Factsheet 10: Staff Development/Training Sessions – Suggestions

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Introduction

The aim of this factsheet is to provide you with some ideas for activities which you could include in staff development sessions, for example:

- Academic away days
- Equality and diversity sessions
- Discussion at staff meetings
- Practice Educator training days
- Stewards' training
- In service training
- Clinical interest group diversity officer training
- AHP organisations training days

Suggestions are provided as to how you could carry out each exercise. If you are facilitating a session, however, we would encourage you to modify these as you feel appropriate.
Exercise 1: Language and Disability

Guidance: look at the following table and note your reactions to each word/phrase. Try to be as honest as possible. Consider whether the word(s) evoke positive or negative images. What do you think the possible implications of your reactions might be in your interactions with disabled students/colleagues?

Process: work individually; discuss with a partner or in small groups; note reactions on flip chart; feedback and plenary debate

<table>
<thead>
<tr>
<th>The disabled</th>
<th>People with disabilities</th>
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</thead>
<tbody>
<tr>
<td>Disabled people</td>
<td>Physically handicapped</td>
</tr>
<tr>
<td>People who have impairments</td>
<td>People with serious sight problems</td>
</tr>
<tr>
<td>A Dyslexic/Dyslexics</td>
<td>Special needs</td>
</tr>
<tr>
<td>Mobility impairment</td>
<td>Mental hospital</td>
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<tr>
<td>Wheelchair bound</td>
<td>Suffering with depression</td>
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<tr>
<td>Normal</td>
<td>Mental health issues</td>
</tr>
<tr>
<td>Coping strategies</td>
<td>Invalid</td>
</tr>
<tr>
<td>Wheelchair user</td>
<td>Affliction</td>
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<tr>
<td>Abnormal</td>
<td>Different/difference</td>
</tr>
<tr>
<td>Able bodied</td>
<td>Disabled parking</td>
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<tr>
<td>Accessible information</td>
<td>Carer</td>
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<tr>
<td>Inclusion</td>
<td>Personal Assistant</td>
</tr>
<tr>
<td>Support Worker</td>
<td>Helpless</td>
</tr>
<tr>
<td>Difficult</td>
<td>Integration</td>
</tr>
<tr>
<td>Non-disabled</td>
<td>Weird</td>
</tr>
<tr>
<td>Plain English</td>
<td>Victim</td>
</tr>
<tr>
<td>Unusual</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Escort</td>
<td>Enabled</td>
</tr>
</tbody>
</table>

Facilitator’s note: to obtain background information on these issues, please refer to Factsheet 4: Disability - Language and Terminology
Exercise 2: Your Acquaintance with Disabled People

Guidance: think about your experiences of meeting disabled people (e.g. relatives; friends; acquaintances; patients/clients; students; colleagues; other disabled professionals; members of the public, etc). Note your thoughts and reactions to these situations. Why do you think you react in these ways? Try to be as honest as possible. Consider issues such as: stereotyping; discrimination; prejudice; myths/miscceptions, etc.

Process: work individually; discuss with a partner or in a small group; note key issues on a flip chart; feedback and plenary debate.

Facilitator's notes - some questions you might like to use or issues you can introduce to initiate discussion:

- Do you think wearing uniforms or a white coat has any impact/significance in your interactions with others? Does it make certain ways of behaving acceptable?

- Do you think your perception of disabled people has been influenced by those you have met? If so, how?

- Think about ‘Polarisation of perception’ i.e. “all disabled people I have met manage wonderfully” versus “disabled people are unable to lead a normal life”.

- Does your relationship with the disabled person or the situation have any influence on your interaction with either or both of them?

- Does the appearance and/or behaviour of the disabled person impact the way you feel or react? If so, how?

- Think about your interactions with disabled people in work and social situations. How do you relate to the terms ‘power’ and ‘vulnerability’ (specifically with reference to your own attitudes - not those of the disabled person)?
Exercise 3: Accessible Environments

Guidance: Choose a particular physical environment. This could be a teaching area; university buildings; campus site; local area and amenities; hospital sites; specific clinical departments, etc.

Think about issues of accessibility/inaccessibility.

When you identify particular issues, discuss practices and procedures that might need to be implemented or modified in order to improve accessibility for disabled people.

Consider:

a) What can you and/or your staff team do directly to improve accessibility in your immediate area?
b) How can you influence institutional policy and practice to improve accessibility?
c) Within your local area, identify barriers over which you have no control:
   i) What is their potential impact on accessibility?
   ii) How can you help disabled people to manage these?

Make and agree an action plan.

Process: work in small groups; note agreed issues on flipchart; feedback, plenary presentation and general discussion.

Facilitator's notes: depending on the venue for the training, you could either ask participants to prepare for this session in advance or you could include a short activity involving a 'walkabout' of the local area.

Depending on time available and your specific situation, you could run the session in two ways:

Either
- All groups could consider each of the above questions

Or
- Each group could take one of the questions
Exercise 4: Barriers and their implications

Guidance:

Discuss what the term ‘barriers’ means to you:

a) in relation to yourself
b) in relation to a range of groups within society e.g. women, patients, adolescents, older people

The kinds of barriers you discuss could relate to areas such as physical; social; psychological; environmental; political; economic/financial; personal; attitudinal, language and access to information.

What are the implications of these barriers in general terms?

To what extent do disabled people share these barriers?

To what extent do disabled people experience additional or different barriers?

Think about whether these discussions have influenced your perception of disabled people in relation to shared and different barriers.

Following this session you might want to consider how you as an individual and/or staff group may be able to modify your practice to reduce/eliminate barriers, both in general and in relation to disabled people.

Process: general brainstorm session with whole group debate; possible participation by disabled people; questions and discussion.

Facilitator's notes - the aim is to:

- get the group to be as free ranging as possible about what constitutes a barrier without being specifically encouraged to focus on disability
- tease out the realisation that there is greater commonality between disabled and non-disabled people than might have previously been assumed
- recognise that barriers are not static and that they can fluctuate, appear or disappear depending on individual circumstances and life events
Exercise 5: Reasonable Adjustments

Guidance

Discuss the general concepts of ‘reasonable’ and ‘adjustment’

Discuss these terms more specifically in relation to the short case studies provided.

Case 1 - A student who has chronic fatigue syndrome found it difficult to concentrate for long periods of time in lectures.

Case 2 - A student who has bipolar affective disorder failed her last clinical placement because of attendance issues.

Case 3 - A partially sighted candidate attending interview was required to participate in a group discussion in which all participants were asked to wear name badges and to use names.

Case 4 - A student who is hard of hearing was falling behind in practical classes.

Case 5 - A blind student was unable to access medical records on practice based placements.

Case 6 - A student who has dyslexia was staying at work until 6p.m. every night in order to complete administration duties.

Case 7 - A Deaf student was finding lectures increasingly challenging.

Case 8 – A student was recently diagnosed as having diabetes which is currently unstable

Process: work in small groups; make notes on flip chart; plenary presentation and general discussion.

Facilitator’s notes: it is important for you to be familiar with the concept of reasonable adjustments (See Reasonable Adjustments Factsheet) and the relevant legislation i.e. the policies, practices and procedures which might need to be implemented to ensure that staff are not in breach of the current legislation.

The above case studies are examples; you could include others which are more appropriate or relevant to your local situation.
Exercise 6: Feeling welcome

**Guidance:** Small groups of participants (3 or 4) to consider how they would plan one of the following events in anticipating the requirements of disabled students and in making them feel welcome:

- an open day
- an interview
- the first practice based placement
- a viva/practical assessment

When considering each of these events, participants should bear in mind the importance of making the disabled applicant/student feel welcome. They should focus on the roles of relevant members of staff and think about how welcome a disabled applicant/student might feel. It may also be necessary to look at the roles that other people may play (e.g. for open day, the role of a parent could be important; for a viva/practical assessment, the role of a Technician may be relevant).

Carry out the exercise (10 - 15 minutes)

During the subsequent discussion, participants should consider the extent to which they have anticipated the requirements of a disabled applicant/student. In particular, note strategies that are aimed at making the disabled applicant/student feel welcome and those which are unlikely to be helpful. Did any particular issues arise that participants found difficult to resolve?

**Process:** divide into groups, facilitator allocates exercises. Discussion within groups, note key points on flip chart, plenary presentation and general discussion.

**Facilitator's notes:** prior to the session, develop brief notes for each of the above exercises including positive and negative approaches to welcoming disabled applicants/students in order to stimulate discussion. You should be familiar with Equality legislation in particular, the anticipatory duty to make reasonable adjustments (See Reasonable Adjustments Factsheet). You should also be aware of issues which may arise for disabled applicants/students and the ways in which these may be overcome in order to provide a welcoming atmosphere.
Exercise 7: Knowledge about disabled students

This has been used successfully as an introductory exercise for sessions on supporting disabled students. Work individually; discuss with a partner; plenary debate.

Quiz: true or false; give each participant the following questions; answer sheets to be distributed during plenary session.

- Applicants do not have to declare a disability on the UCAS form
- All disabled people are bound to experience big problems when at university
- It is important for everyone in the department to know of a student’s disability
- Disabled people are difficult
- Disabled people can be treated more favourably than non-disabled people
- Technological advances have considerably improved the lives of all disabled people
- All public places are legally required to provide wheelchair access
- Any disabled person can enter any study programme s/he chooses
- All totally blind people use Braille
- People who have dyslexia are classified as disabled under current legislation
- All disabled students are likely to need additional time in which to complete a programme of study
- Assistance dogs must always be accepted in all teaching and practice based environments
- A wheelchair user cannot have an assistance dog
- All disabled students can access the Disabled Students Allowance
- Disabled students are a safety hazard on an Intensive Care Unit
- Disabled students are likely to experience health problems
- Staff should be realistic when describing the support that is available to disabled students
- Allowances must be made if a disabled student fails an assessment
- Students with two disabilities cannot graduate as Allied Health Professionals
- Disabled students should be treated the same as non-disabled students
- Students who have dyslexia experience more prejudice than students who have other disabilities
- All registered blind/severely sight impaired people use a white stick
- Institutions are legally required to comply with health and safety legislation, which has priority over disability legislation
- Disabled students always identify with other disabled people
- People who are born with an impairment are always more likely to have developed effective personal strategies than those who acquire an impairment later in life
- Because all disabled students are different, it is impossible to predict everyone’s requirements
Exercise 7 - answers

a) True - there is no legal requirement for applicants to do this
b) False - many disabled students do not experience big problems. They may encounter barriers but these can usually be overcome with or without support
c) False - only those staff who need to know should be provided with relevant information (Ref: Data Protection Act)
d) False - they're no more difficult than any other group
e) True - positive discrimination is permitted under the legislation
f) False - whilst technological advances have improved the lives of some disabled people, technology is not a universal solution. It can be helpful for those disabled people who are willing and able to engage with it but its complexity and expense precludes many from using it. There are some aspects of disability for which there are no technological answers
g) True - this is a legal requirement (since September 2004)
h) False - in general terms most disabled people can enter any programme of study provided they meet the academic requirements. There are certain situations in which some disabled people may be unable to meet the competence standards of specific programmes e.g. podiatry or dentistry with severe sight impairment. This is usually a self limiting situation. Disabled people rarely want to pursue occupations, a significant proportion of which they acknowledge they would be unable to carry out.
i) False - a very small percentage of blind people use Braille, it is rarely taught in school
j) True
k) False - the majority of disabled students complete the programme within the expected timeframe
l) False - assistance dogs will be welcome in most clinical areas. There are, however, situations in which the dog may not be accepted for reasons such as hygiene (e.g. ICU), fear, allergies etc. Often blind Allied Health Professionals do not need to use the dog to negotiate the clinical area but just to travel to and from work
m) False
n) False - only those students who have undertaken a DSA assessment are eligible. International students are not eligible
o) False - in most cases there are no health and safety issues related to disabled students over and above their non-disabled peers. For those students who need to employ different strategies, a risk assessment may be necessary. All students are under close supervision when on ICU and therefore this tends to be a very safe environment for all students
p) False - disability does not equal ill-health and they are therefore no more likely to experience health problems than their non-disabled peers
q) True - this enables the disabled person to make an informed decision about whether they wish to attend that particular institution
r) False - allowances would only be made if it became clear that the student had 
experienced disability related disadvantage. Each case would need to be 
considered on an individual basis. Extenuation may be applicable and reasonable 
adjustments would be made as required for all subsequent assessments 
s) False 
t) False - positive discrimination is permitted under the legislation. Treating 
everyone the same does not equate to treating everyone fairly 
u) True 
v) False 
w) True 
x) False (see the Disclosure of Disability factsheet) 
y) False - this all depends on individual differences and the experiences the 
disabled person has had in earlier social/educational/employment setting 
z) True - it is impossible to predict every possible adjustment that may be 
necessary. Nevertheless the legislation requires all institutions (which includes all 
staff working for the institution) to adopt an overall inclusive approach and to 
anticipate the likely requirements of disabled people. Specific requirements would 
then be negotiated on an individual basis
Exercise 8: Anticipating the requirements of disabled students

Guidance: Small groups of participants (3 or 4)
With reference to:
1) Your particular profession/subject area and
2) The department/area in which you work as a whole
Consider what action(s) need to be taken in order to meet the access requirements of the three disabled students featured in the following scenarios.
What are the implications of these actions in relation to: a) human resources and b) financial resources? What strategies could you realistically employ in order to comply with disability legislation?

a) Simon is 23 years old. He has been hard of hearing since birth. He has stated that he often needs to use a lip speaker. He has been educated in a mainstream school where he received excellent support. Since leaving school, Simon has been employed on a trainee grade scheme with Action on Hearing Loss. He currently lives with a very supportive family in South West London but he reports that they are not really supportive of his decision to pursue a career in an Allied Health Profession.

b) Sushma is 18 years old. She describes herself as 'partially sighted'. Her secondary education has been at a boarding school for visually impaired pupils. For a considerable part of her 'A' Level programme, she attended classes held at a local mainstream sixth form college. She states that she requires all study materials to be in ‘big print’ and that she cannot read anything below the first letter on the ‘optician’s chart’.

c) Helen is 36 years old. She left school at the age of 16 as she had experienced difficulties in academic work and was advised to leave school and go into a practical career. She has had several jobs since then, none of which have been particularly satisfying. Wishing to fulfil her ambition to become an Allied Health Professional, she has undertaken an Access to HE programme at a local FE college. Whilst there, she reports experiencing difficulties with written work, being unable to remember facts and says that her spelling is ‘not very good’. Helen is married with two young children and, even though she lives an hour’s journey from the university, states that she intends to live at home.

Facilitator’s notes: You need to be aware of the disability legislation and have knowledge of the range of reasonable adjustments and the assistive technology available.
Contact Us

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Acknowledgment

The Allied Health Professions Support Service (AHPSS) was launched in 1991 in response to the closure of the Royal National Institute for Blind People’s (RNIB) School of Physiotherapy which catered exclusively for visually impaired students. AHPSS’s remit was to provide support to disabled allied health profession students in mainstream higher education in the UK. It also offered information, advice and specialised disability awareness training to academic and practice-based staff.

In 2002, AHPSS staff were invited by the Chartered Society of Physiotherapy (CSP) to join a team of specialists to produce a training manual specifically designed to provide guidance for practice based staff in supporting disabled students on practice based placements. The document: "Supporting Physiotherapy Students on Clinical Placement", was published in 2004 and received very positive feedback from all stakeholders.

By 2007, it was evident that the document needed updating in response to UK legislative and technological changes and the increasing use of online information. Following discussions with CSP staff, it was agreed that the AHPSS team (Jane Owen Hutchinson, AHPSS Manager and Karen Atkinson, Senior Lecturer and Manager of the RNIB Resource Centre at the University of East London), would take on this project.

Between 2007 and 2010, considerable time was spent in obtaining feedback from a wide range of stakeholders regarding the content and format of the future document. Whist it was unanimously agreed that it should be available in both hard copy and electronically, all staff identified the importance of being able to access some of the specific guidance on disability management from the AHPSS website.

"Into Physiotherapy" was published by the CSP and RNIB in 2010. Thirteen related information sheets were subsequently uploaded onto the AHPSS website (between 2010 and 2013), at which point the AHPSS was decommissioned by NHS London. As a result of the positive feedback these fact sheets received and requests from a number of organisations, Jane Owen Hutchinson and Karen Atkinson have given permission for these materials to continue to be available online.