have the highest unemployment rates of all disadvantaged groups. The Pathfinder User Employment Programme project (Perkins, Seebohm, Grove, and Secker, 2002) [WR 6.19] has demonstrated that, contrary to stereotypes, properly supported employees with mental health problems may actually take less sick leave than others. This represents a move from blanket prejudice against those with mental health problems, to a focus on people's competence – that is, their ability to do the job. A health assessment and other risk assessment is appropriately triggered at a health screening stage by the occupational health department and should not form part of the interviewing and other selection procedures.

"Then you've got people who are actually qualified professionals who may have had to keep their experiences of using mental health services a deep, dark secret, in order to just get on the training courses – which is another issue about discrimination. I think that sometimes it's not so much the employers, the statutory services, that are discriminatory, but it's actually the universities and colleges that are particularly pernicious in their attitudes towards survivors" (Peter Relton, a survivor worker quoted in Snow, 2002, p. 65)



Service users as professionals

A common theme in the literature about involving service users and critiques of professional practice is how professionals become socialised into seeing some people as Other – that is, as categorically different from 'us' normal people (for example, those with serious mental health problems or with a physical disability). Survivor workers, those mental health professionals who have experienced serious mental health crises and 'come out' about these experiences, have been inspiring – see, for example, accounts by Rufus May (2000) [WR 6.20] and Perkins (2002).

The National Health Service Framework for Mental Health proposes that 'service users should be involved in planning, providing and evaluating education and training' (DoH, 1999, p.109) [WR 6.21]. It is important to be careful about the use of language (for example, to talk of 'we' and 'us' rather than 'them'). This reflects a fundamental shift in the culture of mental health services.

Within the current culture of mental health provision, a value base is emerging based on principles of partnership between practitioners, service users and carers (see NIMHE Cases for Change, 2003) [WR 6.22]. Each is seen as being able to offer their own valuable contribution in terms of developing a more holistic understanding of mental distress and its impact, and as having the potential to be actively involved in working towards recovery.

Developing effective forms of service user and carer involvement is not easy, especially if this has to be done on top of existing work commitments. It takes time, not least to build good working relationships with users and carers. It requires a willingness to look again at course philosophies, teaching methods and learning and assessment strategies. Also, it requires a humility that allows teaching staff to give up any vestiges of a superior 'expert' status. Inevitably, engaging with such changes can feel risky and there can be anxieties that things could go badly wrong, perhaps affecting the credibility of the course, or adversely impacting on the mental health of contributors. There may be concerns about contributors having a particular 'axe to grind'. However, experience has shown that, as long as service user and carer involvement is properly planned and supported, such fears have not been born out in practice (Tew, Townsend, Hendry, Ryan, Glynn and Clark, 2003).

In fact, the pay-offs for teaching staff can be considerable in terms of job satisfaction and professional development. Different perspectives and ways of thinking can inject new life into course content that may have become rather boring and repetitive. Teaching staff may learn new knowledge, skills and ideas from the service users and carers with whom they are working, and benefit from ongoing and constructive challenges to their value base. They may also discover that service user and carer colleagues are able to offer personal and professional support which differs from that received from other teaching colleagues.

Goodbody, Hayward, Holttum and Riddell (2007) [WR 6.31], attempted to establish working links with service users and carers, as individuals and in organisations, within the geographic area covered by the Salomons clinical psychology programme, based at the University of Surrey. The aim was for service users and carers to become involved in all stages of the research process to strengthen the utility, relevance and methodological adequacy of trainees' work.

The baseline data revealed a strikingly low level of knowledge and experience of service user and carer involvement in education and NHS services amongst respondents. It was generally felt that the courses were neither doing particularly well nor particularly badly on either friendliness by service users and others, or on barriers and opportunities to involvement. There was a view that service users could not easily find support and that there are issues in the representativeness of those involved.

Service users and carers were directly involved in the recruitment of new trainees for the first time in 2006. This took the form of co-facilitating and evaluating performances within an innovative discussion task that was undertaken by applicants in small groups. Feedback from interviewers and interviewees was positive and, consequently, the task has become an integral part of Surrey's selection procedure.

Funding postgraduate programmes of study

In general, UK students studying at postgraduate level, either full-time or part-time (at least 50% of a course), are eligible for Disabled Student Allowances [WR 6.23] from the Department for Innovation, Universities and Skills (DIUS) [WR 6.24]. However, there are variations to this.

Students who are enrolled in professional training programmes funded by the NHS are not eligible for DSAs from DIUS. However, most students in these programmes will be eligible for a bursary from their NHS awarding body, and DSAs are available as part of the bursary. When students are accepted into the programme they will be sent a bursary application pack, including details about how to apply for the DSA. Disabled students can apply for the DSAs from their local authority (LA) if their course is taught or completed through research and recognised by the Department for Education and Skills (DfES) [WR 6.25]. Full-time courses should last for at least one year, result in a master's degree, doctorate, postgraduate diploma or certificate and ask for at least an undergraduate degree or equivalent as an entry requirement. Students who receive a research council award, such as a studentship, are eligible for DSAs administered by their research council (in psychology, usually the Economic and Social Research Council [WR 6.26], or the Medical Research Council [WR 6.27]).

Postgraduate students from Northern Ireland are not generally eligible for DSAs, except if they receive a studentship or bursary from the Department for Employment and Learning (in which case they may be eligible for a DSA from the Department), or if they receive a discretionary award from their Education and Library Board for postgraduate study.

Students who are not eligible for DSA funding, for example international students, have to seek alternative sources of funding. In some cases limited financial support may be available from HEI-administered funds [6.28] to help meet these costs, but this generally cannot be guaranteed.

Clinical psychology training, being both postgraduate and vocational, presents structural problems within funding organisations with interests in either postgraduate or vocational training, but not both. Local education authorities have no responsibility for postgraduate training, presenting training courses with significant problems when required to secure funding in advance of their next intake.

Advice for placement providers

There is a wide literature around equitable treatment in providing placements and opportunities for disabled students.

For example the Professional Education and Disability Support (PEdDS) project Disabled Social Work Students and Placements (2005) [WR 6:29] aimed to explore, assess and deliver learning support to disabled social work students undertaking professional education in the practice placement environment. The evidence in this guide is based upon a series of interviews with disabled social work students, academic staff including placement coordinators from social work programmes, practice assessors and teachers, and university disability support staff. The research focuses on the needs of, and responses to, students with unseen disabilities and therefore addresses questions of disclosure and confidentiality as well as identifying what makes for positive placement experiences.

Similarly, Hauser, Maxwell-McCaw, Leigh and Gutman (2000), discuss ways in which US federal laws, accreditation guidelines of the APA and rules of the Association of Psychology Postdoctoral and Internship Centers require that internship-training program provide access for interns with disabilities. The authors note: 'Those with disabilities who have completed their doctorates and those who are still in the process have had to deal with much more adversity than their non-disabled peers throughout the course of their training because of their "difference". To put it bluntly, this is a case of inequitable treatment'.

6

References and Resources

References

Cromwell, J. (2001). Deaf clinical psychology trainees. *Clinical Psychology Forum, 148*, 4.

Hauser, P., Maxwell-McCaw, D., Leigh, I. & Gutman, V. (2000). Internship accessibility issues for deaf and hard-of-hearing applicants: No cause for complacency. *Professional Psychology: Research and Practice, 31*, 569-574.

Perkins, R. in Seebohm, P., Grove, B. & Secker, J. (2002). *Working towards recovery*. London: IAHSP.

Riddell, S., Banks, P. & Wilson, A. (2002). A flexible gateway to employment? Disabled people and the employment service's work preparation programme in Scotland. *Policy & Politics, 30*(2), 213-30

Scullion P. (2000). Disability as an equal opportunity issue within nurse education in the UK. *Nurse Education Today, 20,* 199-206.

Snow, R. (2002). *'Stronger than ever': Report of the 1st National Conference of Survivor Workers UK*. Stockport, UK: Asylum.

Tew, J., Townsend, M., Hendry, S., Ryan, D., Glynn, T. & Clark, M. (2003*).On the road to partnership? User involvement in education and training in the West Midlands*. Redditch, UK: NIMHE West Midlands Regional Development Centre.

Turpin, G. & Fensom, P. (2004). *Widening access within undergraduate psychology education and its implications for professional psychology: Gender, disability and ethnic diversity*. Leicester: British Psychological Society.

Wilson, C. (2004). Disabled graduates and employability. *Inclusion: A focus on disability and widening participation in higher education*, *2*. www.inclusion.ac.uk

Web Resources

WR 6.1 Higher Education Statistics Agency (HESA): http://www.hesa.ac.uk/

WR 6.2 Farrar, V. (2009). The Higher Education Academy Inclusive Research Communities e-bulletin: http://www.psychology.heacademy.ac.uk/networks/sig/irc.asp

WR 6.3 Premia – making research education accessible: http://www.premia.ac.uk/

WR 6.4 IPDPS website: http://ltsnpsy.york.ac.uk/ipdps/

WR 6.5 SENDA, 2001: http://www.hobo-web.co.uk/tips/12.htm

WR 6.6 HCP Disability: http://www.hcp-disability.org.uk/

WR 6.7 Atherton, R. and Dent, A. (2003). Training deaf clinical psychologists. *Clinical Psychology*, *32* (December), 17-20: http://www.bps.org.uk/document-download-area/document-download$.cfm?file_uuid=0C05D537-7E96-C67F-D54A8147CFC1086B

WR 6.8 Widening access within undergraduate psychology education (BPS, 2004): http://www.bps.org.uk/downloadfile.cfm?file_uuid=1B299121-7E96-C67F-D2C54425655A6BE8&ext=pdf

WR 6.9 Dent, A. and Atherton, R. (2004). A sign of our times: Clinical psychologists' awareness, concerns and interest in supervising a deaf trainee. *Clinical Psychology, 33* (Jan.), 30-34: http://www.bps.org.uk/document-download-area/document-download$.cfm?file_uuid=0C0697FA-7E96-C67F-DDBF4925ECE68041

WR 6.10 NHS Workforce Development Confederation: http://www.nhsconfed.org/Pages/home.aspx

WR 6.11 Harper, D., Rowlands, A. and Youngston, A. (2006). Clinical Psychology Training and Disability: Information, guidance and good practice guidelines: http://www.bps.org.uk/downloadfile.cfm?file_uuid=779A15DF-1143-DFD0-7E52-6E224D068B19&ext=pdf

WR 6.12 The Alternative Handbook for Clinical Psychology (2008): http://www.bps.org.uk/downloadfile.cfm?file_uuid=3D32C7C5-1143-DFD0-7E1E-52ECD9AAC804&ext=pdf

WR 6.13 The Clearing House for Postgraduate Courses in Clinical Psychology website: http://www.leeds.ac.uk/chpccp/index.html

WR 6.14 WHO: Mental Health: responding to the call for action: http://apps.who.int/gb/archive/pdf_files/WHA55/ea5518.pdf

WR 6.16 Disability Discrimination Act (DDA) 2005 Directgov: http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

WR 6.17 BPS/MQB, 2002: Clinical Psychology, issue 21, Jan 2003 p. 12: http://www.bps.org.uk/downloadfile.cfm?file_uuid=0BF57BCA-7E96-C67F-DC6BD1DBB1FE2763&ext=pdf

WR 6.18 National Health Service Executive (NHSE): http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099689

WR 6.19 Perkins, R., Seebohm, P., Grove, B. and Secker, J. (2002). The Pathfinder User Employment Programme: http://elearning.heacademy.ac.uk/weblogs/ea/wp-content/uploads/2009/03/bandpglossyfinal_update19mar09.pdf

WR 6.20 Rufus May (2000). Understanding Psychotic Experience and Working Towards Recovery: http://rufusmay.com/index.php?option=com_content&task=view&id=30&Itemid=33

WR 6.21 Department of Health (DoH, 1999): http://www.dh.gov.uk/en/Healthcare/nationalServiceframeworks/Mentalhealth/index.htm

WR 6.22 National Institute for Mental Health in England (NIMHE) Cases for Change, (2003): http://www.google.co.uk/search?q=NIMHE+Cases+for+Change%2C+2003&sourceid=navclient-ff&ie=UTF-8&rlz=1B3GGGL_enGB246GB248

WR 6.23 Disabled Student Allowances (DSA) Directgov: http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10034898

WR 6.24 Department for Innovation, Universities and Skills (DIUS): http://www.dius.gov.uk/

WR 6.25 Department for Education and Skills (DfES), now the Department for Children, Schools and Families (DCSF): http://www.dcsf.gov.uk/

WR 6.26 Economic and Social Research Council (ESRC): http://www.esrcsocietytoday.ac.uk/ESRCInfocentre/opportunities/postgraduate/fundingopportunities/

WR 6.27 Medical Research Council: http://www.mrc.ac.uk/index.htm

WR 6.28 HEI funding for England (hefce): http://www.hefce.ac.uk/

WR 6.29 The PEdDS research report 'Disabled social work students and placements' (2005): http://www.hull.ac.uk/pedds/documents/FINALBestPracticeGuideMasterdocJune2005_000.pdf

WR 6.30 Clearing House for Postgraduate Courses in Psychology Equal Opportunities Data: http://www.leeds.ac.uk/chpccp/BasicEopps.html

WR 6.31 Goodbody, L., Hayward, M., Holtum, S. and Riddell, B. (2007). Integrating Service User and Carer involvement into Clinical Psychology Training. Higher Education Academy Psychology Network Final Report: http://www.bps.org.uk/downloadfile.cfm?file_uuid=DE688754-1143-DFD0-7E15-0DEEB1F678F9&ext=pdf

Other Useful Resources

ALPS: Assessment and Learning in Practice Settings. Centre for Excellence in Teaching and Learning: http://www.alps-cetl.ac.uk/index.html

DCP Pre-Qualification Group Committee 2006/07: http://www.bps.org.uk/downloadfile.cfm?file_uuid=3D32C7C5-1143-DFD0-7E1E-52ECD9AAC804&ext=pdf

DUCIE: Developers of User and Carer Involvement in Education: http://www.mhhe.heacademy.ac.uk/networks/ducie/

Hayward, Mark: Integrating service user and carer involvement into clinical psychology training. Higher Education Academy Psychology Network Final Report, May, 2007: http://www.psychology.heacademy.ac.uk/docs/pdf/p20070828_Hayward_final_report.pdf

Khubchandani, A. and Williams-Nickelson, C. (2004). Resource guide for Psychology Graduate Students with Disabilities: an excellent recent guide for disabled psychology postgraduates. Begins with an overview of the 1990 Americans with Disabilities Act (ADA), then moves onto strategies for programme orientation and preparing for a successful postgraduate experience, understanding and meeting programme requirements, training and professional development, self-care and support, and a (US) national resource listing as an appendix. Pulls together a number of other articles here cited, and separately published: http://www.apa.org/pi/cdip/resource/home.html

Learning from experience; involving service users and carers in mental health education: http://www.mhhe.heacademy.ac.uk/resources/about-resources/good-practice-guides/learning-from-experience-/

Professional Education Public Involvement Network (PEPIN): PEPIN aims to share information and promote discussion relevant to the inclusion of patient, service user and carer voices in professional education: http://www.mhhe.heacademy.ac.uk/networks/pepin-/PsyPAG: Psychology Postgraduate Affairs Group: http://www.psypag.co.uk/

Reeve, D. (2004). Counselling and disabled people: Help or hindrance? In J. Swain, S. French, C. Barnes and C. Thomas (Eds.), *Disabling barriers – Enabling environments* (2nd ed.) (pp. 233-238). London: Sage. Refers to counselling courses but many comments very applicable to psychology, especially in relation to lack of disabled professionals.

Sainsbury Centre for Mental Health: Removing barriers achieving change: http://www.scmh.org.uk/about/biogs_bob.aspx

Swartz, L. (2003). Capetown researcher: "Disability is an issue for all of us". *Disability World*, November-December. Discusses the need for research on disability, and touches upon issues in the training of disabled clinical psychologists: http://www.disabilityworld.org/11-12_03/news/disability.shtml

The Higher Education Academy e-bulletin on inclusion: http://www.psychology.heacademy.ac.uk/networks/sig/index.asp

University of Birmingham: The Centre for Excellence in Interdisciplinary Mental Health (CEIMH): http://www.ceimh.bham.ac.uk/index.shtml

Vande Kemp, H., Chen, J. S., Erickson, G. N. and Friesen, N. L. (2003). ADA accommodation of therapists with disabilities in clinical training. *Women and Therapy, 26* (1/2), 155-168. About accommodating disabled people into clinical degrees.

Section 7

7

Employability

The Psychology Student Employability Guide (Lantz, Moysey, Dean, Tawse and Duncan, 2008) [WR 7.1] provides a psychology-specific overview of employability issues for current students and psychology academics. The Guide covers topics such as where psychology graduates work within and outside psychology, emerging areas of work and the job market, and includes activities to help students to explore their interests, skills, preferences and values.

Established career paths within psychology include: clinical, counselling, educational, forensic, health, neurology, occupational, sport and exercise, and teaching and research. Students who pursue careers within the established areas must pursue postgraduate study in order to qualify.

Students with disabilities may feel that they face additional hurdles when searching for a job.

"When I began applying for jobs, I was not confident in what I could apply for because of my multiple sclerosis. I assumed that you had to start at the bottom, running around making photocopies and coffee which are things I can't do. I found out later, this wasn't true. Both of my employers have been very accommodating. This has really helped me to gain confidence and made me realise there are more jobs I should have been applying for all along" (Project Officer with multiple sclerosis)

Students often do not realise the support that exists for people with disabilities. The Disability Discrimination Act (DDA, 2005) [WR 7.2] makes it unlawful for employers to discriminate during the application and recruitment processes as well as in the workplace. Also, employers must make 'reasonable adjustments' in accordance with the DDA to ensure those with disabilities are not disadvantaged.

The organisation Access to Work [WR 7.3] can help if issues of health or disability affects day-to-day employment. Access to Work can advise both the employee and the employer and lend financial support with the extra costs which may arise because of various needs. Access to Work might pay towards the equipment needed at work, adapting premises to meet any needs, or a support worker. It can also pay towards the cost of getting to work if public transport is unsuitable, or provide a communicator at job interviews. It can fund a person if they are in a paid job, unemployed and are about to start a job, unemployed and about to start a work trial, or self-employed.

Legal requirements aside, many employers encourage applications from disabled students. Indeed, recent research [WR 7.4] suggests that disabled people provide similar skills and productivity rates to non-disabled people.

Other positive findings related to employing disabled people include:

- enhanced problem-solving ability developed through overcoming challenges in handling daily life;
- better than average safety records;
- better attendance records than able people;
- a tendency to stay with organisations longer;
- representation of a significant customer market and therefore a valuable information source.

Many disabled workers feel that having a disability increases their ability to understand and empathise with their clients, and can lead to a more balanced and equal relationship with patients. Perkins, Buckfield and Choy (1997) state that 'the experience of mental health problems can be an asset. Those who have experienced such difficulties have gained a wealth of experience and expertise in living and coping with these problems that most clinicians do not have. This expertise can be of enormous benefit to others who have similar problems' (p. 308). Hiring a person with a mental health problem can also provide a powerful role model for the clients, and can help staff members gain a deeper understanding of mental health difficulties. When users and non-users work alongside each other as colleagues, 'them and us' perceptions are weakened, and positive attitudes promoted.

Swartz (2003): 'Among the many arguments made against training blind psychologists – some ridiculous – was that psychologists must be able to drive a car so they can get to their clients. Other arguments were more subtle, for example, we had to consider the fact that much of the psychological assessment depends on observations of the client's behaviour. What, though, is the essence of what a psychologist does in an assessment situation? The key skill is not in being able to see things but in being able to interpret and understand behaviour. A blind psychologist can use other channels of assessment, for example, auditory and tactile, and can work with someone who will administer visual-based tests so that the psychologist can make the appropriate professional judgments.'

Swartz (2003): 'One of my most valued colleagues now is a blind psychologist who not only can do what other psychologists do, but who also has a unique perspective to offer on the experience of disability.'

7

Getting into the system

The NHS is aware of the waste of human resources that comes from not employing mental health survivors. Perkins (in Snow, 2002) describes how in 1995 the Pathfinder User Employment Programme was born [WR 7.5].

This programme was designed to increase access to work within mental health services for people who have themselves experienced mental health problems, recognising the employment discrimination that people with mental health problems face in securing and maintaining jobs in mental health services. The programme is founded on the belief that the expertise of experience is essential to the provision of efficacious mental health services.

The Pathfinder User Employment Programme has provided support to a number of people to help them gain and sustain ordinary jobs within South West London and St George's Mental Health Trust on equal terms and conditions with everyone else. It has also provided work experience for mental health service users so they could get the experiences and references needed to go on to jobs in open employment. The Trust has adopted a Charter for the employment of people who have experienced mental health problems. This commits the trust to including personal experience of mental health problems as a qualification for employment in clinical posts. Other mental health services are setting up similar programmes, and the programme has been endorsed by a number of organisations including the NHS Executive.

The NHS Executive has prepared guidelines about employing people with mental health problems [WR 7.6]. The guidelines suggest that the NHS should set an example to show that:

- discrimination is taken seriously and will be eradicated;
- mental health should not be the cause of derision or ridicule;
- people with mental health problems have the same right as everyone else to be treated fairly and with respect.

The Disability Discrimination Act (DDA, 2005) [WR 7.2] makes it unlawful to refuse employment, or to terminate the employment, of a disabled person for a reason relating to that person's disability, without justification. The reason for that decision must be one that cannot be removed by any reasonable adjustment made by or on behalf of the employer.

Writing employment references for disabled students

When writing a reference for a disabled student it is important to follow the same general principles as when writing for a non-disabled student. Try to be fair; ensure that the reference is factually accurate; avoid ambiguity or coded language; clearly differentiate statements of fact and opinion; only express opinions that are relevant, and that you are competent to give; do not make statements that you cannot justify and always retain a hard copy [WR 7.7].

It is important to remember that under the Data Protection Act, students can ask the employer for an opportunity to view the submitted reference. Therefore, referees should always assume that the student will view the reference. There is no legal obligation for a referee to provide a reference. However, referees are under a legal obligation to use due care when compiling references.

In addition, the referee has a legal requirement not to supply any 'sensitive personal data' without the written permission of the candidate. The Data Protection Act provides a definition of what is termed 'sensitive personal data'. This relates to information concerning a subject's:

- racial or ethnic origin;
- political opinions;
- religious beliefs;
- Trades Union activities;
- physical or mental health;
- sexual life;
- details of criminal offences.

If a tutor is uncomfortable about providing a reference, or has significant reservations about what they can say, they are free to tell the student that they do not wish to be a referee. They must, however, be clear and transparent about their reasons for refusing. If contacted by an employer to provide a reference, but as the tutor you are unable or unwilling to do so, then this must be communicated carefully to both the employer and student in order to avoid implying a negative reference.

7

References and Resources

References

Perkins, R., Buckfield, R. & Choy, D. (1997). 'Access to employment: A supported employment project to enable mental health service users to obtain jobs within mental health teams'. *Journal of Mental Health, 6*(3), 307-318.

Snow, R. (2002). *'Stronger than ever': Report of the 1st National Conference of Survivor Workers UK*. Stockport, UK: Asylum.

Swartz, L. (2003, November/December). Capetown researcher: 'Disability is an issue for all of us'. *Disability World*.

Web Resources

WR 7.1 Lantz, C., Moysey, L., Dean, L., Tawse, I. and Duncan, A. (2008). Psychology student employability guide. York: Higher Educational Academy Psychology Network: http://www.psychology.heacademy.ac.uk/docs/pdf/p20080915_Employability_Guide.pdf

WR 7.2 The Disability Discrimination Act (DDA, 2005): http://www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1

WR 7.3 Access to Work: http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347

WR 7.4 Employers' Forum on Disability: http://www.realising-potential.org/six-building-blocks/commercial/what-researchers-say.html

WR 7.5 Pathfinder User Employment Programme: http://elearning.heacademy.ac.uk/weblogs/ea/wpcontent/uploads/2009/03/bandpglossyfinal_update19mar09.pdf

WR 7.6 NHS Executive Guidelines: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099689

WR 7.7 University of Strathclyde: http://www.strath.ac.uk/careers/uni_staff/writingacademicreferences/

Other Useful Resources

JISC infoNet: Transforming Curriculum Design and Curriculum Delivery through Technology: http://www.jiscinfonet.ac.uk/curriculum

Psychfutures: Finding your next step in psychology: http://psychfutures.ning.com/

Staffordshire University runs a careers mentoring scheme – see Student Support Mentoring Project for Students with a Disability:
http://www.staffs.ac.uk/visitors/careers_centre/jobzone/mentoring.jsp

The Data Protection Act: http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

The University of Manchester runs an employability-mentoring scheme for disabled students (and for black and ethnic minority students):
http://www.careers.manchester.ac.uk/recruit/profile/mentoring/

Section 8

8

Effective teaching practices

Effective teaching practices in general: inclusive teaching

This section looks at the processes of delivering learning in ways that will make it accessible to students with disabilities. Much of what is offered is simply good practice that will benefit all students. Although some students with a disability still have individual needs, inclusive teaching practice that caters for a more diverse student population will result with fewer demands on staff time and resources. This approach, which centres on flexibility and inclusiveness, also helps to lessen the singling out of specific groups as being outside the 'norm'. There are three key messages that run through this section [WR 8.1]:

- **Ask** – Good preparation involves meeting with the students to discuss their learning history and needs. Students are in the best position to inform academics of methodologies and techniques that have been effective in their past experience. These discussions also are useful for fostering students' self-advocacy skills. This means talking to the student. It is easy to assume that you know what the student needs. You probably don't.
- **Plan ahead** – Students with disabilities may need things ahead of time, or you may need to allow time for transcription. All HEIs have institution disability support services, as this is seen as minimal provision by the Higher Education Funding Council for England (HEFCE) [WR 8.2]. Institutions' Disability Support Services support students, and can assist staff as well. A good working relationship between staff and disability support services facilitates supporting students.

- **There is never only one way** – Employing a range of teaching methods is of benefit to both disabled and non-disabled students. In particular, the increasing use of technology enhances the learning and teaching experience. However, while the internet can provide unprecedented access to information, it is to no avail if the sites are inaccessible to the disabled student. This can be addressed by listing required materials, or making them available as early as possible, giving students the chance to get those materials in alternative formats.

Tutors and lecturers can help to ensure disabled students are not substantially disadvantaged by making some very simple adaptations to their teaching practice in lectures, seminars and classes. In other cases, adjustments will need to be made in response to the particular needs of individual students.

Delivery techniques are important here, but so too is organisation. Students often rate the organisation of a module or course as a key contributor to its success, and this is even more so for students with disabilities. The more that can be done to establish clearly what is going to happen and what the student has to do, the easier for students with disabilities to deliver of their best.

Ordinary good practice will address many issues to do with the needs of disabled students, as outlined in Effective Teaching Practice (Loughborough University) [WR 8.3]. Adhering to the following good practice points will cover the majority of the needs of disabled students, but remember each student is a unique individual.

Pitfalls of stereotypes of disabled students

Stereotypes of disabled students can take many forms. Viewing disabled students as possessing lower abilities may lead to interactions between staff and students that impair the educational process. Even more damaging is the attitude that some students fake their impairments to avoid unpopular or difficult course requirements. These attitudes parallel those encountered by other non-traditional groups entering HE. Even if staff members' behaviour is not affected by such stereotypes (unlikely), such negative expectations from staff can affect students' attitudes towards their own impairments.

Universities use the UCAS classification system to recognise different types of impairments [WR 8.4].

The current UCAS codes are:

0. None
1. Specific learning difficulty (for example, dyslexia)
2. Blind or partially sighted
3. Deaf or hard of hearing
4. Wheelchair user or mobility difficulties
5. Autistic spectrum disorder or Asperger syndrome
6. Mental health difficulties
7. Unseen disability (for example, diabetes, epilepsy, heart condition)
8. Two or more of the above
9. Disability, special need or medical condition not listed above

Other classification systems exist such as TechDis [WR 8.5]. The National Institute of Adult Continuing Education (NIACE) provides further disability related publications on this topic [WR 8.6].

For ease of reference, the information in this section is presented in accordance with the UCAS categorisation of different types of impairments. Readers wishing to know more about these impairments are referred to The Higher Education Academy Engineering Subject Centre Guide: Working with Disabled Students [WR 8.1].

The tables below offer suggestions for inclusive teaching techniques relating to the learning process, communicating with students, teaching strategies and assessment strategies, specific to each UCAS category. All are useful suggestions that can be incorporated into any inclusive teaching practice, but these tables refer to disabilities where a very tailored individual response may be required. It is important to acknowledge that these impairment categories are not homogenous. Not all disabled students share the same experiences or challenges. Each student is unique and these tables aim to provide information to assist with meeting anticipatory requirements of the legislation.

8

Specific Learning Difficulties (SLDs) including dyslexia, dyscalculia and dyspraxia

Dyslexia [WR 8.7] is by far the most commonly disclosed disability in UK higher education, though a sizeable proportion of students may not realise they have dyslexia until after they have begun their course. The identified number of students with dyslexia undertaking HE study has been steadily rising in recent years. In 1994/95 the Higher Education Statistics Agency (HESA) data tables [WR 8.8] showed a known total of 15,699 students with dyslexia. The total for 2007/08 was 76,386 students representing the largest single disability category in HE. The likely causes of this increase are: greater recognition of dyslexia as a disability; earlier identification in the schools systems; increased support; and a growing acceptance that students with dyslexia have a right to HE study. However, the experience of this student group may not be one of inclusive and uniform good practice.

For other useful resources see the end of this section (p. 152).

Table 8.1 How the learning processes of students with specific learning difficulties may be affected

Short term memory and cognitive processes	Deficiencies in short-term memory and cognitive processing limitations are common. This means that students may have difficulty following sequences or complicated directions, and with integrating material from a number of sources. Problems following or creating a sequence will interfere with many things in the learning environment: following and understanding the structure of a lecture; remembering facts presented chronologically; seeing the relationship between a main idea and subordinate ideas in a text.
Visual memory	Visual memory skills may be poor. By comparison, oral language and discussion skills are often exceptional, though students are likely to be extremely reluctant to read aloud.
Information overload	Students with a learning disability sometimes report information overload and confusion resulting from having more ideas (and having to hold on to them) than they can manage to translate into acceptable words or structures. They may have difficulty in moving from the role of writer to that of reader, and objectively viewing the ideas, organisation, and style of their written assignments, and achieving coherence in writing.
Search and locate	Students may have difficulty with the 'search and locate' strategies required in library work, and in independent learning generally.
Organisational difficulties	The student may not perceive or discriminate patterns and arrangements as others do. They may go off at a tangent in conversation or written work and seem personally disorganised. Sequencing problems may be reflected in poor organisation and study habits.

Reading	Reading may be slow and deliberate and comprehension impaired particularly when dealing with large quantities of material. Comprehension and speed improve with the use of audio presentation methods. When reading rate and reading comprehension are slow, difficulties are compounded when not only large amounts of material must be dealt with in a short space of time, but also when many new words or concepts must be learned and incorporated into understanding.
Writing and note taking	The pressure of time constraints may severely affect legibility, writing speed and spelling. Some students may need alternative ways to take notes because they cannot write effectively, or remember and organise material while listening to a lecture.
Manual dexterity	Manual dexterity or coordination problems may be evident, often as a result of difficulties in judging distance. Students may also have difficulty interpreting two- or three-dimensional models or diagrams, and following maps or directions.
Participation and behaviour in tutorials	While some students with learning disabilities are highly articulate, some have severe difficulty in talking, responding or reading in front of groups. Some students may be impulsive, slow to grasp social cues and may respond in ways usually considered inappropriate. If such behaviour results in classroom interruptions or other disruptions, it is advisable to discuss the matter privately with the student and, if necessary, the Disabilities Officer.
Anxiety	Heightened anxiety levels are common in test or performance situations. Anxiety about performing in front of others may affect participation in tutorials. Students will deal with anxiety in any number of ways – from medication to meditation, or simply by avoidance.
Labels	Being labelled 'learning disabled' has a considerable impact on emotions, confidence and self-esteem. Students will often have behind them years of negative attitudes and dismissive feedback about their abilities, and this will have an impact on learning.
Structured learning environment	Students with a learning disability coming straight from the school system may have been used to a structured and controlled learning environment, and may be uncomfortable taking some of the learning risks associated with the relatively free and unstructured environment of university or HE.
Laboratory work	The science laboratory can be especially overwhelming for students with learning disabilities. New equipment, exact measurement and multi-step procedures may demand precisely those skills that are hardest for them to utilise.
Examinations	A student with a learning disability may achieve adequate to high standards in practical or untimed work assessments but under pressure become confused and make errors in presentation and interpretation. Negotiating additional time is one way to alleviate the stress of time limitations.

Table 8.2 Communicating with students with specific learning difficulties

Negotiate individual study contracts	Negotiate teaching and assessment issues on the basis of individual need. Consider negotiating individual study contracts that allow students to meet your expectations in different ways that match with their preferred learning style. This ensures that the curriculum offered is inclusive.
Realistic and achievable standards and goals	Students returning to education after a significant absence may set unrealistically high standards for themselves. You may need to help them focus on more achievable standards and goals. This process will be assisted if you make your expectations clear and explicit. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both student and staff member to have a written record of the agreed decision.
Tape recordings	Communicate in the student's preferred mode – for example, a taped recording of a discussion rather than written materials.

Table 8.3 Teaching strategies for students with specific learning difficulties

Variety	Use a variety of teaching methods to enhance learning for students with learning disabilities in particular to alleviate constraints imposed by the need to acquire information by reading only. Where possible, present material diagrammatically – in lists, flow charts, concept maps and so on. Keep diagrams uncluttered, and use colour wherever appropriate to distinguish and highlight.
Note taking and extra time	Dyslexic students may require help with note taking in lectures, revision, planning essays and in expressing clearly what they want to convey in writing to their tutor. They may require extra time in examinations or for completing some assignments. Students with a learning disability find it difficult to listen and write at the same time. Being able to record lectures will assist those students who have handwriting or coordination problems, those who write slowly, as well as those who have a tendency to mishear or misquote. Students will be more likely to follow correctly the sequence of material in a lecture if they are able to listen to the material more than once.
Dyspraxic students	Dyspraxic students may require the same types of support as dyslexic students, occasionally with the addition of physiotherapy.
Reading	Guide student reading and provide chapter outlines or study guides that cue them to key points in their reading. Make information available early. Make required book lists available prior to the start of term to allow students to begin reading early, or consult the Disabilities Officer about having texts put on tape.

Key texts	Provide reading lists well before the start of a course so that reading can begin early. Consider tailoring reading lists, and provide guidance to key texts. Allow work to be completed on an in-depth study of a few texts rather than a broad study of many. Ensure that lists of technical or professional jargon which students will need to learn are available early in the course.
Distractions	Make the environment distraction-free.
Formats	Use sans serif fonts (such as Arial and Helvetica) and don't justify text. Present information in a range of formats (for instance, handouts, worksheets, overheads and videos) to meet a diversity of learning styles.
Presentational style	Stay on the topic; use concrete examples; rephrase and repeat information.
Reading aloud	Minimise the length and complexity of communications and read aloud material written on the board, in handouts or on transparencies. Students with dyslexia may find reading aloud extremely challenging. Allow choice in such activities.
Verbal descriptions	Use as many verbal descriptions as possible to supplement material presented on blackboard or overhead. Students with a learning disability often have a marked preference for an auditory mode of learning.
Laboratory	Label equipment, tools and materials. Individual orientation to the laboratory and equipment can minimise student anxiety.
Instructions	Whenever you are introducing procedures or processes, or giving directions, for example in a laboratory or computing exercise, ensure that stages or sequences are made clear, and are explained in verbal as well as written form.
Repetition	Repetition is important for students with a learning disability. Wherever possible, ensure that key statements and instructions are repeated or highlighted in some way. Repeat and clarify instructions if necessary; provide written instructions for complex tasks.
Time management	Students with a learning disability are generally not efficient users of time, and so will benefit from discussion on time management and organisation issues. Such discussions can be built in to tutorial activities.
Anxiety	Do not make students over-anxious about making mistakes, asking questions, getting through the work, or meeting learning goals. It may be helpful for students with a learning disability to have an individual orientation to laboratory equipment or computers to minimise anxiety.

Table 8.4 Assessment strategies for students with specific learning difficulties

Extensions	Allow extensions to assignment deadlines if extensive reading has been set. Consider setting alternative assignments in which students have the opportunity to work on a few selected texts rather than having to read extensively.
Organising thoughts	Students with a learning disability may take longer to organise thoughts and sequence material. In drafting an essay some students will write, read on to tape, listen and then correct. This all takes time. Students will benefit from discussing their outlines, with particular attention being paid to appropriate relationships and connections between points.
Allow resubmission where appropriate	If a student has submitted an unsatisfactory assignment, rather than giving a fail grade discuss the shortcomings of the paper with the student, and allow resubmission, perhaps on another related question.
Extra time	Students with a learning disability will need extra time in an examination for reading and analysing questions, and for planning their answers. Some students will request that examination questions be read to them. Some students may prefer to dictate their answers to a scribe. They will need a venue that is quiet and distraction-free.
Oral assessment	Many students with a learning disability will prefer oral assessment to written. Allow students to read written examination responses aloud and correct as they read. Some students need to hear what they have written in order to determine whether they have written what they intended. Some students may prefer a combination of oral and written assessment – with greater weighting for the oral component. An oral examination is not an easy option for students. Give the same time for an oral examination as for a written exam, but allow extra time for the student to listen to, and refine or edit taped responses. In your assessment, allowance should be made for the fact that spoken answers are likely to be less coherent than written answers.
Keep questions short	Keep written examination instructions and sentences within questions short. Questions using bullet points, lists, or distinct parts are more likely to be correctly interpreted.
Multiple choice	Because students with a learning disability find it difficult to read multiple-choice questions in a way that allows them to appreciate subtle changes in the arrangement of words, short answer questions will be a better test of their knowledge.
Alternative Assessment	When appropriate – and particularly when essay formats pose difficulties – consider alternative assessments such as taped interviews, slide presentations, photographic essays or hand-made models.
Spell checker	Many students with a learning disability are chronic mis-spellers, and use dictionaries only with great difficulty. Allow students to use a word processor in examinations so that they have access to a spell checker.

Blind or partially sighted

Staff should be aware of stereotypes of blind students' abilities – such as assuming that all blind students read Braille. The rates of Braille reading among visually impaired students is decreasing, due in part to mainstreaming of blind students in recent years. There are very few visually impaired or blind people who cannot see anything at all; most can distinguish between light and dark. If sight has been lost gradually, then an appreciation of colour and structure is more likely to remain with the student. Knowledge of this can help when teaching such students. Some students may have colour blindness, or a lack of sensitivity to certain colours. Common forms of colour blindness include difficulty distinguishing between red and green, or between yellow and blue, although sometimes colour blindness results in the inability to perceive any colour.

The Tactile Graphics Handbook Pack for HE (National Centre for Tactile Diagrams, 2003) [WR 8.9] provides a range of resources suggesting appropriate materials, learning and teaching methods, and technology that is available to blind and visually impaired students. The graphical part of a blind or visually impaired student's course is often the most difficult to deal with. The Tactile Graphics Handbook for HE contains samples of tactile graphics, good practice guidelines and case studies. The pack also contains a Tactile Graphics Verbal Descriptions section and a Tactile Graphics Sample pack. All volumes are available in the included disk and in Braille.

For other useful resources see the end of this section (p. 153). Also see Section 5: statistics.

Table 8.5 How the learning processes of students with a vision impairment may be affected

Structured learning environment	Students with a vision impairment coming straight from the school system may have been used to a structured and controlled learning environment, and may be uncomfortable taking some of the learning risks associated with the relatively free and unstructured environment of university or HE. Anxiety about performing in front of others may affect participation in tutorials.
Accessing information	Students with vision impairment may access information in a variety of ways – by Braille, audiotape, or enlarged print, for example. Braille readers cannot skim read, and may take up to three times as long as other students to read a text. Students with some vision may be large-print readers. Many will be unable to read examination questions and handouts in standard print, read their own handwriting when answering examination questions, or take their own notes. Extra time is needed to carry out some tasks, such as locating words in a text when shifting from one reading medium to another.

Headaches	Headaches often result from eyestrain. This may reduce considerably the study time available to these students.
Resources	Students who need information put into alternative formats must wait, often up to six to eight weeks, for the material to be produced for them. This means that they will often fall behind other students in the class. Confidence and self-esteem may suffer as a result.
Isolation	Students with vision impairment may appear isolated in the learning environment. The possibility for social contacts and for interaction with other students is often limited, and this isolation or separateness may have an impact on learning.
Participation	Participation and interaction in tutorials may be limited. It is difficult for students who cannot see the body language and interactions of others to feel comfortable about participating. Judging when it is appropriate to interrupt or to take a turn in discussion is particularly difficult.

Table 8.6 Communicating with students with a vision impairment

Ask	Difficulties associated with the disability may not always be obvious. Ask students about any adaptive technology that they may be using to access information or prepare assignments. It will always help to understand just what is involved for a particular student in the preparation of their work.
Guiding	If the student with a vision impairment indicates that they would like to be physically guided, ask how they would like assistance. If they require more than verbal assistance, they usually prefer to hold your upper arm while you walk slightly ahead. Never grab the student as this could be frightening. Doors should be kept open or closed, not ajar, and corridors kept clear of obstacles. Do not move objects from their usual place without informing the student.
Negotiate individual study contracts	Negotiate teaching and assessment issues on the basis of individual need, You may like to consider negotiating individual study contracts which allow students to meet your expectations in different ways which match with their preferred learning style. This ensures that the curriculum offered is inclusive.
Realistic and achievable standards and goals	Sometimes students may set unrealistically high standards for themselves, and so you may need to help them focus on more achievable standards and goals. This process will be assisted if you make your expectations clear and explicit. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both student and staff member to have a written record of that decision.

Table 8.7 Teaching strategies for students with a vision impairment

Visual content	We often take for granted the amount of visual information received every day. Many blind students do not have a lifetime of visual experiences to draw upon. It may be necessary to consider the amount of assumed visual content in your subject when designing learning tasks.
Anxiety	Do not make students over-anxious about making mistakes, asking questions, getting through the work, or participating generally. It may be necessary for students with significant vision impairment to have an individual orientation to laboratory equipment or computers in order to minimise the anxiety likely in an unfamiliar environment.
Verbal teaching style	For students with vision impairment your teaching style will need to be verbal. Think about how to communicate information to students who cannot see what you are doing. Verbalise what is written on the blackboard and on overheads. Talk through any calculations as they are made, or procedures as they are carried out. Read any printed information, and describe any charts or graphs being used. Additionally, this information will need to be available in written form so that it can be transcribed for Braille and large-print readers, and referred to at a later date for revision or assignments.
Off-campus activities	Academic activities that take place off-campus (such as industry or workplace visits, interviews or fieldwork) may require adaptations to ensure equal access. On-campus alternatives may be one adaptation that needs to be considered. Consider supplementing laboratory practicals, experiments or field trips, for example by audiotaping commentaries.
Inform	Inform the student if you plan to use videos, slides or overheads and discuss alternative ways of accessing the necessary information.
Time	Because students with vision impairment are generally significantly slower than other students in completing reading tasks (reading is slower; considerable time is involved in getting material taped or brailed), provide reading lists well before the start of a course so that reading can begin early. Consider tailoring reading lists, and provide guidance to key texts. Allow work to be completed on an in-depth study of a few texts rather than a broad study of many.
Teaching environment	The vision of some students may be affected by the glare from fluorescent lights or sunlight, and so you may need to attend to some aspects of your teaching environment. This should be done unobtrusively.
Assistance	Some students may benefit from an email account to send and receive written communication easily. While equipment is useful, assistance from academic staff is vital for students with vision impairment.
Hands-on sessions	For hands-on IT sessions, individual discussions and early availability of materials is particularly important.

Participation	Students with vision impairment should be expected to participate fully in lecture and tutorial activities, such as discussions and group work. Some students use tape recorders, lap top computers with speech or large print output, or computerised braillers to record notes.
Position	Their position in relation to visual aids can be very important for a student with visual impairment. Have audio visual (AV) equipment set up at the start of the session and allow students choice of where they sit.
Format	Small fonts, fussy designs and poor contrast between text and background in on-screen presentations can all make life difficult. Use at least 24-point text and keep designs simple. Black or dark blue on pale yellow is often best. Allow time for people to absorb what's on the screen.
Time	For Braille users allow plenty of time for transcription, and avoid diagrams if possible.
Videos	Let the student know you are going to show a video and discuss alternative ways to impart the information. For instance, ask another class member to watch it with the student and describe the visual components.

Table 8.8 Assessment strategies for students with a vision impairment

Flexibility	It is appropriate to grant students with low vision additional time on assignments if research material on tape or in Braille, for instance, is not readily available. Flexibility on these occasions will ensure students are not disadvantaged. Ask if assistance is needed – do not presume, but be alert to the possibility that a student may have unique needs.
Extensions	Allow extensions to assignment deadlines if extensive reading has been set. Consider setting alternative assignments in which students have the opportunity to work intensively on a few selected texts rather than having to read widely.
Examinations	Examination papers may need to be enlarged, audio taped, or brailled, with tactile diagrams, maps and so on. It may be necessary to provide heavy line paper, an oral examiner, or special writing implements.
Electrical optical aids	Some students may undertake examinations using electronic optical aids, such as closed circuit TV that enlarges print, or non-optical aids such as a personal computer with voice synthesiser.
Noise	It may be necessary to provide a separate examination venue if the noise from equipment being used is likely to be distracting for other students.
Time	Some students with vision impairment will require double time for examinations, so time for rest breaks will be essential. Take home examinations or split papers are also an option.
Evaluation	Discuss and decide with the student how spelling and punctuation can be evaluated, where these are directly related to the course objectives.

Deaf or hard of hearing

Students who are deaf or have hearing impairments vary considerably in the methods they use to communicate whether by hearing aids, lip reading, or British Sign Language (BSL) [WR 8.10].

BSL users tend to be attracted to universities where there is already a signing community. BSL users have English as their second language, so their written English may be weak. Different sign languages also vary substantially, so, for example a BSL user will find it hard to communicate with an American Sign Language user.

For other useful resources see the end of this section (p. 153).

Table 8.9 How the learning processes of students with a hearing impairment may be affected

Educational disadvantage	Students who became deaf or hearing impaired in early childhood are very different to students who have lost hearing later in life in terms of educational disadvantage. For example, their range of vocabulary may be limited, which in turn may affect their reading ability.
Visual learners	Deaf and hearing-impaired students tend to be visual learners – and this is difficult in an environment where much essential information is delivered by word of mouth.
Time	The impact of hearing impairment is clear in respect of time. Students who need information transcribed from tape must sometimes wait for a significant period of time for this to happen. This means that they may fall behind other students in the class, and confidence and self-esteem may suffer as a result.
Isolation	Students with hearing impairment may appear isolated in the learning environment. The possibility for social contacts and for interaction with other students is often limited, and this isolation or separateness may have an impact on learning.
Participation and behaviour	Participation and interaction in tutorials may be limited. Students who cannot hear the flow and nuances of rapid verbal exchange will be at a disadvantage.
Structured learning environment	Students with hearing impairment coming straight from the school system will have been used to a structured, controlled, supportive environment, and may feel uncomfortable taking some of the learning risks associated with the relatively unstructured and unsupportive environment of university. Anxiety about performing in front of others may affect participation in tutorials, particularly for students who have an associated speech disability.

Table 8.10 Communicating with students with a hearing impairment

Disclosure	Because hearing will fluctuate for some students, the disability itself, and the difficulties arising from hearing impairment, may not always be obvious. Many students are uncertain of the effect of revealing their disability, or may lack the confidence to speak to a member of staff. It may be best for you to initiate discussion.
Lip-reading	If communicating with a student who is a lip-reader, ensure that you have positioned yourself appropriately, that you do not turn away as you are speaking, or cover your lips with your hands. It is not necessary to speak more loudly than usual. Students who lip-read may pick up less than half of what is spoken. It may be helpful to ask regularly whether anything needs to be repeated.
Signers	If a deaf student is using a signing interpreter, speak to the student, not to the signer. Do not speak too rapidly, particularly if difficult terms and concepts are being introduced with which the signer may not be familiar.
Adaptive technology	Ask students about any adaptive technology that they may be using to access information or to prepare assignments. It will always help to understand just what is involved for a particular student in the preparation of their work.
Negotiate individual study contracts	Negotiate teaching and assessment issues on the basis of individual need, and regularly review arrangements. You may like to consider negotiating individual study contracts that allow students to meet your expectations in different ways that match with their preferred learning style. This ensures that the curriculum offered is inclusive.
Realistic and achievable standards and goals	Students may set unrealistically high standards for themselves, and so you may need to help them focus on more achievable standards and goals. This process will be assisted if you make your expectations clear and explicit. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both student and staff member to have a written record of the agreed decision.
Do not shout	SHOUTING! There is no need to shout – it distorts sound and makes it more difficult to hear.

Table 8.11 Teaching strategies for students with a hearing impairment

Provide course information early	Provide written course information early and advise any changes in writing. This includes class/tutorial outlines, lecture notes, lists of technical terms and printed transcripts of audio and audio-visual materials. Any variations in class times, assessment criteria, and so on should be conveyed in writing as soon as possible.
Position	Encourage students with hearing impairment to seat themselves towards the front of the lecture theatre where they will have an unobstructed line of vision. This is particularly important if the student is using an interpreter, lip-reading, relying on visual clues, or using a hearing aid which has a limited range. Use the FM (frequency modulation) hearing system or induction loop if these are available in the lecture theatre. Hearing aids may include transmitter/receiver systems with a clip-on microphone for the lecturer. If using such a microphone it is not necessary to change your speaking or teaching style.
Environment	Ensure that any background noise is minimised. Take control of the environment. Where possible open only those windows that face away from external noise sources; switch off noisy heaters and overhead projectors when not needed. Adjust the room lighting to assist communication.
Repeat	Repeat any questions asked by students in the lecture or class before giving a response. Be sensitive in the learning environment. As comments offered by students may not be heard, be aware of the discouragement this may give to shy students and the lost opportunity to develop student discussion. Encourage nonverbal communication methods, such as students writing down their ideas on a white board.
Be seen	Do not speak when facing the blackboard. Be aware that moustaches, beards, hands, books or microphones in front of your face can add to the difficulties of lip-readers. Students who lip-read cannot function in darkened rooms, so you may need to use a lamp. Lip-readers are dependent on the speaker facing the audience, standing in a well-lit spot, and keeping their hands away from their mouth.
Hand-outs	It is difficult for a student watching a signer to also take notes from an overhead or blackboard. Neither is a signer able to translate, at the same time, both your words and any information given on an overhead. It is important, therefore, that all information be available as a handout. Provide written materials to supplement all lectures, tutorials and laboratory sessions. Announcements made regarding class times, activities, fieldwork, industry visits and so on should be given in writing as well as verbally.
Flexibility	Allow students to record lectures or, preferably, make copies of your lecture notes available. Flexible delivery of teaching materials via visual aids and electronic media is also particularly helpful for students who have difficulty accessing information in the usual ways. For deaf students new technology, and the internet in particular, can be used to bridge many gaps.

Jargon	Ensure that lists of the subject-specific jargon and technical terms which students will need to acquire are made available early in the course.
Videos	Any videos or films used should, where possible, be captioned. When this is not possible, you will need to consider alternative ways for students with hearing impairment to access the information, such as through an interpreter.
Tutorials	In tutorials, assist students who lip-read by having the student sit directly opposite you and ensure, if possible, that they can see all other participants. Control the discussion so that only one person is speaking at a time.
Presentations	Students with hearing impairment, especially those with an associated speech disorder, may prefer to have another student present their tutorial papers.
Reading	Language abilities are often affected by hearing impairment. Many students with hearing impairment have lower reading levels and a limited vocabulary, particularly those deaf from childhood. Provide reading lists well before the start of a course so that they can begin reading early. Consider tailoring these reading lists when necessary, and provide guidance to key texts. Allow assignments or reviews to be completed on an in-depth study of a few texts rather than a broad study of many.
Anxiety	Do not make students over-anxious about making mistakes, asking questions, getting through the work, or meeting learning goals. It may be helpful for students with a hearing impairment to have an individual orientation to laboratory equipment or computers to minimise anxiety, particularly in cases where class sizes are large and where it may be difficult to see or hear the demonstrator.
Hearing loops	Students with hearing aids will often benefit from the rooms that they use having a loop system. Alternatively, lecturers may be asked to wear a microphone. Wearing a microphone would be a ‘reasonable adjustment’. To refuse to do this would probably be illegal.
Note takers	Many deaf/hearing impaired students will require a note taker in lectures, seminars and tutorials, as well as a scribe or amanuensis for examinations.
BSL interpreters	BSL interpreters may need to ask a lecturer to stop periodically during a lecture for a short time, because of the difficulties between English and BSL.
Be honest	An honest approach is likely to defuse potentially embarrassing moments and create an atmosphere where any communication difficulties can be identified and dealt with.
Establish ground rules	Establish the ground rules. Although seemingly obvious, a system of raising a hand to ask questions or make comments is important and can counteract many of the difficulties and misunderstandings highlighted above. Also, agree to take turns in discussions, to have only one person talking, to speak loudly enough to ensure that everyone can hear individual contributions.

Table 8.12 Assessment strategies for students with a hearing impairment

Limited vocabulary	When their range of vocabulary is limited, students may require the use of a thesaurus or dictionary during exams. A personal computer with spelling and grammar functions may be required.
Flexibility	Provide alternatives to those assignments that are based on interviews or questionnaires, and be flexible with assignment deadlines, particularly if students have had to wait for taped material to be transcribed.
Time	Provide extra time in examinations, particularly extra time for reading questions. Extra time is often awarded in examinations for the amount of time spent in passing information to and from the student.
Instructions	Written instructions could replace information read aloud in an examination. An interpreter may be required to translate instructions and examination questions but not supply any additional information. This may be best accomplished in a separate room.
Presentations	For tutorial presentations, the student could prepare a written paper, perhaps to be read by another student or the interpreter.
Exam questions	For some deaf people a teacher of the deaf will be employed to help re-write exam questions – altering the 'carrier' language to ask the same question but using simpler language constructions. This method is used primarily for people who have been deaf from birth whose literacy skills have not developed fully. It is important to ensure that the student is being assessed on their subject knowledge, not their grasp of English grammar.

Mobility

Many different impairments can result in students being a wheelchair user or having difficulties with mobility of the arms, legs, torso, or other areas of the body. Further information about a particular impairment can be found from the websites of various impairment specific organisations, but it is always best to ask the person concerned about how their impairment affects them – as long as this question is asked in relation to an academic issue.

A person who uses a wheelchair will usually be doing so because they are either unable to walk or stand, or because they can only walk for very short distances, or because they can only stand for short periods of time. Therefore, wheelchair users will be either full-time or part-time wheelchair users. There are very few wheelchair users who cannot stand or walk for a very short distance. Those who cannot will often be paralysed to a greater degree as a result of a spinal cord injury or spina bifida. Full-time wheelchair users often have a difficult time convincing non-disabled people that they cannot stand or walk because so many wheelchair users can.

For other useful resources see the end of this section (p. 154).

Table 8.13 How the learning processes of students with mobility difficulties may be affected

Physical access	The impact of a mobility disability on learning will vary according to the specific disability. For most of these students, however, the issues of most significance relate to physical access (to classrooms, laboratories and equipment), participation (in field trips, off-campus visits) and the time and energy expended in moving around campus.
Between classes	When there is limited time to move between venues, students may miss the beginning of a class.
Fatigue	Fatigue is common for many of these students. Using facilities which others take for granted, such as toilets, food-outlets, libraries and lecture rooms may be a major undertaking.
Functional difficulties	Some students may experience functional difficulties: an inability to write using a pen; reduced writing speed; involuntary head movements which affect the ability to read standard-sized print; and reduced ability to manipulate resources in the learning environment. They may have difficulty turning pages or using computers.
Absences	Students may have frequent or unexpected absences from class owing to hospitalisation or changes in their rehabilitation or treatment procedure. Earlier periods of hospitalisation may have meant gaps in schooling.
Structured learning environment	Students with a mobility disability coming straight from the school system may have been used to a structured and controlled learning environment, and may be uncomfortable taking some of the learning risks associated with the relatively free and unstructured environment of university.
Isolation	Students with a mobility impairment may be isolated in the learning environment. The possibility for social contacts and for interaction with other students is sometimes limited, and this isolation or separateness may have an impact on learning.
Environment	Crowded or cluttered teaching spaces can cause problems for people with impaired mobility. Be aware of classroom barriers such as furniture in aisles, make sure there is adequate circulation space.

Table 8.14 Communicating with students with mobility difficulties

Be inclusive	Students using wheelchairs often complain of being ignored when people gather to converse. It is important to make eye contact and be as inclusive as you would with anyone else. Place yourself at the same eye level as the other person for all but short discussions.
Be normal	Students using wheelchairs further object to being patronised, or being spoken to as if they are deaf, or in some way ‘not quite there’. Communicate just as you would with any other student.

Respect	Sit or stand free of the wheelchair as it is considered to be part of an individual's body space; don't hold or lean onto the wheelchair unnecessarily, it is often perceived as being the same as touching a person.
Adaptive technology	Ask students about any adaptive technology that they may be using to access information or to prepare assignments. It will always help to understand just what is involved for a particular student in the preparation of their work.
Negotiate individual study contracts	Negotiate teaching and assessment issues on the basis of individual need. You may like to consider negotiating individual study contracts that allow students to meet your expectations in different ways that match their preferred learning style. This ensures that the curriculum offered is inclusive.
Realistic and achievable standards and goals	Sometimes students may set unrealistically high standards for themselves, and so you may need to help them focus on more achievable standards and goals. This process will be assisted if your expectations are clear. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both student and staff member to have a written record of that decision.
Accessibility	Find out about wheelchair-accessible lecture and tutorial rooms. Equipment such as desks and laboratory equipment needs to be at the appropriate height.
Help	If a student requests help, ask them for direction. Wait to hear the instructions to avoid danger to yourself and the student. There are certain ways to push a wheelchair, particularly up and down steps.
Ask	Always ask, never assume, if assistance is required. Leave equipment such as wheelchairs, callipers or crutches where the student places them when they are transferring to a seat. They have been positioned where they are easiest to recover later. Facilitate a barrier-free environment. Ensure that corridors are clear and there is sufficient space for wheelchair access.

Table 8.15 Teaching students with mobility difficulties

Lateness	Students who use wheelchairs, callipers or crutches, or who tire easily, may find it difficult moving about within the constraints of lecture timetables. Absence or lateness may be a result of the distance between teaching venues, so at the end of a lecture you may need to recap any information given at the beginning.
Off-campus activities	Academic activities that take place off-campus (such as industry visits, interviews or fieldwork) may pose problems. Consider supplementary laboratory practicals, films or videos as options to field trips.
Environment	Students with a mobility disability may sometimes wish to use their own furniture, such as ergonomic chairs or sloped writing tables. Extra space may need to be created in teaching rooms, but this should be done unobtrusively. Some students with back problems may prefer to stand rather than sit.

Taping lectures	Some students may need to use a tape recorder or note taker in lectures. Extra time is involved in processing information acquired in this way. It is common practice in some departments to routinely tape all lectures. This is a practice that will assist a variety of students, including those who may be absent from time to time because of their disability.
Extensions	Students may need extensions to deadlines for work involving locating and using library resources. Provide reading lists well before the start of a course so that reading can begin early.
Isolation	Social and academic isolation may be an issue for students who are unable to participate in some class activities. One-to-one sessions with a tutor may help fill this gap in participation

Table 8.16 Assessment strategies for students with mobility difficulties

Extensions	Extra time for assignments may be appropriate because of the need for specialist equipment, the logistics of obtaining reference material, or because some students can only write for short periods of time. Allow extensions to assignment deadlines if extensive research involving physical activity (for example, frequent trips to the library or collection of data from dispersed locations) is required.
Time	Some students may need extra time for examinations. Ensure examinations are given in an accessible building and classroom, close to an accessible toilet where necessary. When appropriate, arrange an assistant to manipulate test materials, mark responses on examination papers, and write numbers or symbols, as directed by the student. Provide extra time in examinations for students who have reduced writing speed. Some students with a mobility disability may require rest breaks. Take-home examinations and split papers may be options, given that some students may need double time to complete examinations.
Recording	Consider alternative methods of recording answers such as typing or taping and allow rest periods during examinations for students unable to stand or sit for long periods of time.
Oral examination	A reader or an oral examination (either presenting answers on tape or participating in a viva) is an alternative to the conventional written paper. An oral examination is not an easy option for students. Give the same time for an oral examination as for a written exam, but allow extra time for the student to listen to and refine or edit responses. In your assessment, allowance should be made for the fact that spoken answers are likely to be less coherent than written answers.
Flexibility	For some students the combination of written and oral examination will be most appropriate. Allow students to write answer plans or make outline notes, but then to answer the question orally. Your assessment should be based on both the notes and the spoken presentation.
Environment	Students may need to use a personal computer or a personal assistant in an examination. If so it may be necessary to provide extra space for equipment, or a separate examination venue if the noise from equipment (for example a voice synthesiser) is likely to be distracting for other students.

Asperger syndrome or autistic spectrum disorder

As the name suggests, autistic spectrum disorders occur in differing degrees of severity, with autism [WR 8.11] being the more severe end and Asperger syndrome [WR 8.12] being at the milder end of the range. People who have characteristics at the more severe end of the spectrum (classic autism) usually have learning difficulties and often do not communicate through speaking. It is likely that a HE student with an autistic spectrum disorder may have Asperger syndrome, and be of average or above average intelligence. The incidence of HE students with this syndrome and related difficulties appears to be on the increase as a consequence of the increasing number of students being successfully supported in their secondary schools.

Characteristics of Asperger syndrome (AS)

People with Asperger syndrome have developmental problems in three general areas:

- **social communication** – difficulty with verbal and non-verbal communication (body language);
- **social interaction** – difficulty with relationships;
- **social imagination** – difficulty understanding what other people know.

Table 8.17 Teaching students with Asperger syndrome

Routine	As far as possible try to keep the routine for the student the same. Notify them of impending changes well in advance and, if necessary, go through planned change with them so as to reduce any anxiety.
Participation	Students may find it particularly difficult to participate in group work and a sensitive approach to handling any problems that arise from this type of work needs to be employed.
Language	Use plain language rather than idiom when explaining topics. Check that the student is clear about what he/she has to do.
Instructions	Use detailed, clear instructions. Do not assume that a student who has Asperger syndrome will automatically understand what you mean.

For other useful resources see the end of this section (p. 154).

Mental health

Mental health difficulties can occur to anybody at any time. It is estimated that at least one in four people will experience some form of mental health disorder at least once in their lifetime. Like a range of other disabilities, psychological disabilities may not be visible and may have little or no effect on the student's learning.

Practical support may involve:

- monitoring absences in a positive way;
- flexible attitudes towards attendance;
- help with motivation and planning;
- strategies to cope with stress or anxiety during presentations, placements or examinations;
- named regular contacts for more effective liaison and communication (safeguarding confidentiality and addressing the consequences of misconceptions);
- the availability of a quiet space;
- peer support;
- coordinated support during absence from and return to study.

For other useful resources see the end of this section (p. 155). Also see Section 5 Clinical psychology and mental health.

Table 8.18 How the learning processes of students with mental health difficulties may be affected

Low self-esteem	The idea of being 'sick' or 'different' may have resulted in low self-esteem and lack of confidence, and this will affect approaches to learning. Students who are anxious about new situations and new people may isolate themselves in the tertiary environment.
Absences	Students may have frequent or unexpected absences owing to hospitalisation and/or medication changes.
Rigid thinking patterns	Staff may notice that students have rigid thinking patterns and inflexible approaches to tasks, a result of lack of confidence and anxiety about new experiences.

Anxiety	Students may tend to rote learn because of anxiety, may lack confidence generally, and have difficulty performing consistently or following through on tasks. They may also worry about perceived inadequacies, without there necessarily being any evidence of these. Severe anxiety may significantly impair participation in tutorials and performance in examinations.
Short term memory loss	There may be evidence of short-term memory loss that will affect attention span as well as the ability to recall information. Students may have difficulty following sequences, complicated instructions and directions, and with integrating material from different sources. They may be easily 'overwhelmed' by information.
Misinterpret information	When students are unwell they may be inclined to misinterpret questions, comments or instructions, or be vague in their responses to questions. Some students may misinterpret non-verbal cues in particular. They may tend to impulsiveness and unpredictability and may sometimes appear obsessive, asking questions repeatedly, returning frequently to issues already covered, or repeating things.

Table 8.19 Communicating with students with mental health difficulties

Negotiate individual study contracts	Negotiate teaching and assessment issues on the basis of individual need. You may like to consider negotiating individual study contracts that allow students to meet your expectations in different ways that match their preferred learning style. This ensures that the curriculum offered is inclusive.
Realistic and achievable standards and goals	Students returning to education after a significant absence may initially be very unsure of what level to pitch their work at, or may set unrealistically high standards for themselves. You may need to help students focus on more achievable standards and goals. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both the student and staff member to have a written record of that decision.
Allow time for discussions	Always allow sufficient time for discussions with students so that they do not get anxious about unfinished conversations or unresolved matters. Students who fear that they are misunderstood (both generally and specifically) may have difficulty asking for adjustments.
Behaviour	If any disturbing or inappropriate behaviour is evident in the classroom this should be discussed privately with the student, and disability support staff. Any future behaviour should be agreed upon.

Table 8.20 Teaching strategies for students with mental health difficulties

Flexibility	Flexible delivery of teaching material via electronic media is particularly helpful for students who are unavoidably absent from class, or who cannot participate in classes for extended periods of time.
Reading lists and handouts	Making reading lists and handouts available early in the course will assist students who may be frequently absent to continue with their learning.
Anxiety	Anxiety is prevalent among students with psychological difficulties. Severe anxiety may reduce concentration, distort perception, and interfere with the learning process. Students who are anxious about workload may benefit from tailored reading lists, with some guidance to key texts. You might allow work to be completed on an in-depth study of a few selected texts, rather than a broad study of many. It may also be helpful to provide an individual orientation to laboratory equipment or computers to minimise the anxiety likely for some students in unfamiliar learning situations.
Tutorials and presentations	Emotional and behavioural changes associated with some psychological difficulties can make it difficult for students to participate in tutorials or to give presentations. It may be appropriate to organise one-to-one tutoring, or to ask the student to record their presentations on tape.
Oversensitive	Some students with psychological difficulties may be oversensitive to what they perceive as criticism from others. They may prefer verbal to written feedback on assignments.
Recording lectures	Being able to record lectures will assist those students whose attention processing is affected by their impairment, as well as those who, because of the effects of medication and/or short-term memory loss, may tend to misinterpret or misquote.

Table 8.21 Assessment strategies for students with mental health difficulties

Flexibility	Students with psychological difficulties may need particular adjustments to assessment tasks. Once you have a clear picture of how the impairment impacts on progress and performance you can consider alternative assessment strategies.
Absences	Absences due to hospitalisation or the effects of changes to medication may affect the number of assignments students are able to complete satisfactorily. In such cases you might consider redistributing the weighting of assignments. For example, you might set six assignments for a term, but inform students that only the best four marks will be counted. Students who have been absent or unwell will thus have some choice about what and how many assignments they submit.
Presentations	Students who are anxious about performing in front of others may prefer to tape or video record any presentations that are to be assessed.

Exams	Some students may need extra time in examinations or require a separate room free from the distractions which may contribute to anxiety or trigger panic attacks. Take home examinations may be an option for these students.
Instructions	Keep written examination instructions and sentences within examination questions short. Questions using bullet points, lists or distinct parts are more likely to be followed and correctly interpreted, particularly by students who are anxious.
Multiple choice questions	Students with memory loss, reduced attention span or deficiencies in short-term memory will have difficulty with multiple choice questions. Short answer questions are likely to be a better test of their knowledge.
Seek help	When psychological difficulties enter an active phase any assessment should be postponed. If the cut-off date for withdrawal without fail has passed, students should be counselled to seek advice from disability support services regarding their situation.

An unseen disability

Some impairments such as diabetes and epilepsy are highly visible because they may result in fits or seizures. However, other impairments may not have such visible manifestations – for example pain, head injuries, hydrocephalus, heart and kidney disorders, and blood disorders. People with unseen conditions often feel that they are required to 'prove' that they have a disability. Many people with hidden disabilities face a lot of prejudice and discrimination because of the nature of their condition. There are so many different types of hidden disability that it is impossible to list them and their effects. If you feel that you would like to know more about an impairment, please consult the website of a specific impairment organisation, and do not be embarrassed to ask the student themselves – in private.

If a student asks for some special academic accommodation or help or advice, then contact your disability support service for advice on how to respond to such requests for support. Students who have diabetes and epilepsy (or another 'hidden' disability) may not want the fact generally known. Personal tutors and programme directors should be informed, with the student's consent, so that they can understand any support needs and organise any examination accommodations that are required.

For other useful resources see the end of this section (p. 156).

Table 8.22 How the learning processes of students with unseen disabilities may be affected

Vary	The impact of an unseen disability on learning will vary according to the disability.
Vulnerable	Some medical conditions leave students vulnerable to a wide range of infections and viruses. Frequent absenteeism owing to hospitalisation and/or medication changes may be the first indication teaching staff have of the existence of a medical condition.
Inconsistent performance	There may be striking inconsistencies in performance. Some students may have difficulty persisting with tasks especially when physical discomfort is an issue. There may be intolerance to extremes of heat or light, and to some chemicals.
Medications	Some medications may result in lethargy and concentration difficulties. This may mean that students do not participate actively in tutorial discussions. Participation may also be affected when energy levels are low, and in those whose speech is affected by the disability.
Mood swings	Mood swings and depression may be associated with chronic medical conditions.
Anxiety	Students may sometimes exhibit extreme anxiety, particularly if there is a history of unexpected 'episodes' in public.
Absences	Some students will have had gaps in their educational experience as a result of periods of hospitalisation, and thus will often lack confidence in their learning abilities.
Structured learning environment	Students with an unseen disability coming straight from the school system may have been used to a structured and controlled learning environment, and may not feel comfortable taking some of the learning risks associated with the relatively free and unstructured environment of HE.

Table 8.23 Communicating with students with unseen disabilities

Respect	Interacting with students with an unseen disability should be characterised by respect for their rights to dignity, confidentiality and equity. How well academic staff are able to assist these students depends very much on the relationship they are able to establish with the student.
Environment	Ask students if you can be of assistance, for example in organising the physical environment to minimise the impact of extremes of temperature, light or sound disturbance, to facilitate concentration.
Extensions	Students may benefit from your suggestions about re-scheduling academic tasks and negotiating changes to due dates and so on.

Adaptive technology	Ask students about any adaptive technology that they may be using to access information or to prepare assignments. It will always help to understand just what is involved for a particular student in the preparation of their work.
Negotiate individual study contracts	Avoid generalising limitations that exist in one area of a student's work to other areas. Negotiate teaching and assessment alternatives on the basis of individual need. You may like to consider negotiating individual study contracts that allow students to meet your expectations in different ways that match with their preferred learning style. This ensures that the curriculum offered is inclusive.
Realistic and achievable standards and goals	Because of gaps in schooling or lengthy periods of hospitalisation students initially may be very unsure of what level to pitch their work at. They may set unrealistically high standards for themselves, and so you may need to help them focus on more achievable standards and goals. This process will be assisted if you make your expectations clear and explicit. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both student and staff member to have a written record of the agreed decision.

Table 8.24 Teaching strategies for students with unseen disabilities

Absences	Students with a medical disability may have frequent or unexpected absences from class. Flexible delivery of teaching material via electronic media is particularly helpful for these students. Consider taping your lectures so that students who are absent do not have to rely on other students for their learning materials.
Flexible	Workload may need to be negotiated so that students do not become over-anxious about absences. Students who are frequently absent will benefit from advance notice of topics to be covered and assignments to be completed. You may need to be flexible about attendance rules and deadlines, the number of academic tasks to be completed, and the amount of material students are expected to access from different locations.
Off-campus activities	Academic activities that take place off-campus (such as industry visits, interviews or fieldwork) may pose problems. Advance notice of such visits is important. For students who are unable to participate because of their disability, supplementary laboratory practicals, films or videos may be arranged as options to visits or field trips.

Table 8.25 Assessment strategies for students with unseen disabilities

Extensions	Allow extensions to assignment deadlines if extensive reading has been set, particularly if a student's attendance has been interrupted, and opportunities for accessing information have consequently been limited.
Weighting of assignments	Consider redistributing the weighting of assignments. For example you might set six assignments for a term, but inform students that only the best four marks will be counted. Students who have been unwell will thus have some choice about what and how many assignments to submit.
Time	Provide extra time in examinations or split papers to accommodate students with reduced writing speed. Some students with a medical disability may need rest breaks.
Exams	Take-home examinations may be options, particularly for students with kidney disease, cancer and so on. It is important for these students to be in an environment where they can use their usual support systems.
Postpone	When a medical condition enters an active phase, any assessment should be postponed. If the cut-off date for withdrawal without fail has passed, students should be counselled to seek advice from disability support services about their situation.

Two or more disabilities

A student who has more than one impairment is likely to have greater support needs than someone with a single impairment. It is essential that the academic department, student and disability support services liaise very closely to ensure that these needs are met.

Disability not listed

This code is used by students to declare that they do have a disability but that it is not specified by one of the previous codes. Usually students will provide more information on their UCAS form if they use this code.

A wide range of medical conditions may interfere with students' ability to attend lectures and tutorials, complete assignments by due dates or be assessed in the usual ways. These conditions include epilepsy, asthma, diabetes, kidney disorders, cystic fibrosis, cancer, hepatitis, chronic fatigue syndrome (CFS)/myalgic encephalomyelitis (ME) and HIV/AIDS. While some of these conditions are lifelong, others, such as CFS/ME, for example, may last for periods ranging from a few months to several years.

References and Resources

Web Resources

WR 8.1 The Higher Education Academy Engineering Subject Centre Guide: Working with Disabled Students, 2nd ed. (2005): http://www.engsc.ac.uk/downloads/resources/disguide2ed.pdf

WR 8.2 Higher Education Council for England (HEFCE): http://www.hefce.ac.uk/

WR 8.3 Effective Teaching Practice, Loughborough University: http://www.lboro.ac.uk/disabilities/pages/staff-teaching.html

WR 8.4 UCAS Students with disabilities: http://www.ucas.com/students/wheretostart/disabledstudents

WR 8.5 TechDis Disabilities: http://www.techdis.ac.uk/index.php?p=9_2

WR 8.6 NIACE Publications (The National Institute of Adult Continuing Education): http://archive.niace.org.uk/research/HDE/publications.htm

WR 8.7 Dyslexia: http://www.bdadyslexia.org.uk/

WR 8.8 Higher Education Statistics Agency (HESA) website: http://www.hesa.ac.uk/index.php

WR 8.9 The Tactile Graphics Handbook Pack for HE: National Centre for Tactile Diagrams. University of Hertfordshire, 2003: http://www.nctd.org.uk/

WR 8.10 British Sign Language (BSL):http://www.britishsignlanguage.com/

WR 8.11 The National Autistic Website: http://www.nas.org.uk/

WR 8.12 Asperger syndrome: what is it?: http://www.nas.org.uk/asperger

Other Useful Resources

Specific learning difficulties

AchieveAbility: http://www.achieveability.org.uk/

ADSHE (Association of Dyslexia Specialists in Higher Education): http://www.adshe.org.uk/

Being Dyslexic – How Higher Education tutors Can Help: http://www.beingdyslexic.co.uk/pages/information/teachers/identification-and-helpful-advice/_higher-education-tutors.php

Fawcett, A. J. (2004). Individual case studies and recent research. In T. R. Miles (Ed.), *Dyslexia and stress* (2nd ed, pp. 156-187). London: Whurr.

Geography Discipline Network – Issues in Providing Learning Support for Disabled Students Undertaking Fieldwork and Related Activities: http://www2.glos.ac.uk/gdn/disabil/overview/index.htm

Geography Discipline Network – Providing Learning Support for Students with Hidden Disabilities and Dyslexia Undertaking Fieldwork and Related Activities: http://www2.glos.ac.uk/gdn/disabil/hidden/index.htm

SKILL: National Bureau for Students with Disabilities: http://www.skill.org.uk/

The British Dyslexia Association: http://www.bdadyslexia.org.uk/

University of Essex – Staff Development: http://www.essex.ac.uk/staffdev/c/OLL/DyslexiaHE/dyslexiatext.htm

Blind or partially sighted

Action for Blind People offers information on good design from websites to publications: http://www.rnib.org.uk/professionals/webaccessibility/Pages/web_accessibility.aspx

Examples of adaptive technology for blind/visually impaired students: http://www.rnib.org.uk/livingwithsightloss/computersphones/accesstechnology/Pages/access_technology.aspx

Geography Discipline Network – Providing Learning Support for Blind or Visually Impaired Students Undertaking Fieldwork and Related Activities: http://www2.glos.ac.uk/gdn/disabil/blind/index.htm

Gray, G. and Morley Wilkins, S. (2005). A 'psychology core graphics resource pack' for HE: The development of a resource to support blind and visually impaired students in higher education. *British Journal of Visual Impairment, 23*(1), 31-37: http://jvi.sagepub.com/cgi/content/abstract/23/1/31

Owen, J. S. H., Atkinson, K. and Orpwood, J. (1998). *Breaking Down Barriers: Access to further and higher education for visually impaired students* (2nd ed). Nelson Thornes: http://www.nelsonthornes.com/wps/portal/deeplink?isbn=0-7487-3344-2

RNIB See it Right guidelines: http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_seeitright.hcsp

Royal National Institute of the Blind: http://www.rnib.org.uk/xpedio/groups/public/documents/code/InternetHome.hcsp

The RNIB offers good courses on visual impairment awareness: http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_visualawareness.hcsp

Deaf or hard or hearing

Effective Tutoring Practices with Deaf and Hard-of-Hearing Students: [only available in IE not Firefox]: http://www.wou.edu/education/sped/wrocc/tutor_files/frame.htm; accompanying paper – Davis, C. D. and Smith, M. R. (2000). Effective Tutoring Practices with Deaf and Hard of Hearing Students. *PEPnet.* http://www.pepnet.org/confpast/2000/pdf/davis.pdf

Geography Discipline Network – Providing Learning Support for Blind or Visually Impaired Students Undertaking Fieldwork and Related Activities: http://www2.glos.ac.uk/gdn/disabil/deaf/index.htm

Mole, J. and Peacock, D. (2005). Learning, teaching and assessment: A guide to good practice for staff teaching deaf students in science and engineering. University of Wolverhampton:
http://www.wlv.ac.uk/teachingdeafstudents/Science_engineering.pdf

Myers, D.G. (2000). *A quiet world : Living with hearing loss*. New Haven CT: Yale University Press.
In this book, the well-known psychology textbook writer and social psychology researcher describes the process of learning to cope with gradual hearing loss, including its impact on his work as an academic, and how he incorporated technological aids into his life and work. Provides (enthusiastic!) information on new(ish) technology, as well as advice for family and friends of the hard-of-hearing on how best to alert loved ones to a hearing problem, persuade them to seek assistance, and encourage them to adjust to and use hearing aids.

Report on Tutoring Deaf and Hard of Hearing Students:
Orlando, R., Gramly, M-E., Hoke, J., Stuckless, R. and Smith, K. (1997). *Report on tutoring deaf and hard of hearing students*. Rochester Institute of Technology:
http://www.netac.rit.edu/publication/taskforce/tutor/tutor1.html
http://www.netac.rit.edu/downloads/TFR_Tutoring.pdf

Mobility

Geography Discipline Network – Providing Learning Support for Students with Mobility Impairments Undertaking Fieldwork and Related Activities:
http://www2.glos.ac.uk/gdn/disabil/mobility/index.htm

Geography Discipline Network – Hall, T. and Healey, M. (2004). The Experience of Learning at University by Disabled Students in Geography, Earth and Environmental Sciences and Related Disciplines. Report on the Inclusive Curriculum Project (ICP) Student Survey:
http://www2.glos.ac.uk/gdn/icp/student%20survey.pdf

University of Brighton – Centre for Teaching and Learning: Teaching Students with Mobility Difficulties: http://staffcentral.brighton.ac.uk/clt/disability/mobility.htm

University of the West of Scotland – Mobility Difficulties:
http://www.paisley.ac.uk/schoolsdepts/specialneeds/support/mobility.asp

Asperger syndrome or autistic spectrum disorder

Brain.HE – Best Resources for Achievement and Intervention re Neurodiversity in Higher Education – Asperger's Syndrome: http://www.brainhe.com/staff/types/Aspergerssyndrometext.html

Support services for students with Asperger Syndrome in higher education
College Student Journal: http://findarticles.com/p/articles/mi_m0FCR/is_3_41/ai_n27391148

Hughes, M., Pepper, S., McCall, A. and Milne, V. (2007). Supporting students with Asperger's syndrome in the physical sciences:
http://www.heacademy.ac.uk/physsci/projects/detail/development_projects_2007/hughes_dp_2007

Supporting Students with Asperger's Syndrome. The Physical Sciences Subject Centre Pack (2009) consists of a Practice Guide, a DVD and eight Quick Guide cards, all produced by two physical science academics and two disability professionals. Details, including downloadable materials, at:
http://www.heacademy.ac.uk/physsci/news/detail/2009/aspergers_syndrome_pack

The National Autistic Society – Information for education professionals in further and higher education: http://www.autism.org.uk/nas/jsp/polopoly.jsp?a=10307&d=1011

The National Autistic Society – How to support students with Asperger's syndrome:
http://www.autism.org.uk/nas/jsp/polopoly.jsp?a=12205&d=1011

University of Brighton – Center for Learning and Teaching – Asperger and autism:
http://staffcentral.brighton.ac.uk/clt/disability/aspergers.htm

Mental Health

Assisting the emotionally distressed student: A guide for staff and faculty developed by University of California, Berkeley, Counselling and Psychological Services:
http://www.uhs.berkeley.edu/students/pdf/CPS/AssistingtheEmotionallyDistressedStudent.pdf

Buckingham Chilterns University College Counselling Services – Guide to Mental Health Difficulties:
http://bucks.ac.uk/about/structure/directorates/student_and_academic_services/disability_service/mental_health_difficulties.aspx

Geography Discipline Network – Providing Learning Support for Students with Mental Health Difficulties Undertaking Fieldwork and Related Activities:
http://www2.glos.ac.uk/gdn/disabil/mental/index.htm

Higher Education Academy inclusion e-bulletin on Mental Well-being:
http://www.psychology.heacademy.ac.uk/networks/sig/mwb.asp

Mental Health in Higher Education (mhhe): http://www.mhhe.heacademy.ac.uk/

PAPYRUS – prevention of young suicide: http://www.papyrus-uk.org/

Reducing the risk of student suicide. A guide for those with Welfare Responsibilities (2008). University of Cambridge Counselling Service: http://www.counselling.cam.ac.uk/suiciderisk.html

Rossi, M. (2006). Helping college students with personal problems: Should I help and how? In W. Buskist and S. F. Davis (Eds.), *Handbook of the teaching of psychology* (pp. 309-313). Malden, MA: Blackwell.

The Open University – Recognising barriers: Mental health difficulties:
http://www.open.ac.uk/inclusiveteaching/pages/inclusive-teaching/recognising-barriers-mental-health-difficulties.php

An Unseen Disability or Disability not listed above

Geography Discipline Network – Providing Learning Support for Students with Hidden Disabilities and Dyslexia Undertaking Fieldwork and Related Activities: http://www2.glos.ac.uk/gdn/disabil/hidden/index.htm

Kendall-Tackett, K. and& Vande Kemp, H. (2004). *Accommodating a fatigue-based disability in graduate training*. In Survival for Students with Disabilities. Washington, DC: American Psychological Association.

University of the West of England – Students with unseen disabilities: http://www.uwe.ac.uk/advice/disability/disabilityunseen.shtml

Appendix

Table A1: A table of the distribution of disabilities across all first degree students 1999-2002

The table below shows the total numbers of all first degree students within each of the pre-2003 HESA disability categories, together with percentages of students in each category, and percentages of total disabled students in each disability category for the academic years 1999/2000, 2000/01 and 2001/02.

Disability	1999/2000			2000/2001			2001/2002		
	N	% of all students	% of disabled students	*N*	% of all students	% of disabled students	*N*	% of all students	% of disabled students
No known disability	283610	90.55	n/a	297535	92.95	n/a	315720	93.33	n/a
Dyslexia	5620	1.79	37.57	6840	2.14	41.81	8835	2.61	44.96
Blind/partially sighted	500	0.16	3.34	510	0.16	3.12	625	0.18	3.18
Deaf/hearing impairment	690	0.22	4.62	840	0.26	5.13	905	0.27	4.61
Wheelchair user/mobility difficulties	520	0.17	3.48	590	0.18	3.61	595	0.18	3.03
Personal care support	30	..	..	40	..	..	30	..	..
Mental health difficulties	300	0.10	2.00	480	0.15	2.93	610	0.18	3.10
Unseen disability	4870	1.55	32.58	4470	1.40	27.32	4895	1.45	24.91
Multiple disabilities	590	0.19	3.95	600	0.19	3.67	815	0.24	4.15
Disability not listed above	1830	0.58	12.24	1990	0.62	12.16	2340	0.69	11.91
Total declared disabled	14940	4.77	100	16365	5.11	100	19655	5.81	100
Unknown	14640	4.67	n/a	6205	1.94	n/a	2905	0.81	n/a
Total	313190	100	n/a	320105	100	n/a	338280	100	n/a

Note: Where any *n* is less than 50 individuals, no corresponding percentage will be presented. The 'unknown' category relates to students for whom HESA has no information regarding disability status.
Source: HESA Student Records 1999/2000 to 2001/02. © Higher Education Statistics Agency Limited 2003. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties.

Appendix

Table A2: A table of the distribution of disabilities across all first degree students 2005-2008

The table below shows the total numbers of all first degrees students within each of the post-2003 HESA disability categories, together with percentages of students in each category, and percentages of total disabled students in each disability category for the years 2005/06 and 2007/08.

Disability	2005/2006			2007/2008		
	N	% of all students	% of disabled students	*N*	% of all students	% of disabled students
No known disability	1990491	85.2	n/a	1953400	84.7	n/a
Dyslexia	64879	2.77	44.8	76386	3.31	46.2
Blind/partially sighted	3836	0.16	2.65	3685	0.16	2.23
Deaf/hearing impairment	6782	0.30	4.68	6942	0.30	4.20
Wheelchair user/mobility difficulties	5569	0.23	3.84	6263	0.27	3.80
Personal care support	249	0.01	0.17	362	0.015	0.22
Mental health difficulties	7034	0.30	4.86	9674	0.04	5.86
Unseen disability	25914	1.10	17.9	25921	1.12	15.70
Autistic Spectrum Disorder	1119	0.04	0.77	1455	0.06	0.88
Multiple disabilities	12583	0.53	8.70	14459	0.62	8.76
Disability not listed above	16792	0.71	11.60	19883	0.86	12.04
Total declared disabled	144756.9	6.20	100	165030	7.15	100
Unknown	200862	8.60	n/a	187674	8.13	n/a
Total	2336110.8	100	n/a	2306104	100	n/a

Note: Where any n is less than 50 individuals, no corresponding percentage will be presented. The 'unknown' category relates to students for whom HESA has no information regarding disability status.
Source: HESA Student Records 2005/06 and 2007/08. © Higher Education Statistics Agency Limited 2009. HESA cannot accept responsibility for any inferences or conclusions derived from the data by third parties

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