

Disabled Students, Enabled
Practitioners:
Making Reasonable Adjustments for
Disabled Students on Practice
Placement

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Legislative Background

- Part 4 Disability Discrimination Act (1995) as amended by Special Needs and Disability Act SENDA (2001)
- Part 1 DDA (Definitions)
- Part 2 (Employment)
- Part 3 (Goods and Services)
- Part 5A (the Disability Equality Duty)
- Equality Act (2010)

The Backdrop

- Introduction of Disability Discrimination Act 1995 (and replaced by the Equality Act 2010)
- Recognising the importance of work-based learning
- Need to develop a comprehensive Code of Practice on Placement Learning (QAA)

Duties under the legislation

Universities, placement providers and employers have 4 fundamental duties:

- Duty to avoid unlawful discrimination
- Duty to make sure as far as possible, reasonable adjustments relating to the provision of services for disabled people have been anticipated
- Duty to make reasonable adjustments (individuals)
- Duty to promote equality and eliminate discrimination

Fitness to Practice

- November, 2009 – Fitness to Practice Policy
- Developed in response to requirement of Awarding bodies for comprehensive policy to be in place for Pharmacy, Social Work and Nursing (UOB)
- Raised a number of issues around fitness to undertake placements and how these issues were dealt with

MEDS & MIPPS!

(Mobile Enabled Disabled Students & Managing Impairments in Practice Placement Settings)

- **MEDS:** (funded by ALPS CETL undertaken by team at UoB)
 - Explored disabled students use a lot of mobile devices/technologies
- **MIPPS:** (funded by Strategic Health Authority – joint study with University of Huddersfield)
 - aimed to make recommendations for the preparation and practice of health professionals, with reference to the Equality Act (GEO:2010) and the Social Model of Disability.

MEDS & MIPPS - Outcomes

- MEDS
 - Huge benefits in PDA's for dyslexic students
- MiPPS
 - concepts of disability
 - disclosure
 - reasonable adjustments
 - the patient comes first
 - enabled not disabled

Some interesting staff quotes:

- *“There are issues with disabled students in nursing..eg dyslexia...can they read a prescription? Lots of drugs have similar names.”*
- *“Depending on the disability the student may not be able to participate in activities/ experiences that will be essential to make sure practices are safe for example Managing Work Related Violence course. This could put both themselves and their work colleagues at risk.”*

And this:

- *“feel that I have a demanding job, both physically and emotionally, and students need to be prepared and able to cope with this, the needs of clients should come first.”*

Amanda



- 47 year old grandmother
- Hearing impaired since birth
- Started training when family had left home – diagnosed as dyslexic when started training
- Amanda feels that her impairments affect her in very different ways. Her Dyslexia mainly affects her written coursework, but not necessarily her practice. Whereas her hearing impairment affects her practice more.
- Amanda found that accessing support whilst on placement was very difficult, as if she left a placement for dyslexia support, she had to make the time up.
- her impairment can actively assist her work

Some interesting student quotes

"I usually get to know people a bit first before I mention anything. I have got to a point now where I only tell people who really need to know."

"I try not to push it too much, because people get fed up. You know, they've all got their own problems: Away from work, physical, mental, whatever. So I try not to say too much - - - I don't think that ANY of them know that I am registered disabled, cos I've never told them"

And these:

“I think it gives me understanding with patients that are frightened and don't want to do because I, I why am I frightened of doing something with me disability or impairment so I can see if it from a patients point of view...”

“Even though I'm dyslexic, believe it or not, I have students come up to me that aren't dyslexic, and they're asking me how to do things, how to structure – I'm very good at structuring my work, and putting it into context ... 'cos I've had to ... learn these mechanisms to cope”

RAP Working Group - 2010

- Chaired by the Dean of School of Health
- Membership:
 - Disability Service staff
 - School of Health academic staff
 - School of Social Sciences and Humanities academic staff
 - School of Life Sciences academic staff
 - Occupational Health Professionals
 - Etc (Helena to get list from Sharon)

Primary Concerns

The Primary Concerns at the start of the Project seemed to be around:

- How & when to communicate information recommending reasonable adjustments
- Whose responsibility it was to make these
- Whether the students are “fit to practice”

Student concerns/issues

- Students often have little idea what their placement experience will entail – can't predict what support might be needed
- Students who have developed very successful strategies in the academic environment may find they are not as effective in practice-based settings
- Fear of sharing information

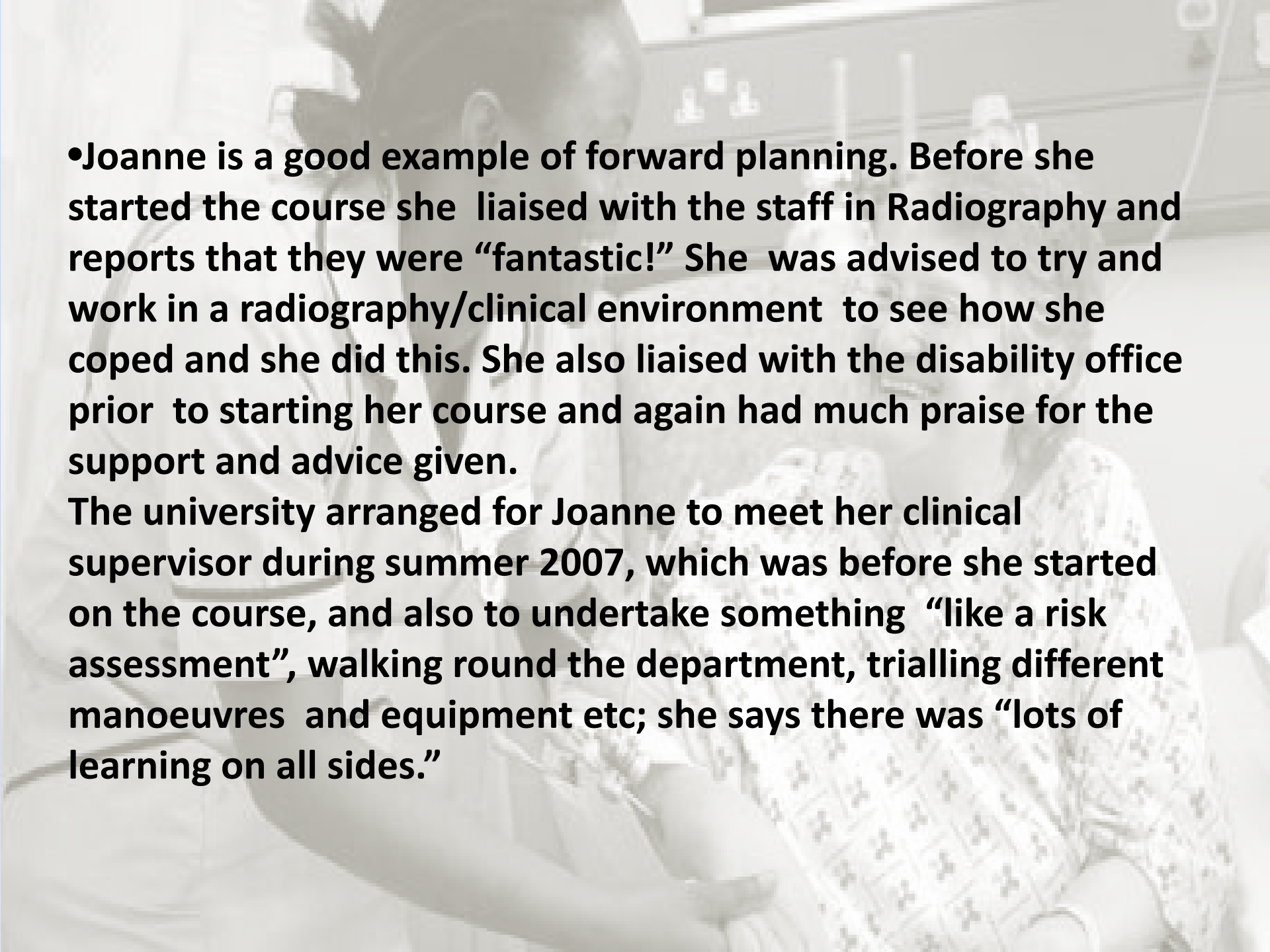
Student concerns/issues

- When they share information not always consistently shared
- Placement providers seem unsure of how to put RA in place
- Placement mentors do not seem to understand the impact of the student's impairment & don't make adjustments
- Students can get to end of 3 year degree & then fail their last placement



Joanne

- Joanne is married with two teenage children
- She has had major visual impairment since birth, which became worse during childhood
- She reports that she “failed miserably at school” and made to feel that she was “thick.”
- Whilst Joanne cannot praise the Radiography department and the disability office enough, she reports that “clinical is a different story.”
- Students work with a wide range of individuals and as Joanne feels that everybody she works with needs to know about her condition, this means telling lots of people and constantly repeating herself. She didn’t feel that people always understood, she thought sometimes they thought she was making up excuses.



•Joanne is a good example of forward planning. Before she started the course she liaised with the staff in Radiography and reports that they were “fantastic!” She was advised to try and work in a radiography/clinical environment to see how she coped and she did this. She also liaised with the disability office prior to starting her course and again had much praise for the support and advice given.

The university arranged for Joanne to meet her clinical supervisor during summer 2007, which was before she started on the course, and also to undertake something “like a risk assessment”, walking round the department, trialling different manoeuvres and equipment etc; she says there was “lots of learning on all sides.”

Schools Perspective/Issues

- Whose responsibility it is to share information with placement?
- University's legal responsibility
- How is information about RA communicated by schools to placements & what is shared?
- How should University respond to feedback from placements that students are not fit to practice for disability related reasons
- Does the University have an obligation to inform future employers that a student is disabled ?

Placement Perspective/Issues

- Unsure who is responsible for making/funding RA
- Students might have impairment that makes them unsafe in a practice setting
- Support & RA at University but are unable to cope once they get out into the “real world”
- Information available to placements not clear or useful

What we have done to date...

- Formed the working group
- Identified and discussed the challenges
- Identified areas of responsibility
- Lessons from the student journey approach
- Developed a workable procedure
- Developed the 'paperwork'
- Identified the need for flexibility
- Conducted the 'pilot'

Preparation for providing work placements for disabled students

ALL

Disabled Student and Disability Adviser meet to Assess/Needs/Entitlements

LSP produced (including recommendations for adjustments in placement)

LSP sent to School Nominee

ALL

LSP circulated to Placement Organiser/ Director of Practice Learning/PAT /Module Leader

PAT meets with student to discuss adjustments and get permission to share. **Placement Support Agreement (PSA) completed and signed ***

PLF in placement area contacted.
Appropriate placement identified

Only if appropriate

Visit placement with student and/or arrange 4 way meeting:- Student - Disability Adviser- Placement -Organiser- Placement provider /Representative

-Check practical application of recommendations, accessibility and Health & Safety issues- Agree adjustments

Placement Support Agreement (PSA) completed and signed

ALL

Placement visit arranged where ever possible prior to placement - PLACEMENT

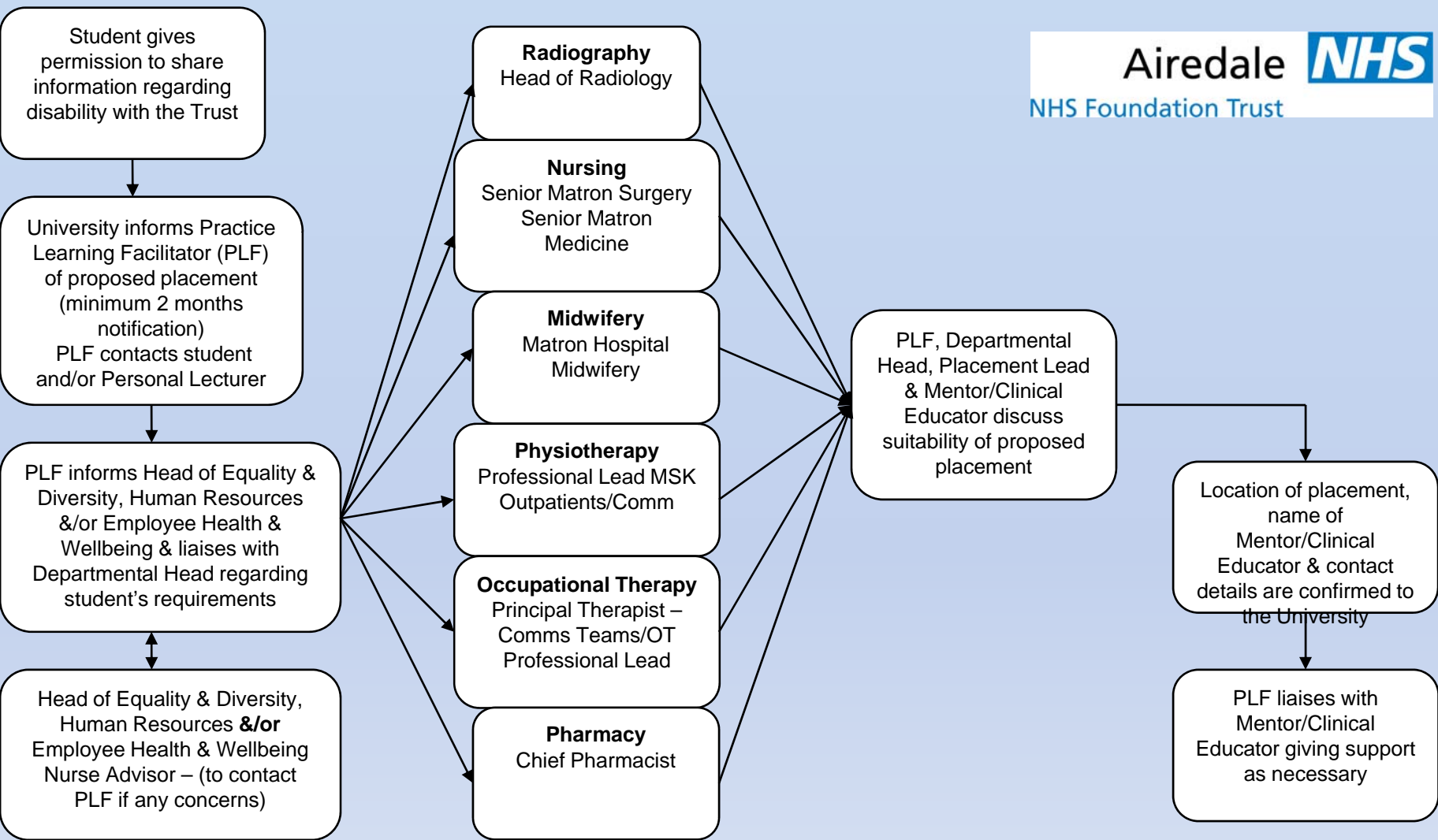
Feedback from Placement Provider obtained using PSA

Information from PSA sent from School to Disability Adviser

*NB. If student chooses not to share information about their impairment and follow this process they must sign the disclaimer.

Student reflects on strategies developed whilst on placement and completes action plans to prepare for next placement

Review and update LSP



Student gives permission to share information regarding disability with the Trust

University informs Practice Learning Facilitator (PLF) of proposed placement (minimum 2 months notification)
PLF contacts student and/or Personal Lecturer

PLF informs Head of Equality & Diversity, Human Resources &/or Employee Health & Wellbeing & liaises with Departmental Head regarding student's requirements

Head of Equality & Diversity, Human Resources &/or Employee Health & Wellbeing Nurse Advisor – (to contact PLF if any concerns)

Radiography
Head of Radiology

Nursing
Senior Matron Surgery
Senior Matron
Medicine

Midwifery
Matron Hospital
Midwifery

Physiotherapy
Professional Lead MSK
Outpatients/Comm

Occupational Therapy
Principal Therapist –
Comms Teams/OT
Professional Lead

Pharmacy
Chief Pharmacist

PLF, Departmental Head, Placement Lead & Mentor/Clinical Educator discuss suitability of proposed placement

Location of placement, name of Mentor/Clinical Educator & contact details are confirmed to the University

PLF liaises with Mentor/Clinical Educator giving support as necessary

Pilot

- Initial plan – to evaluate the PSA – impaired due to process difficulties

Key challenges identified to date:

- Completing the PSA in time for first placements (some professions more than others)
- Student engagement
- Staff engagement
- Responsibility for liaising with student and practice

Successful model

- Clear line of responsibility and time to engage in telephone conversations

On-going activity....

- Getting buy-in/engagement from relevant University staff
- Training and awareness to clarify legal obligations
- A need to promote and develop the willingness and confidence of placement mentors to engage in the process of facilitating reasonable adjustments. (This might involve decisions about the practicality of adjustments in a work-based setting and, ultimately, students' capability to satisfy the professional competence requirements for registration with the 'professions').

ALPS Extension Project – Disabled Students: Enabled Practitioners

- Aims
 - Sharing of these ideas and developments across the regions and learning from others of similar developments
 - Raising awareness in both HEIs and Practice Placement areas
 - Working towards a regional process/standard/assessment of risk and recommended electronic process

What we have achieved:

- Workshop July 2011 co-hosted with the Yorkshire & the Humber Opening Doors Network
- Wide regional attendance
- Network on NING
- Podcasts of the speakers are available through the NING site at
- <http://mippsuk.ning.com/>

What we now have to do...

- More extensive use of the NING site for sharing
- Trial the Bradford processes this year and evaluate
- Development of resources to make widely available to support students, academic staff and mentors

Your choice?

- How would you like this network to support you in the future?
- What do you see your involvement as being?
- Further suggestions?