

# Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

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# Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals



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**Report Prepared for:**

**The Health and Care  
Professions Council**

**By: Professor Lynn Clouder**

**Coventry University  
13<sup>th</sup> December 2013**

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We are enormously indebted to the student/graduate co-researchers who were involved in the research team and to all of the participants who agreed to share their problems and triumphs, their hopes and aspirations at interview. Finally, we express gratitude to all of the people with disabilities and Practice Educators who supported them who agreed to write, and in some cases record, case studies based on their experiences.

## 1. Project Details

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## 2. Executive Summary

The Health and Care Professions Council (HCPC) commissioned this research from the project team in the Faculty of Health and Life Sciences and the Welfare and Disabilities Team at Coventry University. The report will inform HCPC's revision of guidance available to disabled people wanting to become health or social care professionals. The primary aim of the project was to produce a comprehensive report, on suggested changes to the existing HCPC guidance. In order to meet this aim, the team commenced the research by conducting a critical appraisal of the existing guidance with a small group of students and recent graduates. It held a Stakeholder Day where the perspectives of Admissions Tutors, academic staff, Practice Educators and Disabled Students' Support Services were gained on what helps and enables, and what could improve the chances of, disabled students becoming health or social care professionals. The team conducted interviews with students and recent graduates with a wide range of disabilities. The aim of these interviews was to gain first hand insights into the usefulness of the existing guidance, as well as the students' experiences of pre-admission to

their health and social care programmes, the admissions process, studying on the programme, placement experiences and the transition to employment.

Ethical approval was obtained through the Coventry University Research Registry Unit. The project philosophy was one of 'appreciative inquiry' and participatory research. The participatory approach of involving people with disabilities in conducting the research and producing recommendations gives it authenticity, credibility and face validity.

A total of 107 interviews were conducted, comprising of 48 individual and focus group student interviews, 24 academic staff, Admissions Tutor and Disability Support staff interviews from universities across the UK, 23 Practice Educators interviews and 12 employer interviews. Although the research brief did not include employers, the project team considered the perspective of employers to be important. Students and graduates need to understand employers' role in helping to facilitate the transition to employment through the negotiation of reasonable adjustments and occupational health assessments.

Recommendations for the new guidance falls into two main aspects: style and content. First, the style of the guidance requires review. Its availability in a range of formats, such as online with a version with British Sign Language and in DVD format was recommended to improve overall accessibility. Accessibility and enhancement of the contemporary style of the guidance could be improved with the use of audio and video clips. The text version could be improved with specialist input and advice from the British Dyslexia Association and visual inclusions such as the existing flow chart are helpful. Participants were particularly in favour of the use of authentic case studies. Some examples of which have been provided in this report. Aspects of the style of the current guidance that should be retained include its clear structure, its accessible writing style and good signposting to alternative sources of information; background information on the HCPC and its function and role, information about the registration process, standards of education and training, standards of proficiency, meeting standards, scope of practice and applying for registration. The list of professional bodies, other useful contacts and glossary of terms should also be retained.

The content of the guidance also requires review. The guidance should be updated by providing background to the Equality Act 2010 and its implications for people with a disability. Research findings demonstrate the importance of the guidance providing a thorough understanding of 'disclosure' and its link with reasonable adjustment. Examples of reasonable adjustments in the very different contexts of university, placement and in employment are necessary. The content could be expanded to illustrate how a student progresses through the major stages of their programme, including specific stages of recruitment and admissions, in-university support, placement experiences and the transition to employment. Placements form a substantial aspect of most professional programmes; a separate section on the 'placement experience' could deliver a number of key messages for students, universities and placement providers. These include the importance of forward planning, fostering good communications, the benefit of pre-placement visits and specific strategies that are used to help students settle into placement. Clarification on sources of funding for reasonable adjustments both pre-registration and on employment in the different contexts is also important.

Students and recent graduates were asked how they referred to themselves and what their preferred term for someone with a disability would be. Views varied, with a slight majority, most of who were familiar with the thinking behind the social model of disability, favouring the term 'people with a disability', rather than 'disabled people'. However, many students disliked both terms. Given divided opinion and the fact that that the term 'disabled people' is a legal term,

which is used in the Equality Act and recognised by the Higher Education Funding Council for England (HEFCE), the team suggests that the HCPC retains it. However, we also suggest that they acknowledge that the terminology differs internationally where 'people with a disability' is used.

Dissemination of the guidance should be considered. Many potential students do not know about HCPC therefore the guidance should link to sites that they would visit, such as Universities and UCAS. Information for the target audience could be expanded and every opportunity should be taken to use networks to disseminate the guidance locally and nationally. For example, through the Disability in Professional Practice Special Interest Group, the National Association of Educators in Practice, DSA, UCAS, careers guidance, admissions tutors and practice education teams.

### **3. Introduction**

The project team was delighted to be selected to carry out the research project on behalf of the Health and Care Professions Council (HCPC) to inform the revision of their guidance document 'A disabled person's guide to becoming a health professional'. Although ambitious, on commencing the project, we deemed it important to aim to give a voice to students and other stakeholders in each of the professions regulated by the HCPC. We were also keen to avoid any profession specific issues being overlooked.

While we were able to access the majority of HCPC regulated professions, we were unable to access staff or placement educators from clinical science or students from this profession and orthoptics. We consider that despite not managing to access students across all professions we reached a stage of data saturation that suggests that it is unlikely that any new insight would have been gained from further additional interviews. Given the range of disabilities identified and the ubiquity of dyslexia across the professions we are confident that the insight into barriers and enablers provides a sound basis on which the HCPC can provide relevant advice in its updated guidance.

Recommendations are made based on findings of what helps students succeed and what is possible rather than rehearsing the problems. Of course there are disabilities that are ubiquitous and therefore suggested adjustments in university and in the workplace, both during training and as an employee, apply across the professions but there are professional differences that have been drawn out too.

The team submits this research report confident that it provides insight into the contemporary first hand experiences of health and social care colleagues training for and entering the professions, as well as Admissions Tutors, academics, Disability Support Tutors, Practice Educators and employers. It also provides valuable insight into the shortfalls of the existing guidance and suggestions for content, style and dissemination of future guidance. As such the report is a sound basis from which the HCPC can update their guidance in line with the Equality Act 2010. The inclusion of illustrative individual student case studies, with links to short videos or podcasts, reflects students' suggestions of the need for alternative formats and more engaging material to increase the accessibility and student-friendly nature of the guidance.



## 4. Project Report

### 4.1 Project aims and objectives

The principle aim of the research was to investigate the contemporary experience of disabled students studying on HCPC approved programmes and the stakeholders with whom they come into contact to inform the updating of guidance available to potential applicants to HCPC accredited courses.

#### Objectives

- *Conduct a critical appraisal of the existing guidance with a small group of students with disabilities as co-researchers*
- *Seek first hand insights from disabled students on the usefulness of existing guidance pre-admission, during the admission processes, while studying on the programme and during placement experiences.*
- *Investigate the perspectives of admissions tutors, educators, practice placement educators and disabled students' support services on what helps and enables, and what could improve the chances of, disabled students becoming health or social care professionals.*
- *Generate a series of short individual student case studies demonstrating the ways in which students cope with the demands of their programme*
- *Produce a report on possible changes to existing HCPC guidance available to disabled people wanting to become health or social care professionals.*

The project ran in accordance with its aims and objectives as originally planned (See Appendix I for a table of completed project activities).

## 5. Project Methodology

### 5.1 Appreciative Inquiry

The project was designed in consultation with disability services and the student co-researchers. In adopting the principles of appreciative inquiry (AI) (Cooperrider & Srivastva 1987) the aim was to shift the focus of inquiry beyond the usual frame of problem identification to what is working for individuals and how they understand their lives (Reed, 2006). The potential of fostering an egalitarian dialogue associated with social-system effectiveness and integrity (Cooperrider & Srivastva 1987) was deemed highly relevant to the research topic.

Appreciative inquiry's emphasis on creative description and understanding of social engagement links to social constructivist research (Gergen, 1999) as well as resonating with narrative methodology in aiming to capture people's stories (Gubrium & Holstein, 1999). Seeing each profession and each individual as discrete cases (Yin 1994) promoted contextual understanding which was felt to be vital given the diversity of professions and possible range of impairments.

The project team's aim was to identify what worked for individuals in the respective professions through the phases of admission, progression and achievement. We were looking to identify good practice which enhances the students' learning experience, allows them to meet the required standards of proficiency and helps them achieve success in their chosen professions. Critics of the AI approach suggest that focusing on the positive aspects of experience is somewhat idealistic. The potential repression of important and meaningful conversations (Bushe, 2011) in favour of studying 'the best of' something is countered by Oliver (2005) who

makes the point that positives and negatives are not polarized; what is positive for some might be negative for someone else. The aim is to not ignore the problems that will inevitably emerge but to turn them into ideas for improvement, generated with the people who can provide realistic and authentic insights.

Inevitably stakeholders tend to rehearse the issues and problems that they have encountered and/or envisage and there needs to be a constant reminder from the interviewer that while the problems are important, cases where they have been overcome are crucial to developing understanding if change is to be instigated.

Hence, questions were framed around topics that identified things that had worked well for students and other stakeholders as opposed to the more commonly encountered questions of 'what are the problems' and 'what is not working'. In developing the interview questions we hoped to create discourse around what is possible rather than what is impossible for disabled students (See Appendix II).

## 5.2 Data Collection

University ethical clearance was gained on 10<sup>th</sup> July 2013. Inquiries regarding a concurrent application to NRES Committee Region- East Midlands confirmed that because the research did not involve patients or patient data it did not raise any ethical concerns for them (See Appendix III).

The student co-researchers, each of whom had declared a disability, were appointed from health and care programmes at Coventry, and comprised of two students (Physiotherapy and Occupational Therapy) and two recent graduates (Social Work and Physiotherapy). The co-researchers carried out a critical appraisal of the existing HCPC guidance with the support of the project team and the help of a template adapted from Wallace and Wray (2011). They were given the following documents.

- An electronic version of the HPC's 2006 'A disabled person's guide to becoming a health professional' available on the HCPC website.
- The consultation document which accompanied the first draft of the 2006 guide.
- The Equality Act 2010.
- The critical appraisal template.

Three students' findings were subsequently presented, and informed discussions, at the Stakeholder Day. Another completed the critical appraisal following the event. Their involvement and specific remit to critique the guidance, which addressed objective 1 of the project, proved invaluable given that the majority of students interviewed subsequently had not been aware of the existence of the guidance.

Flyers advertising the Stakeholder Day were circulated through the Health Faculties' administrative and/or admissions offices, the College of Occupational Therapists, the Royal National Institute of Blind People (RNIB), the Disabled Student Allowance Forum, the Disability Support Tutors Network, the National Association of Educators in Practice Network and the Disability in Professional Practice Special Interest Group.

The aim of the stakeholder event which was held on 11<sup>th</sup> September 2013 was to gain as much insight from a diverse range of perspectives as possible and then to fill in any gaps which became evident after the event with individual interviews. Twenty-five delegates attended the Stakeholder Day, including 5 students with disabilities, a carer and a Communications Support

Worker. A variety of presentations and workshops were used to generate discussion which was captured as data in written format (Appendix IV - Stakeholder Day Programme). The representation across the professions, including academic staff and Practice Educators, was reasonable including Dietetics, Occupational Therapy, Physiotherapy, Social Work and Nursing. Colleagues from nursing with a particular interest in this area made a valuable contribution to the day by providing comparative insights from the perspective of the Nursing and Midwifery Council (NMC).

Following the Stakeholder day, the team established where the gaps in knowledge lay. The lack of placement providers/employers at the Stakeholder Day was notable and therefore necessitated seeking individual interviews with them, as well as with academic staff and Practice Educators to augment the data to provide a holistic picture across the professions. Recruitment of practice colleagues for interview occurred through the profession specific networks, through identification by practice education teams and through word of mouth in which one Practice Educator nominated another. Two Practice Educator update days (in Dietetics and Physiotherapy) were attended by members of the team in an attempt to publicise the research and recruit potential Practice Educators. By identifying higher education institutions that delivered programmes for more than one of the professions the impact of gate keepers on delaying progress was in some cases mitigated. In addition, members of the Disability in Professional Practice Special Interest Group and the National Association of Educators in Practice, both of which are national networks, were proactive in offering their support in accessing to students and professionals. Our attempt to contact Careers Advisors was unfortunately fruitless probably largely because the profession is currently undergoing significant reorganisation to be controlled by the private sector. This is an area that could be explored further and especially with respect to the new guidance.

The substantive aspect of the research, which focused on objective 2, was to gain insight into the experiences of students and recent graduates with a variety of disabilities so that their collective voice could inform the new guidance. Access was gained through Departmental Heads, Course Directors, Disability Support Offices, Faculty Disability Tutors and in one instance, a professional body. These people contacted whole cohorts of students and recent graduates by email thereby raising awareness of the research across hundreds of students. In some cases this approach was augmented by Course Directors sending emails directly to students who had disclosed a disability. These two approaches combined generated the majority of interviews, though a few were the result of snowballing from one student or graduate to another.

Given experience to date of researching the experience of disabled students (Opie & Taylor 2008) and the potentially sensitive nature of disclosure of experiences, a decision was made to interview students individually rather than in focus groups. The majority of interviews were conducted by telephone to optimise efficiency and to extend the project reach countrywide. A small number of students were interviewed face to face and a minority, particularly those with hearing impairments, emailed their written responses. Interviews lasted between 20-40 minutes and responses were recorded in note format on a template. In the event of Paramedic and Operating Department Practitioner students failing to come forward for individual interviews, their Course Directors at Coventry University were contacted to ask if the students would feel more comfortable talking in a focus group context. They agreed that they would and therefore two focus groups were held. The groups both included students with disabilities who talked openly about their experiences despite the less private interaction.

All participants were given participant information sheets (Appendix VII) and consent forms (Appendix VIII) to complete prior to interview. A separate consent form was completed by for those people involved in producing case study material. Overall, the team is confident that breadth of insight was generated in terms of gender, age, disability, profession and year of study, including recent graduates (See Appendix V).

### 5.3 Changes or additions to the original activities/milestones

A major hurdle to overcome in any research setting is to identify the 'gate keepers' with whom access must be negotiated. Obviously within one's own institution this is relatively easy; externally this is more of a challenge. Cold calling was slow and protracted with gate keepers having to seek senior management approval in several cases. Our target was to interview 3 students at various points in their course or recent graduates from each profession. Data protection meant that without student contact details we were dependent on Departmental Heads, Course Directors, Disability Support Offices, Faculty Disability Tutors and in one instance, a professional body. Whilst this conduit was effective it was slow and even some students who agreed to be interviewed did not respond once details were passed to the research team. Lack of time appeared to be a significant factor. Another crucial aspect of timing was whether students were in university where they appeared to be easier to contact or out on placement. Whilst the number of students involved in each profession is variable we were successful in gaining insight across fifteen out of the sixteen professions regulated by HCPC through a range of stakeholders (Appendix VI). We are confident that we reached 'saturation' in identifying the main issues for students with the data set that we achieved.

The team conducted more individual stakeholder interviews and the interview period was more protracted than originally anticipated, because some key contacts in identified institutions were more difficult to make contact with in the run up to the Stakeholder Day and in some cases there was no take-up from students and other stakeholders. In addition, where response was good we were reluctant to turn away volunteers who could develop our insight into the project overall and the enrichment of the data. In the interests of ensuring a holistic picture was gained from as many stakeholders and students as possible the HCPC kindly agreed to an extension of two weeks and a submission date of 13<sup>th</sup> December for the final report.

The original project plan included 5 student co-researchers. However, making contact with students was complicated, particularly as many students had already started their summer vacation. The 4 co-researchers appointed from a number of professions, at a range of stages at university, were deemed sufficient and a fifth co-researcher was not pursued.

### 5.4 Data analysis strategies

All telephone interviews were recorded on an interview template. One member of the project team performed the initial coding and a thematic analysis of the data, which was synthesised across all participants. The analysis generated a series of themes from which a set of recommendations for changes to the existing guidance has been distilled. Boyatzis (1998) identifies two ways in which thematic analysis can be used to identify themes or patterns in the data. The first is inductive; themes are linked strongly with the data and may bear little relationship to the questions asked of participants. The data is coded without attempting to fit it into predefined categories or themes. The second approach is theoretically driven by the specific area of interest or theory. *Apriori*, or predetermined categories are defined and data are analysed according to them. Boyatzis (1998) also contrasts the possibility of themes being identified at a semantic or explicit level at which what the participant has said or written is not analysed in any greater depth and analysis that identifies latent or interpretive themes

identifying underlying ideas and assumptions. The approach adopted here was primarily one of theoretical thematic analysis given that HCPC had identified specific themes that they wished to be explored. For example, they were keen for the research to explore the use of language and terminology in this area. However, an inductive analysis occurred simultaneously as participants related their experiences and this level of analysis informed the research and subsequent recommendations by providing rich data to underpin many of the ideas that are proposed. Data from all interviews and from the Stakeholder Day were synthesised; one researcher coded the data and codes were checked with the research team who generated and agreed major themes.

## **6. Quality Assurance**

An inter-professional project Advisory Group was convened as a quality assurance measure to broaden scrutiny of the project. Importantly, it also offered multiple perspectives on the ethical dimensions of the project, which is crucial especially when researching with potentially vulnerable groups (Nind, 2008). Its composition was designed to offer a range of different perspectives, including those of the four student co-researchers, disability services representatives, academic staff and Practice Educators. The group's terms of reference can be found in Appendix IX.

The intention was to meet twice during the life of the project. The group met once face to face and a second time through electronic communication to provide feedback on the draft project report. The group was particularly charged with checking the veracity of themes to ensure that eventual recommendations were drawn from salient data. It was keen to ensure that the project team was attentive to protecting the interests of the research participants who agreed to produce case studies.

## **7. Critique of Existing Guidance and Research Findings**

The HCPC was keen to gather the views and experiences of disabled students studying on HCPC approved programmes, alongside the experiences of relevant staff and educators. Several overarching themes that impacted on the experiences of participants were identified. These themes included general attitudes to disability, the issues involved in disclosure of a disability and the ambiguity surrounding perceptions of reasonable adjustment. Theoretical thematic analysis was structured by major stages of the student journey through recruitment and admissions, in-university experience, placement experience and transition to employment. An additional emergent theme that advocates highlighting alternative career pathways is also discussed.

Recommendations are made for future style and content of the guidance based on the co-researchers' critique (see raw data in Appendix X), and the research findings generated at the stakeholder day, through stakeholder interviews and most importantly through interviews with students with disabilities.

### **7.1 Style**

#### **7.1.1 Accessibility**

The existing guidance has been available to be read online or printed in hard copy. Hard copy is vital for those without a computer and has the added advantage of providing ready information in public spaces, such as waiting rooms, or could be handed out at Careers events

or university Open Days. The suggestion made at the Stakeholder Day to make the guidance also available in a range of different formats to allow maximum accessibility should be relatively easy to achieve. The small minority of users who had accessed the guidance had done so online and, although this means is likely to become increasingly dominant, it could also be provided on DVD, for use by those without internet connectivity.

Online delivery has the benefit of allowing for regular updating of content to keep the guidance current. It also allows text to be supplemented with additional supporting media such as audio, video and a BSL signer which we recommend. Case studies should appear in textual form for people with hearing impairments but they can also be presented through video and/or audio links. The entire guidance could be narrated for people with visual impairments. Stakeholder Day participants suggested that if the guidance could include hyperlinks that took a visitor immediately to other relevant sites, it could, in effect, become a one-stop-shop, negating the need to navigate between different websites and finding relevant pages.

There was also support for the guidance to be expanded to provide more detailed information for the wide range of stakeholders that it currently caters for, in addition to students. Admissions Tutors, Disability Support Tutors, Practice Educators, employers, academic staff and careers advisors could all benefit from expanded dedicated sections which could be cross referenced with clickable links to avoid repetition. Stakeholder Day delegates discussed the possibility of separating the guidance into two documents, one for students and one for other stakeholders but this was not seen as particularly advantageous by research participants as much of the information would simply be duplicated.

As many potential students do not know about the HCPC, the guidance needs to be disseminated more widely and this could be done in a number of ways. Networks such as the Disability in Professional Practice Special Interest Group and the National Association of Educators in Practice could be used to publicise the guidance nationally, and more local dissemination of the guidance through careers guidance, admissions tutors and practice education teams would raise awareness of good practice. The HCPC could also increase the dissemination of the guidance online and seek to link to popular sites students visit, such as Universities webpages and UCAS. Internet 'badging' it 'to get it to the top of a Google search' is also recommended to increase the online presence of the guidance. In increasing the presence and dissemination of the guidance, it is crucial that the revised guidance is given a higher profile on HCPC's own website – possibly by devoting an entire page dedicated to disability, including guidance/videos/links etc.

### **7.1.2 Format**

The structure of the current guidance was deemed to be clear with good signposting to other relevant sources of information. The rationale presented in the introduction is concise and the guidance is written in plain English overall. The HCPC is advised to consider different learning styles and the ways in which different impairments might affect the benefits to be derived from the guidance when updating the current guidance. The research highlighted that the textual format of the current guidance is off putting for some students with Dyslexia. A Podiatry student suggests:

*We do not need long texts and explanations just bullets points, straight to the point. Punchy sentences so you don't need to wade through lots of information – looks like block texts to me. I know it sounds bad, but it should be interesting with pictures, interactive. People should be able to go to sections relevant to them no waffling around long paragraphs.*

Research by Ryan Baker (2005) on readability of online sources suggests that fast readers perform best when presented with two-column full-justified text, while slow readers benefit from a single column non-justified layout. This insight suggests that further specialist guidance should be sought to achieve optimal accessibility for students with dyslexia.

The possibility of interspersing text with bullet points or key message boxes should be considered as a means of breaking up the text. The use of jargon should be minimised, especially to be accessible for younger readers starting to think of their career options. Generally jargon is avoided but for example, the existing guidance talks of 'grandparenting' without explanation. Some statements are emboldened to add emphasis and this was deemed helpful. The flow chart was also found to be useful and highlights that some readers will find visual information presented in charts and diagrams more accessible than text.

### **7.1.2 Examples**

Students considered the examples used throughout the guidance to be useful but identified a need to update them to make them more contemporary and also authentic. Students also suggested using real life case studies with named people with experience to share. Based on these recommendations we have used case studies, negotiated with various participants during the research, to create nine short examples, emphasising in the participants' own words, the key messages from the full transcript included in this report. We have also created podcasts or videos from these case studies which elaborate on each of the examples and have the potential to bring to life many of the issues covered in the guidance and give potential students a sense of some of the barriers that existing students and graduates have overcome. They also bring colour and depth to the guidance. The short personalised examples, alongside the accompanying audio and video, could be incorporated by the HCPC into the revised guidance.

### **7.1.4 Language and terminology**

The language used was an important point of discussion both at the Stakeholder Day and in subsequent interviews. Opinions on terminology and the labels which people must live with were contentious. Although deemed acceptable by some research participants with disabilities, the term 'disabled person' was seen by others as privileging the disability. One student succinctly stated *'I prefer 'people with disabilities' because I am a person first'*.

Stakeholder Day debate around terminology was fuelled by a discussion about attitudes to disability in general. Interestingly this incorporated self-image with the suggestion that *'people with a disability have a poor image of what disability is'*. A Speech and Language Therapy (SLT) student suggested that people with disabilities can *'feel like imposters'*. Another suggested that those with unseen disabilities can *'feel they are making a fuss, feel they are making excuses'*. However, strong statements such as *'I do not want disability to define/control my life'* (OT student), *'I'm determined not to let it take over, I can't live my life around disability'* (SLT student) and *'I don't want to stick out'* (OT student) suggest that many people learn to cope with their impairment and get on with their lives, and with becoming health and social care professionals. Students and recent graduates were asked explicitly how they referred to themselves and what their preferred term for someone with a disability would be. Views varied, but a slight majority, even having familiarity with the thinking behind the social model of disability, favoured the term 'people with a disability', rather than 'disabled people'.

However, many of the participants who have disabilities said that they did not consider themselves to be disabled at all. For example, a Physiotherapy student with Rheumatoid Arthritis did not disclose her condition prior to starting the course and despite experiencing some physical constraints did not consider herself to be disabled. Another Physiotherapy student reflected that he *'ticked the UCAS box, although I don't feel it's apt. I am a special person – A person with dyslexia*. Similarly, a Paramedic student suggested *'to be referred to as a student with Dyslexia is preferable'*, stressing that each person should be viewed as an individual. So, in fact, many students disliked both terms.

Because some individuals do not identify themselves as disabled, a suggestion for the new guidance might be to include a definition of disability in the introduction to the guidance (rather than in the glossary). If a definition is offered that shows the breadth of impairments that might be included it could provide a means of helping students identify whether they could negotiate some adjustments if they have these impairments thus encouraging more students to disclose their disability.

This research was underpinned by the British disability studies stance, which is based on the social model of disability; disability being caused by physical and social barriers within society (Marks, 1999). As such we committed to ensure that we represented disabled people as a heterogeneous group with many different impairment diagnoses, but who all face overlapping experiences of disablement or exclusion (Goodley & Lawthom, 2006 p.2). We used the terms 'disabled student' and 'disabled people' throughout this study as terms which are favoured by the British disability movement to signify that disability is socially constructed (Shakespeare, Lezzone and Grace, 2009). On balance, given that the term 'disabled people' is a legal term which is used in the Equality Act and by HEFCE; the team suggests that the HCPC retains it in the revised guidance. 'Disabled people' is the preferred term of the British disabled movement as it is a political statement that the person is disabled by society not by their impairments. However, we suggest also that the HCPC acknowledges that the terminology differs internationally where 'people with a disability' is used to stress 'people first' - *'see me not my disability'*.

The complications around terminology are exacerbated by the sensitivities of students trying to come to terms with the *'label of disability'* and how it impacts on perceptions around disclosure. Some students are diagnosed at University and find it difficult to come to terms with; others who have had a condition for a long time, are accustomed to using the terminology and are not threatened by it. Students who had come to terms with their disability were often mature with copious amounts of work experience and *'confidence developed from life experience'* (Podiatry student). A student Prosthetist/Orthotist had never disclosed his dyslexia until he applied to do his first degree. He stated:

*I know I have a disability and it affects me in certain aspects but I don't feel disabled. During my first degree it took longer for me to get to the stage of everyone else and I had extra time for things but there was a stigma to having extra time – other students used to think it was unfair.*

A number of other students stated they had no problems discussing their condition and needs with others. *'It makes me who I am; I have a disability'* (Podiatry student). However, other students' comments about trying to explain their condition to their peers to avoid judgemental attitudes shows how important the acceptance of others is for accepting disability as an aspect of identity:



*You can discuss your needs with your tutors and this year (2<sup>nd</sup> year) I have explained to my peers why I need the extra support, once you explain and they see your needs they understand; everyone knows now (SLT student).*

The term 'disclosure' was also found to be problematic. As a student pointed out it is a term associated with criminal convictions. Disclosure was to some a 'dirty word' that needed to be reviewed in favour of something 'friendlier'. Suggestions were made of more encouraging words, such as, 'inform', or a statement such as, 'available for open discussion about support needs'. However, many students who were interviewed used the term disclosure without really suggesting that they had found it problematic; some also referred to 'declaring a disability'. A possible solution is to continue to use the word disclosure but to provide more information about it so that students associate it less with potential stigma and link it more closely to the advantages that it brings in terms of reasonable adjustment. The inclusion of a definition of disability in the introduction to the guidance (rather than in the glossary) could encourage more students to disclose their disability.

## 7.2 Content

### 7.2.1 Positive Aspects of the Current Guidance

The current guidance primarily addresses people wishing to become health and social care professionals but content is also aimed at a range of other stakeholders. Included are examples of assumptions about people with disabilities and their abilities, which are useful in that they demonstrate a positive attitude to disability 'abolish[ing] assumptions that those with disabilities cannot apply for HCPC courses' (Co-researcher).

Aside from the necessity to replace the information provided on the Disability Discrimination Act and its implications with information on the Equality Act, many aspects of content remain relevant and helpful. For instance, students are given useful background information about the HCPC and its function and role. There is good information about the process of registration with the HCPC and students are alerted to the fact that completing an approved course does not guarantee that someone will become registered. Positive aspects of the guidance that we recommend retaining include details of how applications are assessed and the recourse that students have if they feel that they have not been treated fairly. Clear and unambiguous information about standards of education and training, standards of proficiency and practising within a scope of practice that meets the standards is provided. The examples provided to illustrate occasions in which scope of practice has altered (due to health, disability, conduct etc) are useful and should be retained. They offer insight into the importance of the individual being responsible for finding ways in which to maintain fitness to practice, for example, by using appropriate technology. An extensive list of other organisations and professional bodies is provided which when updated with the contact details of the professions most recently added to the list of those regulated by the HCPC will prove to be an excellent resource. The glossary of terms is another feature that is useful and should be retained.

The current section of the guidance entitled 'During your course' is very useful and should be expanded to illustrate how a student progresses through the major stages of their programme. The 'journey' metaphor was frequently used to incorporate experience of disability into career plans and aspirations and therefore it is suggested that this section of the guidance is presented so that the 'journey' is clear. Our suggestions for specific sections are presented below under disclosure, reasonable adjustment, recruitment and admissions, in-university support, placement experiences and finally, the transition to employment. A final section briefly considers alternative career pathways.

### 7.2.2 Disclosure

Disclosure is discussed fairly briefly under the section 'Your responsibilities' in the current guidance. As disclosure has emerged as a significant issue in the current research we suggest that its status in the new guidance should be enhanced. Research findings suggest that the relationship between disclosure and reasonable adjustment is not always fully appreciated by students therefore this relationship should be made more explicitly in the revised guidance.

Recognition that *'getting people to disclose is a massive hurdle because they feel they will be judged and disclosure will get in the way of their career'* (Clinical Psychology Educator) suggests that it needs to be presented in a positive light to tackle perceptions of possible stigma and its associated impact. Students and other interviewees confirmed this position.

*Some people find it difficult to disclose. I have a lot of disabled friends who are so scared of disclosing because of the stigma and because they may not get a job/placement (SLT student).*

*There never seemed to be a route to ask for help but I also knew that if I did disclose I would be seen as not ready to practice as a therapist (Art Psychotherapist).*

Stakeholder day delegates were concerned that *'there may be pressure to disclose when people do not want to [do so]'*. However, there was general agreement from participants interviewed that the decision *'to disclose or not to disclose'* was the responsibility of the student. This point is emphasized in the current guidance under 'Your responsibility' and is an important point to maintain in the new guidance.

There was also recognition that there might be another layer of stigma attached to certain conditions and particular courses. For instance, that attached to HIV, the potential issues associated with people with eating disorders, which according to one student interviewee *'are so misunderstood'* and people wanting to become Clinical Psychologists who have mental health issues. However, declaring a disability also depends on whether or not it is perceived to be disabling. A recent graduate Hearing Aid Dispenser reflected on how *'hearing is now a major thing in my life. At university doing my first degree, at eighteen I didn't tell anyone, initially I didn't see it as a disability, although I did have problems.'*

Unsurprisingly, Admissions Tutors, Disability Support Tutors, Practice Educators and employers were unanimous in advocating early and ongoing disclosure as a prerequisite for assessing support needs. A Dietetics employer and placement provider was emphatic in advising students to *'disclose your disability. Be involved in the process.'* Not doing so can have profound implications and it is important that students appreciate this:

*It is so difficult to work with a student who does not disclose their disability. You do not know how to deal with the problems and some students can be very defensive (Clinical Psychology Educator).*

The experience of a Clinical Psychology educator who reflected on a difficult situation where disclosure had not occurred highlights how non-disclosure can result in problems escalating: *I tried to help - gave [the student] software and sat with [him], but he did not want to be labelled disabled. It was an awful experience.*

Although disclosure for one SLT student was successful in gaining local support, disability services support was still lacking. She recalled:

*My disability service was rubbish throughout the course, I did not receive anything I requested and my accommodation and access issues were not sorted. Thankfully, I had contacted lecturers and programme director and was well supported by them.*

The consequences of non-disclosure therefore need to be emphasised in the revised guidance so that students understand its importance for their progress. The suggestion that the important thing was to ‘*give people confidence to disclose their disabilities even when they don’t know you*’ highlights the significance of establishing a good relationship with students and this is a crucial message for Admissions Tutors, Disability Support Tutors and employers. The notion of fostering an atmosphere of understanding and empathy was prevalent in most cases. An academic in Audiology suggested that the ethos in her institution was one of:

*Making sure that students are confident that they can seek support and that you are not going to make them feel ‘odd’. The approach reflects that of the course itself which encourages students to be open-minded about people who are all different.*

Similarly, an Art Psychotherapy Manager suggested that this approach is adopted in her workplace:

*New recruits have to be confident enough to know the person will be helpful to disclose. But the culture is important. We are ‘enablers’ that’s our job so it’s no big deal. We are possibly very different to other professions in the way we view people as people; we don’t work with symptoms we work with the person.*

The question whether disclosure is ‘*to one person or to all*’ is also very pertinent. A Physiotherapy student was keen to suggest reinforcing to students the importance of disclosure as not one off but ‘*throughout the course*’ and to ‘*encourage students to do this*’. However, this openness might be challenging for some students and should be sensitive to the individual’s wishes. For example, a SLT student reflected on how she had requested that her disclosure be limited to only select people so that ‘*on placement only some people [her Practice Educator] knew, **not** everybody!*’ The revised guidance could include a message to both students and academic and Practice Educators about the importance of individual preferences for when, how and to whom disclosure occurs and the importance of a supportive environment needed to foster it.

The implications of disclosure can be complex. For instance, disclosure can mean more supervision, which is double edged in that whilst helpful it might create more pressure for students. In addition, more time for assessments means lengthier scrutiny and/or questioning. A SLT student reflected, ‘‘*disclosure*’’ *helps; it can be a bit problematic because you may get more supervision, but that can be positive*’. Similarly a Podiatry student reflected:

*I don’t disclose [my dyslexia] to placements or my peers. If you disclose they will give you more time on everything and viva’s can be tricky – more*

*time with patients, writing notes and talking to the assessor. This puts people off [disclosing], because you may have to answer many questions.*

Nevertheless, in accepting the scrutiny inherent in disclosing a disability a Podiatry student discussed how she felt the extra supervision was for her benefit:

*I know I will not get a first, in fact I am aiming for a 2.2; but I aim to become the most empathetic, efficient Podiatrist I can be. Health care is vocational as well as academic, my dyslexia has made me more resourceful and I think more laterally. I can compensate in practice for the things I cannot do academically. I am more than happy to accept close scrutiny – I want to get it right (Podiatry student).*

It is important to mention that the project team predominantly encountered students who had chosen to disclose their disability. In other words, the sample was self-selecting and therefore this report focuses on the thoughts and ideas of those students rather than those who had found ways of coping without formal support.

#### **Example 1: Frank's message on disclosing a disability**

I am a 20 year old with Chronic Fatigue Syndrome (CFS) currently in year 2 studying physiotherapy. The main symptom is extreme tiredness, which could mean sleeping during the middle of the day and at night just to keep going. I disclosed my disability during the Admissions process because, like with anything, help is only available if you ask for it. Within the first week of my first year, I made an appointment with the Disability Support Tutor to discuss strategies for coping and as a result of these discussions my University has been extremely helpful and supportive.

As CFS is a condition that can be managed by a physiotherapist I expect there to be some level of understanding of my condition when I am on my physiotherapy placement. Some reasonable adjustments would need to be made, such as small regular rest breaks but this can be easily arranged by communicating with them.

The key to being successful at university and in a health care career, regardless of having a disability, is communication. Ultimately, help cannot be given if people do not know that it's needed. It is up to you to decide whether to tell your peers about your disability and certain situations may prompt a need to tell as it helps others to understand. The best thing to do, I have found, is to get to know people first so you can determine who you may want to tell so they can support you. Don't be afraid to admit you may need help. Help is there for a reason.

See Appendix XI (Case study I) for full case study transcript

#### **7.2.3 Reasonable Adjustment**

It is crucial that students make the link between disclosure and reasonable adjustment, and that they understand '*why they are asked [about their disability] at interview, when joining the course and in preparation for placement*'. However, what is reasonable and what might be available seems to be very unclear:

*I wasn't sure what to ask for (Occupational Therapy student).*

*I did not know what reasonable adjustments were (SLT student).*

*I wasn't sure what kind of reasonable adjustments I could access (Clinical Psychology student).*

The word 'reasonable' is of course ambiguous. An admissions tutor for a Prosthetics/Orthotics programme suggested that the HCPC '*could be more explicit with their guidance on reasonable adjustments and give more examples*'. A Radiography practitioner highlighted the potential usefulness of examples of adjustments that had worked:

*It will be great to have a list of good examples, because some things you think are impossible but when you see how others tried to accommodate you kind of think 'yeah, perhaps that would work'. We had a severely dyslexic student and oh we learnt a great deal from her. She knew what she needed. She was very intelligent and we have used what we learnt from her for many other students who have dyslexia, dyscalculia and other specific learning difficulties.*

Similarly, a Radiography practitioner spoke about her attempts to identify possible adjustments that could be put in place for students supporting the need for more readily accessible information:

*The [HCPC] guide, well I looked at it a few years ago and it was not very helpful, it is the practice elements we were looking for guidance about, particularly from a hospital practitioner perspective.*

The suggestion of providing more examples and stressing the individual nature of adjustments is an important one. A recent graduate Hearing Aid Dispenser, now in full time employment, was highly complementary of the adjustments that had been put in place, including allowing her guide dog entry, providing extra lighting and amplified telephones illustrating how adjustments are very individual in nature. Students spoke about their experiences reinforcing the message about individuality time and again. A student suggested emphatically, '*don't make assumptions prior to meeting with a student; be open minded*'. However, students recognised that adjustment '*does not mean 'rose tinted*'. *For example, it doesn't replace competence standards – there is a need to understand its limitations*'. Nevertheless, as one occupational therapy student asserted '*students need to know that they are entitled*'; *people with disabilities have a legal right to it* [reasonable adjustments].

An Orthoptist suggested that, '*people's understanding is very important*' and a student Prosthetist/orthotist suggested:

*It's the little things that make a difference – just implementing suggestions like putting notes on Blackboard [online learning platform].*

The new guidance needs to make clear the practical adjustments that become apparent below, in the very different contexts of university, placement and in employment. As well as mentioning the tangible adjustments that can be made, it should alert all stakeholders to the more affective dimensions of making adjustments, such as devoting time to develop a good understanding of students' needs.

A SLT Admissions Tutor suggested '*students need to negotiate the level of support they need*'. However, negotiation was highlighted as difficult for some students:

*I am never forceful. I never say I deserve this or that* (SLT student).

*I always try to ask nicely. I don't want to be brash and if they say they can't do it, I just say 'okay'* (SLT student).

Perhaps these students demonstrate a slightly too apologetic approach to negotiating adjustments; another student's suggestion of the need '*to have a full and frank discussion*' (SLT student), might be a challenge for some students. The guidance could include a section promoting the idea that negotiation is acceptable in support of those students who feel awkward about asking for adjustments, for example, those students who have hidden disabilities, such as a Social Work student who perceived that '*as my disability is hidden, people do not go out of their way to [make] reasonable adjustments*'.

The guidance could also reinforce the message that openness to experiment and be creative with adjustments to see if they work is important. An Audiology academic stressed the need to consider all options; '*being proactive and imaginative - not saying no without consideration*'. Similarly, a Dietetics employer and placement provider advised students to:

*Be honest, open, transparent. Do not try to fit the mould – learn the way that is best for you. The placement is about your learning. We do the best to make the most of the placement.*

The fact that adjustments might not be working as well as they might or that needs change necessitating revisiting adjustments to see if they continue to be effective is also an important point to highlight in the guidance, as highlighted by the experience of another recently graduated Hearing Aid Dispenser:

*I had issues with some of my note-takers being on their mobiles while they were supposed to be helping so I talked to my tutors. Try and be confident and say when things aren't working – it's a constant negotiation. As long as you've got someone to either email or pop along and see you can change things.*

Provision of reasonable adjustment in the workplace was perceived as possibly more problematic. A student questioned '*how far can employers go to provide reasonable adjustment? What is realistic?*' As many of the examples provided in this report seem to illustrate, adjustments that have been deemed realistic and put in place are actually quite extensive, illustrating that many employers seem to be fully committed to seeking advice, making necessary adjustments and having a flexible approach to altering practice where necessary. Again by providing examples of adjustments in the workplace employers have a point of reference for what might be 'reasonable'.

#### **7.2.4 Recruitment and Admissions**

Openness to disability by course teams who are encouraging of disclosure was evident in the majority of accounts of the preadmission and admissions stages of the student journey. Several academics mentioned going out into schools to raise awareness of careers in their profession and explicitly mentioning disability. An audiology academic recalled being approached by pupils on campus visits about opportunities for those with a disability. The

message was to support students with as much information as possible through the pre-application, application stage and during the transition to taking a place. A Radiography academic reflected:

*We introduce literacy and numeracy tests during interview and give students opportunity to disclose before you do admissions, a lot of them chose to disclose then; we have inductions, a very good central system, etc. We give lots of opportunity to disclose at various points and throughout the course. We make it easy to disclose using the techniques we have learnt and show that it will be a benefit to them. We show them the support you can get and ask them to talk to us independently if they want to.*

Admissions tutors were proactive in mentioning disability support during university Open Days but students also gained information on the profession specific websites and from professional bodies. An ODP student observed that *'the information on the profession is generally scant without even thinking about disability'*. She suggested that the HCPC document should be given out at university Open Days. Some educators and employers suggested the HCPC should take a more visible lead in this area, especially because opportunities for open days and observation days were shrinking due to pressure and work constraints in the NHS.

Schools were criticised for not being inclusive and adequately supporting students into higher education. Delegates at the Stakeholder Day suggested that the HCPC might publicise the new guidance more widely so that it is accessible to career tutors in general, and more specifically to those in colleges, to reach students at an age when they are making choices about their future study and careers.

Whilst universities have disability support systems students suggested that *'it is not always obvious who is the right person to speak to'*. The need for up to date information was very clear. An Occupational Therapy student was keen to be shown *'all of the help and information available'* and a Social Work student suggested that because there are *'so many things to think about, so many unknowns – as many examples as possible are needed.'* Delegates at the stakeholder day therefore suggested that the revised guidance could encourage good practice amongst Admissions Tutors in talking about disability and identifying who to approach at University Open Days.

A particular aspect of the decision-making process on entry to higher education and an area where information could be improved was funding:

*I almost did not start the course because I thought I could not afford the extra money I was going to spend. No one told me of the DSA' (SLT student).*

*I had to pay for my own taxis for a year because I was not aware of DSA (SLT Student).*

Again an additional section that clarifies funding issues would be helpful especially including information about placements as they add an additional complication to the issue of funding. Whilst DSA funding covers equipment that can be used both in university and on placement, any additional requirements exclusively for placement, such as the services of a communication support worker, are not funded by DSA. Such adjustments are deemed to be the responsibility of the placement provider. This could potentially cause difficulties

given that most student health and social care professionals are required to complete a substantial period of time in the placement setting.

Information about the Disabled Student Allowance (DSA) was thought to be hidden. Even when applications are made, funding issues seem to be somewhat slow in being sorted out. The advice from a Hearing Aid Dispenser graduate was to start early even before the course starts. Of course this requires knowledge of the system and perhaps reflects a need for future HCPC guidance to make explicit links to information from funding agencies.

#### **Example 2: Recent graduate with spina bifida discusses the admissions process**

Hi, I am Emily. I am 23 and I have a condition called Spina Bifida and the main impact of that is that I use two crutches and I have difficulties sort of walking long distances and carrying things. I also catheterise.

My journey into higher education began at sixth form. I was speaking with my tutors and the careers advisers when I was thinking about what kind of health care profession do I go into. I knew that I wanted to be a health care professional. They were really supportive in terms of giving information and encouraging it as a career. I finished sixth form and took a gap year. I took some time to do proper research then I applied in my gap year with my grades.

When I chose my top two universities, I made sure that I went and researched the environment and made sure that it was going to work for me and be accessible. I got in touch with the degree administrator to talk about the set up of the university. Then I applied through UCAS and got an interview and was offered a place. I was sort of excited and ready to go really.

See Appendix XI (Case study V) for full case study transcript

### **7.2.5 In-University Support**

The guidance could identify the process for gaining in-university support which was generally triggered by the Disability Tutor/ Departmental Disability Co-ordinators contacting the student. Support took a variety of forms. Examples of the types of strategies and adjustments that are feasible would be a useful inclusion in the guidance to show the wide range of adjustments that have been made in the past and that are feasible. The majority of students and recent graduates interviewed were highly complementary of the support that they had received in university. Many students spoke of how support mechanisms were mentioned during Freshers' week.

Disability Support Units and Departmental Disability Coordinators were crucial to maintaining good communications between the student and others who needed to be aware of the students' needs. Various adjustments and arrangements were regularly put in place. These included adjustment to the assessment process, use of scribes in exams, extra time in exams and sheltered conditions. In class, coloured handouts sent electronically in advance (but not at cost to student to print), resources such as laptops and access to IT in teaching rooms, 1:1 support such as note takers, scribes, signers and



use of dictaphones in lectures were all of use. Availability of lecture material usually in either video or PowerPoint presentation format on a virtual learning environment (VLE) provided free access to lecture material after class.

Laboratory settings gave rise to particular challenges with respect to making reasonable adjustments. A Biomedical Science tutor emphasised the *'strong constraints on people working in laboratory settings due to health and safety risks [but] recalled having had special chairs in labs'*.

Finding ways around problems of access to rooms, building and lifts was commonplace. However, a hearing aid dispenser graduate cited having raised problems with noisy air conditioning that was so loud it was impossible for her to hear the lecturer, which were investigated as a result of her raising it as a barrier.

The importance of support from peers and tutors, especially those trained in disability issues who are 'experts' in inclusive teaching, disability champions and mentors was frequently highlighted. A buddy system is also useful:

*I had a friend who helped me over the four years. If I missed anything, say in a lecture, I just asked her - she was my number one support. If we did group work the lecturers would place me with her as they all knew – sometimes it looked like we were just talking but I was blessed that I had her' (Graduate Hearing Aid Dispenser).*

The guidance could encourage Admissions tutors and academic tutors to promote the support mechanisms mentioned above through highlighting alternative strategies and showing them what is possible.

### **Example 3: Emma's experience of support at university**

I'm a third year physiotherapy student and was diagnosed with rheumatoid arthritis (RA) as a child. It predominately affects my knees.

I applied through UCAS like all other prospective students and the process was simple enough. I was worried about declaring I had a disability on my application form as I didn't feel my RA was disabling to me. I was also worried I wouldn't be offered a place on the course, so I pondered as to whether to declare it or not. I decided to be honest and tell the university about my condition. I was offered a place despite being considered disabled so in the end I was glad I was honest as I could really be myself.

As I declared my disability on my UCAS form, the University's disability services were able to contact me during the admissions process and offer support. In the first week of starting the course I had to have an occupational health review to highlight areas I may struggle with. I also visit the tutor for disabled students a couple of times per year to check everything is ok and that I'm still managing without any issues. The lecturers on my course have also been very supportive and have even provided alternative physiotherapy treatment techniques to replace positions that place my joints in painful positions.

See Appendix XI (Case study VII) for full case study transcript

#### **Example 4: Social work student discusses experience of developing a disability during his training.**

My name is Mr.C and I am a full time student at Coventry University in my final year. I am studying BA Social Work and I am on my final placement. I was diagnosed with Trigeminal Neuralgia and Atypical Facial Pain eight months before I was scheduled to graduate, after suffering with the symptoms for two months. I wasn't sure whether I would continue on the final year as my disability is very bad. I spoke to my course director to discuss what my options would be. My course director and placement coordinator were really helpful, after talking to them I felt that I had some options and reasonable adjustments could be put in place.

I was able to speak to the disabilities support team at the University who showed me how much support and help I could get from the university and also from the [Disabled Students Allowance \(DSA\)](#)\*. I was also able to access counselling from the university to help me deal with what will possibly be a lifelong disability.

My experience with the university since I have had this disability has been very, very good. Being on placement has been hard at times as I don't want my disability to stop me from being there and accomplishing what I need to; I know that I'm capable of finishing this degree and doing really well on placement. At the placement, I have found staff to be supportive and very understanding.

\*As a higher education student living in England, you can apply for a Disabled Students' Allowance (DSA) if you have a – a disability, a long-term health condition, a mental health condition or a specific learning difficulty such as dyslexia. The [support you get](#) depends on your individual needs and not on income.

See Appendix XI (Case study VIII) for full case study transcript

#### **7.2.6 Placement experience**

Placements form a substantial aspect of most professional programmes and are a significant source of stress for all students. For this reason we suggest that the new guidance devotes space to a separate section on the 'placement experience' as there are a number of key messages it should provide.

Forward planning and good communication between the student, university and placement provider were deemed essential to negotiating and putting into place reasonable adjustment leading to positive placement experiences:

*I think it is best for students to be open and honest, discuss their needs before they arrive. This is better for them and us rather than having to discover about their disability (Clinical Psychology Practice Educator).*

*We encourage students to come to the site before their placement to discuss their needs and look around (Dietetics manager).*

Another Dietetics manager and placement provider promoted the idea of:

*More structured planning between university and clinical placements. I acknowledge that first placements can be trickier but we feel that we are driving things. University can do more to help with negotiation, structure around adjustments, discussion etc.*

For a student hearing aid dispenser, with a hearing and sight impairment, forward planning had been crucial as preparations were considerable:

*Risk assessments had to be drawn up for my Guide Dog as there was previously no 'Assistant Dog' policy. Infection control also had to be consulted. [The placement] was very good. The adult services I joined were all very welcoming.*

An Arts Psychotherapy Manager and placement provider stressed the attention which she gave to placing students:

*We work hard to make a positive experience. I gate keep. All trainee institutions come to me with requests so I can set up placements safely under the wing of a qualified therapist.*

The importance of forward planning and good communication between the student, university and placement provider would be usefully stressed in the new guidance. A pre-placement visit is also an aspect of good practice that can benefit both the student and the Practice Educator that might be highlighted. A SLT student observed:

*Some placements/employers are terrified. They do not know what to expect. The HCPC should work through its policies and advocates to eliminate the "fear factor". When you say you are arriving in a taxi and will need to leave a mobility scooter somewhere safe they are not sure what you can do and think they will need to make so many adjustments (SLT student).*

Three-way communication is the ideal and clearly paid off in some cases:

*My placements were carefully chosen for me based on my academic needs, accessibility and other factors, and I had an input (SLT student).*

Going out onto placement for the first time is an anxious time for all students but perhaps those with impairments need additional reassurance:

*I was nervous at the start of placement - they made it sound so scary, but I got through (Social Work student).*

*I do not want to endanger anyone – I wanted support so I could be competent (SLT student).*

### Example 5: A Clinical Educator discusses planning placements

I am a highly specialised speech and language therapist in an inpatient neurorehabilitation centre. I work in a multidisciplinary team with occupational therapists, physiotherapist, nursing and neuropsychology. We have a lot of students each year from various universities. We are contacted by the university before a student is allocated to us.

On one occasion they asked if we are able to take a disabled student with mobility needs. Once we accepted, we had to discuss accessibility needs and other reasonable adjustments. The university were very organised in specifying exactly what was needed – we were informed at every step.

The student also contacted us before the placement started informing us that she was on crutches and therefore unable to push people in wheelchairs. Initially, we were able to ensure that she saw only people who were self propelling or walking. Later on in the placement, she felt comfortable asking other staff to bring patients to therapy rooms.

The experience was great for all of us. There was the unexpected bonus of patients relating to the student as she wasn't able-bodied like the rest of the staff. She was able to offer her view on life with reduced mobility. We would definitely encourage other students with disabilities to consider a career in speech and language therapy. It's a career with many facets; therefore there are lots of opportunities available.

See Appendix XI (Case study II) for full case study transcript

Strategies that could be highlighted in the new guidance, which are used to help students settle in and perform to the best of their abilities, include 'paired placements' and peer support (SLT and student Hearing Aid Dispenser). The list of reasonable adjustments on placement include: provision of a quiet space for report writing, extra time for report writing, facility to have written reports double checked by someone else, access to computers, regular breaks, adjusted seating arrangements, altered working hours, use of a communications support worker and use of assistive technology. For many, adjustments are relatively easily achieved:

*It was interesting being a student and being hearing impaired. A lot of people knew exactly how to deal with me. For instance, they set up a room that became my room with the desk moved so that patients were able to sit on my good side. It was so simple but often that's what works (Graduate Hearing Aid Dispenser).*

*I had some anxiety about having a Neurology placement but I was given extra teaching regarding adapting positioning for my condition (Physiotherapy student).*

A Prosthetics/Orthotics tutor recalled how being concerned at how a particular student would manage on placement they had arranged for a local placement close to home:

*To make sure that the student could get home each night and make the most of family support during this period of change.*

This same tutor had developed a protocol to help a student whose disability meant that they needed to take regular breaks at work. The protocol set out steps for the student to excuse themselves from patients to ensure that standards of practice and patient satisfaction were not compromised.

Interview findings suggest that written protocols are likely to be useful for people with Dyslexia. For example, a Prosthetics student with Dyslexia suggested that having a written protocol for any unfamiliar procedures that might be met in practice would be useful:

*to avoid having to frantically try to scribble down notes while listening and attending to the practical situation.*

A Radiography academic reflected on the considerable effort made to support a student who went on to qualify as a radiographer:

*We had a severely deaf student, we could make reasonable adjustments for her in teaching and learning but we were worried about employment at the end. She relied heavily on lip reading and needed doctors to wear clear masks in the theatres so she could see. In that case we contacted the HCPC and looked at the guide, but in the end we just had to call a number of Trusts and ask will you take this student, some said yes, others said no. We chose to send her to the Trusts who had agreed to have her for placement. It should not be the case.*

Importantly, placements provide opportunity to meet and to interact with people who are potential role models. To work with people with disabilities who have succeeded and built successful careers can be tremendously inspiring for students but also can help to expose them to potential strategies that might be of use. The new guidance might emphasise that students are likely to meet people in the workplace with similar impairments and that these people could potentially offer a source of support. For example, a Physiotherapy student related:

*I met a physio during placement who had chronic fatigue and she discussed how she managed it and paced herself.*

### **Example 6: Louise's experience of reasonable adjustments on placements**

I am profoundly deaf with a visual impairment and have recently graduated as an occupational therapist. I received comprehensive support from the University placement team prior to and during all three placements and fantastic support from each Placement Practice Educator (PPE). The concerns I had were discussed with the placement team and individual PPEs.

A pre-placement visit was completed with the potential PPE, a member of the university placement team and myself, before each placement to discuss my situation and any reasonable adjustments. This planning was excellent and I felt I was being listened to and my concerns taken seriously. The placement team suggested I step out of my comfort zone in order to encourage different experiences within a safe environment, which was a good learning opportunity. All PPEs seemed open minded, flexible and adaptable to my support needs.

An example of one the adjustments I had: As a hearing impaired student unable to use the telephone, a helpful reasonable adjustment was that no PPE would ask me to make calls. If I needed to make telephone calls, it was agreed I could ask the receptionist, OT assistants or OT's ensuring confidentiality.

See Appendix XI (Case study IV) for full case study transcript

### **Example 7: Placement Coordinator discusses how the university support students on placement**

The majority of my involvement with Louise throughout her OT studies was mainly in connection with her 3 clinical placements.

I met with Louise prior to her 1<sup>st</sup> placement to discuss what adjustments she felt would be needed within a clinical setting (in line with the Equality Act (2010), DDA (1995) & the University's policy regarding supporting students with a disability). I found a placement within commutable distance for Louise within an acute hospital setting and contacted the educator to discuss Louise's situation. The educator was very happy to arrange a meeting with Louise and myself, in order to discuss solutions relating to areas of concern.

We met at the placement venue and discussed all concerns that Louise and the educator had. The educator stated that it would be a learning opportunity for their department too, encouraging the staff to re-think communication styles and strategies. We agreed Louise could undertake the placement and decided which reasonable adjustments were needed. I completed a half way visit in week 3 to monitor Louise's progress. The placement was a successful experience for Louise. The same process was undertaken with Louise for her level 2 & 3 placements.

See Appendix XI (Case study III) for full case study transcript

### 7.2.7 Transition to Employment

The current guidance includes a section on applying for registration and discusses 'After graduation – employment and occupational health screening'. This is an important section that could be reviewed and expanded to discuss disclosure and its implications for securing an interview. Information on the funding of reasonable adjustments through the Access to Work scheme would also be a useful addition for students and employers alike, many of who did not have knowledge in this area.

For those students who successfully complete their programme of study the next step is finding employment and settling in. Recent economic trends mean that finding employment is a challenge for all graduates. However, disabled students can be strategic about job applications and 'ticking the disability box'. Those interviewed are certainly aware of the 'two ticks' symbol on adverts and application forms; a sign that employers are committed to employing disabled people. If applicants are disabled and meet the basic person specification for the job they are guaranteed an interview. This was seen as a definite incentive to disclose a disability:

*If I go for a job I definitely declare as for one thing it guarantees an interview (Graduate Hearing Aid Dispenser).*

However, a recent graduate with a hearing impairment discussed issues around appropriateness of interviews and lack of sensitivity to her needs even post disclosure, relating how she had been invited to a telephone interview.

*People know about the policies but in practice not everyone follows them (SLT student).*

A graduate hearing aid dispenser reflected:

*There were rather a lot of questions during the interview about my Guide dog, which perhaps should not have been asked, but actually it did not stop me getting the job.*

Countering negative attitudes, several employers interviewed talked about the having 'an accepting and understanding ethos in the team' (Clinical Psychology manager). Strategies that are put in place in the workplace to support new employees and particularly those with a disability were not uncommon.

*We provide structured induction packs, observation days etc for disabled people (Dietetics employer).*

The revised guidance could include mention of supportive employers and what might be expected from an employer such as the strategies mentioned above. It could also alert students to the longer term issues of funding once in employment. Discrepancies between the Disabled Student Allowance and what it can fund and the provision available through the Access to Work scheme should certainly be highlighted to students, making this an important inclusion. Awareness of the Access to Work scheme and its capacity to fund reasonable adjustments for employees was variable, supporting the perception that it is not well publicised. For instance, a manager of large Trust had not heard of the scheme. Others who had worked with Access to Work to meet their employees' needs, such as a Social Work manager, were fully aware of its potential to support both employer and employee.

Mechanisms that support practitioners, in general, include both one to one and group supervision. An Arts Psychotherapy student who had recovered from an eating disorder had disclosed her previous problems because she knew that they would come out in supervision and she felt that supervision provided an important means of promoting openness. In her case the transition to employment was supported by the 'gentleness' of her colleagues and work context in which she was able to take on everything new around her slowly.

A Podiatry student discussed his assumptions about the possible impact of seeking reasonable adjustment in the workplace. He highlights the pressures felt by some people in suggesting that being dyslexic and asking for extra time to complete some tasks might be disadvantageous:

*You want to be able to compete when applying for a job. You won't get employed if it takes you an hour to see X no of patients and 30 minutes for other people.*

A section on the transition to employment might emphasize the mechanisms in place in the workplace that new graduates find helpful, including one to one and group supervision, as well as the duty of employers to ensure that they do not discriminate against people who do disclose a disability.

The existing guidance stresses that describing disability in a positive light can be helpful and we suggest that this statement could be expanded. Participants at the Stakeholder day discussed how it might be helpful to highlight positive aspects of disability in recognition that employees with a disability could provide 'added value', especially in the context of the extent to which positive discrimination prevailed in a tie breaker for a job situation. In fact, interviewees identified significant perceptions of added value that could be highlighted in the new guidance:

*At times I talked about what I was going through and they [service users/clients] were able to talk to me at a different level because of my disability (Graduate Hearing Aid Dispenser).*

*I can actually say with credibility "I understand" to kids or parents of kids who have disabilities (Social Work Practice Educator with a disability).*

*The kids with complex needs on my placement said "you are like us". I had built a good relationship with them because of my disability and the placement tutor said the therapy they had when I was there was one of the best they had had. This was due to my disability (SLT student).*

*You can inspire and encourage patients/clients" as a disabled person" (Clinical Psychology Practice Educator).*

*I can see huge benefits [to my dyslexia]. I can think outside of the box. I can think around things not in a linear way. People with dyslexia are often very creative (Art Psychotherapist graduate).*



### Example 8: Emma's thoughts on a career in physiotherapy

I don't have any concerns about finding employment as a disabled physiotherapist when I am qualified. Throughout clinical placements I have found alternate ways of coping which I will emphasise when applying for jobs and at interviews. I've come to understand however that my rheumatoid arthritis may mean that some areas of physiotherapy will be physically too much for me to cope with, such as tasks involving heavy lifting and moving and handling patients. However other doors in the profession remain fully open to me like all other physiotherapists without a disability.

I am beginning to realise how rewarding a career I will have working in health and social care and I would encourage people with disabilities to apply for courses in health or social care. Having a disability and working with people with similar problems is not a bad thing – it is quite the opposite in fact. It means you can draw on your own experiences and empathise with patients and treat them holistically.

See Appendix XI (Case study VII) for full case study transcript

### 7.2.8 Alternative Career Pathways

An emergent theme was the suggestion that the guidance could make mention of alternative career pathways for those students who do not qualify or those who are eligible to register, but might struggle to fulfil a professional role in its totality as an employee. It may also identify that, for example, some work environments or even some professions are more suited to certain disabilities than others, as the research suggests. This theme emphasises that disabled people unable to complete their training may find other ways to contribute or a role in a different profession. It also challenges current thinking about the nature of training and whether one size should fit all. The HCPC guidance does not currently touch on the idea of alternative roles and the HCPC would have to decide on whether it felt it was beyond the remit of the guidance. For instance, a dyslexic Practice Educator suggested that working in a setting such as a residential home or a school decreased the pressure on the practitioner to write notes quickly unlike the urgency of working in a more acute setting. Paramedic students spoke about the potential for physical disabilities to be problematic in some aspects of their role. However, they noted that 'First Response' personnel do not do the moving and handling that an ambulance crew would do, for example, so the level of fitness required might differ.

Stakeholder Day participants observed that success or failure might be linked to certain specific contexts or demands of the job, highlighting the tension between generic training models based on the understanding that all students will meet an acceptable standard of practice having satisfied basic competencies in all areas. This point may interest professional bodies but is probably not within the remit of the HCPC. However, currently there appears to be '*many ways to practice, but only one way to train*'. The existence of people with considerable disabilities in the workplace seems to support the fact that they can make a valuable contribution and highlights the insistence that all students must complete the same training as potentially discouraging to some excellent students. In support of this point, a Social Work employer reflected that of the people they directly line-managed '*currently six out of 15 people would class themselves as disabled*'.

Similarly, an Operating Department Practitioner manager suggested:

*Many ODPs have specific learning difficulties – probably about half when I started, less now because they have raised the qualifications. Many do not discuss their disability openly. I raise the issue and offer support but people do not like to confront the issue you know.*

These insights into a substantial occurrence of people with often undisclosed disabilities in the existing workforce suggest an even greater need to ensure that disclosure becomes the norm ensuring that health and social care professionals reach and maintain high standards of practice. A comment by an Operating Department Practitioner manager illustrates how some people succeed against all of the odds:

*She was a very efficient practitioner but her notes and organisation were very poor. I offered her support and even discussed my dyslexia but she did not want the label, she refused all the support. She got through in the end and because she is really good in practice actually got a job but still struggles (ODP manager).*

It is feasible that those students who currently do not complete their training may have a valuable contribution to make in a related aspect of the profession. Several cases were cited where students with clear capabilities had failed to complete their course yet had lots to offer:

*The student was a terrible therapist because of her autism but was an excellent student. She could have made an amazing researcher, but there was no pathway for that. She did not pass the placement (SLT educator).*

#### **Example 9: Dyslexic health practitioner discusses 27 years of practice**

I qualified as a Physio in 1987 and at present I am working as a community physiotherapist, part of an integrated therapy team. I have dyslexia and my eye sight is poor, as such I cannot drive.

I have had several jobs, I find the ones most suitable are in schools, community and research. These areas are not fast paced and hectic and I have had time to pace myself and use the strategies I have developed that will help me do my job effectively and confidently. I also use technology like the iPad to support my practice. Recently, I was redeployed and found the pace and pressure of working in the new environment difficult. I have seen Occupational Health and they have advised me to talk to [Access to Work](#)\* about my needs. There is so much more support these days. If health and social care is something you really want to do, just go for it. People with dyslexia have a lot to offer in health and social care; they usually have great perseverance and empathy, are good at problem solving, developing alternative ways of improving things and seeing the bigger picture. We have lots of positive things to offer.

\*An Access to Work grant helps pay for [practical support](#) if you have a disability, health or mental health condition so you can - start working, stay in work or start your own business. How much you get depends on your circumstances. The money doesn't have to be paid back and will not affect your other benefits.

See Appendix XI (Case study VI) for full case study transcript

## 8. Challenges and Successes

### 8.1 Trustworthiness and Generalisability

The findings provide an insight into the experiences of student health and social care professionals and the people with whom they come into contact as they progress through their university education and into employment. They are not generalisable and cannot be taken to provide a definitive picture on a wider scale.

The insights provide real life evidence of the issues that people with disabilities face and more importantly of the ways in which it is possible to succeed in their aspirations. They are both valid and trustworthy; many of the students and recent graduates have spoken with passion about their experiences and have agreed to participate in this research because they genuinely want to see things improve and are keen to inform future HCPC guidance.

### 8.2 Representation of the Professions and Profession-Specific Insights

Fifteen of the sixteen professions regulated by the HCPC were consulted. The response of *'we do not have any disabled students on our course'* was an interesting one that occurred with respect to several courses. Time was too limited and the scope of the research too focused to explore the suggestion that people with disabilities *'are under the radar'*, or simply do not apply to certain courses or the possibility that they are not actively encouraged to disclose. However, our overall impression is that some professions, and indeed some universities, appear more open to admitting and supporting people with disabilities than others. The accessibility and prominence of information made available on websites might well be an important indicator.

A major finding which crossed all professions was that personal life experience channels people into wanting to help others by entering professions with which they have had contact. The 'journey' metaphor was frequently used to incorporate experience of disability into career plans and aspirations. Hearing impaired people are inspired to apply to become Hearing Aid Dispensers, people with mental health issues aspire to become Arts Therapists and those with physical impairments physiotherapists and occupational therapists. A recent development is the interest of ex-service personnel who have lost limbs in becoming Prosthetists/Orthotists.

It is not our intention to make recommendations regarding the 'generalisability' of the profession specific issues that we identify but to report the patterns that we have drawn from the data. Clearly our sample is limited and does not cover all possibilities. Notwithstanding this caveat our observations were that profession-specific differences in terms of the disabilities that would preclude success were relatively limited. However, there was evidence of a paradox in that experience of a disability, the very factor motivating someone to enter a profession, might reduce chances of acceptance, success in completing a course and/or eventually securing employment.

Mental health issues were deemed problematic for Clinical Psychology in which mental health is considered to be more of an illness as opposed to a disability. However, Arts Therapy was deemed particularly suited to people with 'life experience' on the proviso that they had worked through their issues prior to embarking on the course. Similarly, Occupational Therapy was found to be accommodating of those with mental health issues.

Being partially sighted was not perceived to be a barrier to most professions with the exception of podiatry and art psychotherapy. Sight impairments were also considered potentially problematic in certain areas of Social Work practice, such as in conducting child protection home visits, although an example of a successful partially sighted social worker illustrates how individual such cases can be and the potential to pursue alternative career routes in the same field as suggested above. Colour blindness and uncontrolled epilepsy were conditions which were likely to exclude students from Biomedical/Clinical Science careers. In fact, few interviewees mentioned the impact of long term conditions such as diabetes or epilepsy but it seems reasonable to suggest that they could prove problematic in most professions if uncontrolled.

Student Paramedics and Operating Department Practitioners said that the guidance on their professions suggested that they need to be 'fit' and felt that this statement was too general to be of use. ODP students suggested that partially sighted people, wheelchair users and those who found standing for long periods might struggle. However, they cited a practitioner with a hearing impairment who functioned well. The paramedic students suggested that mental health issues are probably the major factor that would limit success in a profession in which accident and major incident work means coming into contact with traumatic injuries as part of the daily routine.

Impaired dexterity is considered to be a potential barrier to entry to the Podiatry and Physiotherapy, although an Operating Department Practitioner recalled a colleague with one arm. Hearing impairment seemed remarkably well accepted across the professions with the exception of Speech and Language Therapy where the ability to recognise speech impairment was considered vital; nevertheless, Speech and Language Therapy and Social Work appear to be very accommodating of a wide range of disabilities. Possibly due to its association with creativity, Art Therapy appears to be a particularly attractive career choice open to dyslexic colleagues. However, some physical disabilities were highlighted as potentially problematic in certain contexts where Arts Therapists work with clients whose behaviour is unpredictable.

### **8.3 Timing**

Making contact with both students and course representatives was complicated by the timing of the inception of the project in that many students had already started the summer vacation and were not checking university email accounts, which were the primary route for making contact. Starting during the summer period and gaining momentum through the autumn term to submit a report by the end of November has been particularly challenging. However, it has resulted in effective team work, honed project management skills and tested the strength of networks.

### **8.4 Raised Awareness and Impact**

The research has increased insight into the systems in place in our own institution in comparison to others. It has helped to identify more clearly the 'champions' of disability issues and those with whom future research and development could include. Findings will inform practice in the Disability Support unit and will impact on the role of Disability Support Tutors. However, we are keen to disseminate these findings across the Faculty through the Senior Management team and more widely. In addition, our experience has advanced the idea of working with students as co-researchers and the benefits that they can bring and experience through involvement.

The project has also informed the wider community. A significant majority of interviewees had not have seen or read the existing HCPC guidance. Several accessed it in preparation for interview but otherwise it was *'lost in plain view'*. Others went off to look at it subsequently. Many issues that interviewees were questioned about had previously not been given any thought therefore we hope that at the very least awareness has been raised. This seems particularly important for employers who had limited or no knowledge of the Access to Work scheme.

Some stakeholders that were approached had heard of the HCPC commissioned research and were instrumental in helping to negotiate access to their own institutions. For example, members of the Disability in Professional Practice Special Interest Group, which has national links, were very proactive in offering their support. Members of the National Association of Educators in Practice facilitated access to students and professionals in several professions. Tapping into the existing networks will ensure that the level of engagement and future interest in the new guidance through these networks will be high as they have been sensitised to it. However, in addition, given that Practice Educator support appears crucial to helping students with disabilities to step into practice the need for a national document on practice education has also been suggested.

The profile of HCPC has been raised through this project. Interest in redrafting the guidance is being perceived as a major step forward in encouraging people with disabilities to consider a career in the health and social care professions.

## 8.5 Case Study Creation

In its first meeting, the Project Advisory Group discussed the implications of including case studies in this report and on the HCPC website, aware that access to personal information can be abused and that stigma can be attached to disability. Nevertheless, the suggestion that case studies would prove useful in bringing to life the issues highlighted in the report we have developed case studies but taken care where necessary to find ways in which to protect identities.

The people who have agreed to contribute case studies (Appendix XI) have done so because they recognise a need for potential students to hear real stories of success. Some who are unconcerned about protecting their identities have consented to be video recorded, putting forward their perspectives with the aim of offering authentic insights into the ways in which people with a disability succeed. One audio case study was recorded by the participant in her own voice and reference is made to her name. Others who were keen to provide positive examples without revealing too much personal information have done so by providing written transcripts that have been audio recorded by actors and pseudonyms have been chosen by the participants. The identity of one of the case study participants has been further protected by changing their gender through the use of an actor. Written consent (Appendix VIII) was sought from all case study participants prior to video/audio capture and again following review of the completed case studies and we are immensely appreciative of their time and energy.

All case studies are presented in textual format and a range of approaches are used to enhance the message of the other media employed. We anticipate that they will provide encouragement and inspiration for future students and the many people that are involved in helping them realize their ambitions to become health and social care professionals.

## 9. Recommendations for Revisions of the Guidance

### 9.1 Style and Accessibility

#### 9.1.1 Retain

- An introductory explanation of the structure of the document
- A clear structure, written in plain English and with good signposting
- The term 'disabled student' acknowledging the alternative term 'people with a disability' in use internationally
- Emboldened words and phrases to add emphasis
- An optimistic message about how disability is viewed and how various impairments are accommodated in the health and social care professions
- A statement about who the guidance is for
- A hard copy option

#### 9.1.2 Suggested Amendments

- Develop a dissemination strategy
- Give the guidance a higher profile on HCPC website – possibly devoting an entire page dedicated to disability, including guidance/videos/links etc
- Make the guidance available in other formats for accessibility (for example, audio, DVD and with BSL signer)
- Review how the guidance is publicised - link to sites that students would visit such as Universities and UCAS
- Dissemination through other networks such as DSA, UCAS, careers guidance, admissions tutors, practice education teams would raise awareness of good practice
- Explicit links to information from several other agencies such as DSA and the Access to Work scheme (for post qualification planning)
- Add links to higher education institutions offering courses
- Badging '*to get it to the top of a Google search*'
- Publicise to Careers Services
- Seek the help of relevant networks to disseminate the guidance. For example, the Disability in Professional Practice Special Interest Group and the National Association of Educators in Practice
- Clickable links would enable the reader to move around the document readily and to access related websites creating a one stop shop approach
- Update examples and provide authentic case studies. These could provide a range of perspectives and make more use of other media such as audio and video
- Consult with the British Dyslexia Association on how to create dyslexia friendly text <http://www.bdadyslexia.org.uk/about-dyslexia/further-information/dyslexia-style-guide.html>

### 9.2 Content

#### 9.2.1 Retain

- Background information on the HCPC, its function and role
- Information about the registration process
- Information about standards of education and training, standards of proficiency, meeting standards and scope of practice

- Information on applying for registration, how applications are assessed and suggested actions if students feel that they have been unfairly treated
- Examples of altered scope of practice and maintaining fitness to practice
- A list of professional bodies and other useful contacts
- A glossary of terms

### 9.2.2 Suggested amendments

- Provide background to the Equality Act 2010 and its implications for people with a disability. A hyperlink to the Equality Act could be provided
- Include a definition of disability in the introduction to the guidance (rather than in the glossary) to show the breadth of impairments included
- Amend the flow chart as a visual map of the journey from joining the course through graduation to employment to include disclosure, as an important stage in the process, which is crucial to student success
- Expand the section 'During your course' to illustrate how a student progresses through the major stages of their programme, including specific stages of recruitment and admissions, in-university support, placement experiences and the transition to employment
- Devote a specific section to discussing 'Disclosure' and its relationship to reasonable adjustment, emphasising positive aspects of disclosure; that it is the responsibility of the student; that it is not one off and needs to occur at different stages; that students might disclose selectively on a 'need to know' basis and that it can be beneficial as it potentially leads to a great level of supervision. Make explicit the consequences of non-disclosure
- Emphasise the need to encourage students to discuss their disabilities openly and early on as an important precursor to triggering processes which ensure that appropriate support mechanisms are put in place
- Discuss the issues related to reasonable adjustments, cited below, in greater depth, including the different contexts of university, practice placement and employment
- Stress that students will need to negotiate reasonable adjustments and highlight that needs may change so adjustments will be in need of re-negotiation from time to time
- Examples of reasonable adjustments (presented in the context of the student journey) would be a useful addition to the guidance so that all stakeholders can see what is possible
- Reinforce the idea that openness to experiment with adjustments is valuable; not all will work and students often do not know what might help
- Emphasise the affective dimensions of adjustments, the need for stakeholders to take time to fully understand an individual's needs, the importance of individual preferences for when, how and to whom disclosure occurs and the importance of a supportive environment needed to foster it
- Include a separate section on the 'placement experience' delivering a number of key messages for students, universities and placement providers, including the importance of forward planning, fostering good communications between the student, university and placement, the benefit of pre-placement visits and specific strategies that are used to help student settle into placement
- Highlight to students that they might meet people with similar impairments in the workplace who could offer/model useful coping strategies

- Reinforce the message currently in Section 3 of the existing guidance that each individual is different and therefore each person's needs require assessment and will be addressed accordingly, possibly by locating some of the case studies in this section
- Provide clarification on sources of funding for reasonable adjustments both pre-registration and on employment in the different contexts is also important as this is a major concern for students and their parents
- Review and expand the section on applying for registration, 'After graduation – employment and occupational health screening. This could include reiterating the importance of disclosure and its implications for securing an interview, information on the funding of reasonable adjustments through the Access to Work scheme, more discussion of presenting disability as having added value and suggestions of workplace support mechanisms in place, such as clinical supervision
- Include a statement about the need for universities to actively disseminate relevant information to students – at events like Open Days etc
- Provide a section for Admissions tutors and academic tutors to promote the importance of peer support mechanisms, such as mentoring programmes and buddy systems
- Develop more detailed information for the target audience to include sub sections for Practice Educators, employers, academic staff and careers advisors
- Consider adding a statement about alternative career pathways for students who do not complete their training who may have a valuable contribution to make in a related aspect of one of the professions



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# Appendices

## Appendix I Project Activities Completed

Month	Milestone	Activities
June/July 2013	Submit ethics application	<ul style="list-style-type: none"> <li>• NRES Clearance</li> <li>• Coventry University Clearance</li> <li>• Communicate with identified personnel at other Higher Education Institutions (HEIs)</li> </ul>
June/July	Identify and appoint 5 co-researchers	<ul style="list-style-type: none"> <li>• Contact course directors and select diverse group</li> <li>• Compile a list of students and contact details</li> <li>• Distribute Participant Information sheets (PIS) and seek consent to involvement</li> <li>• Collect consent forms and file</li> </ul>
June/July	Establish Advisory Group	<ul style="list-style-type: none"> <li>• Identify members and invite to take part (including student co-researchers)</li> <li>• Convene meeting of group</li> </ul>
July/Aug	Students complete critical appraisal of existing guidance	<ul style="list-style-type: none"> <li>• Identify documents to include i.e. the HCPC guidance</li> <li>• Identify a suitable critical appraisal tool for use and feedback form</li> <li>• Draft students' brief for the appraisal</li> <li>• Schedule meeting to share ideas</li> <li>• Plan how to present findings at Stakeholder day</li> </ul>
July/Aug	Plan and Publicise stakeholder day	<ul style="list-style-type: none"> <li>• Draft programme and invite speakers</li> <li>• Book Venue</li> <li>• Compile list of potential invitees (priority to stakeholders from participating institutions)</li> <li>• Produce email flyer for advertising</li> <li>• Distribute flyer via networks</li> <li>• Set up registration system</li> </ul>
July/Aug	Negotiate access internal and external students and Practice Educators	<ul style="list-style-type: none"> <li>• Access potential internal student participants through Learning support coordinator - distribute PISs, seek consent etc</li> <li>• Access Practice Educators (PE) through placement teams</li> <li>• Schedule internal interviews - Students (ST), Practice Educators (PE)</li> <li>• Make contact with Course Directors at identified HEIs, seek clearance</li> <li>• Schedule external student interviews</li> <li>• Access Practice Educators through placement teams and schedule interviews</li> </ul>
Aug-Oct	Conduct student interviews	<ul style="list-style-type: none"> <li>• Consult student co-researchers on interview schedules</li> <li>• Pilot interview schedules with internal participants prior to external interviews</li> <li>• Conduct interviews ensuring coverage of professions</li> </ul>
September	Host Stakeholder Day	<ul style="list-style-type: none"> <li>• Gain consent</li> <li>• Collect data in range of formats</li> <li>• Summarise and gain consensus on main themes</li> </ul>
Aug-Oct	Collate and analyse data from student interviews and Stakeholder day	<ul style="list-style-type: none"> <li>• Collate and analyse data</li> <li>• Identify any gaps in data in terms of professions, stakeholders, main categories of disability</li> <li>• Identify/develop case studies with individual students and</li> </ul>

		<ul style="list-style-type: none"> <li>script videos</li> <li>• Film individual case studies</li> </ul>
Sept/Oct	Mop-up interviews	<ul style="list-style-type: none"> <li>• Conduct interviews with students and any other stakeholders not attending the stakeholder day to fill gaps in data</li> </ul>
November	Draft report to HCPC for comment	<ul style="list-style-type: none"> <li>• Produce draft report</li> <li>• Review of report by Advisory Group</li> <li>• Submission of draft report to HCPC -8<sup>th</sup> November 2013</li> </ul>
December	Submit final report to HCPC	<ul style="list-style-type: none"> <li>• Amend draft report in light of HCPC feedback</li> <li>• Finalise case studies/podcasts/videos</li> <li>• Submit final report -13<sup>th</sup> December 2013</li> </ul>

## **Appendix II            Interview schedule**

### **Questions for student semi-structured interviews**

When did you decide that you wanted to be a health or social care professional?

Where did you get information from about your chosen course?

Did you think to look at the Disabled person's guide to becoming a health professional published by HCPC? In what ways was it useful?

How do you tend to refer to yourself: as a 'person with a disability' or a 'disabled person'?

What helped you make the decision to apply for your course?

Do you think that the admissions process was easy to negotiate?

Is there anyone or anything that smoothed the transition to university for you?

What helped you settle onto your course?

Can you think about a high spot experience?

What made it a high spot experience?

What steps did you take to prepare for going out onto placement?

What was your experience of going onto placement?

What helped you cope with placements?

What did you learn about your capabilities on placement?

What advantages does your disability hold for you?

If you could make an experience ideal for you how would it be?

What support have you accessed?

What has worked well for you in doing your course so far?

What advice would you give to other students thinking of applying to do your course?

What reasonable adjustments have you identified that you will ask an employer to consider making?

What would you like to see in the new guidance for disabled people? Please explain why you think this would be useful for disabled people

Can you describe your transition to employment? Please discuss support systems provided by your employer during interview, induction, etc, financial support from access to work or other organisations, reasonable adjustments, attitudes, etc

### **Semi-structured interviews- questions for academic staff/educators**

Do you know any disabled people (including those who declare/those who do not declare hidden disabilities) who are health and social care professionals?

Do you offer support to HSC professionals who are disabled?

Can you describe the most fundamental needs of disabled people from Recruitment through to transition into employment?

Have you offered information or advice to disabled people who want to become HSC professionals?

What percentage of people applying to study on your course/starting a placement identify as disabled?

Where do they obtain information about your course from? Do you think they have sufficient guidance and information before they come to you?

Do you think disabled people generally have good information about your degree programme, requirements, professional standards and what to expect?

Have you seen the Disabled person's guide to becoming a health professional published by HCPC? In what ways is it useful to you and the admissions team and possibly (if you aware) to potential applicants?

What other documents are available for potential students to access?

Do you think that the admissions process is easy to negotiate for disabled people?

Do you have special induction sessions, disability officers, etc that support disabled students on your course or HSC programmes in general?

What are the most important factors that help disabled students settle onto your course?

Do you have any arrangements with placements when disabled students are placed? Can you discuss the steps you take to support students? What about students who choose not to declare their disability?

What kind of experiences do students have on placement? Are there any particular good examples of disabled students being supported effectively so they can learn and develop? Are there any areas you need to work more with placement facilitators or educators?

What support is available for disabled students on your programme?

Do disabled students access these?

What has worked well for disabled students on your course so far?

What advice would you give to students thinking of applying to do your course?

What reasonable adjustments have you identified with respect to the students you support at present?

Do disabled students successful graduate from your course? Do some have to drop out?

Do you think disabled students have advantages/disadvantages when studying this course?

What would you like to see in the guidance based on your experience and observation?

## Appendix III Ethical Clearance

### REGISTRY RESEARCH UNIT

#### ETHICS REVIEW FEEDBACK FORM

(Review feedback should be completed within 10 working days)

**Name of applicant:** Arinola Adefila .....

**Faculty/School/Department:** [Faculty of Health and Life Sciences] Nursing, Midwifery and Healthcare

**Research project title:** Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Comments by the reviewer

<b>1. Evaluation of the ethics of the proposal:</b>	
Looks generally straight forward	
Quite a lot MAY be asked of staff but this is made clear in advance	
Section 5.2 is cut off without completion- this MAY be a function of the technology with restricted characters? However it is thus not clear if calls will be recorded?	
section 12 More needs to be added to address how the pre-existing relationship students will have with Coventry University will be protected BY participating- i.e. the risk of disclosing negative experiences	
Section 13- needs to indicate how electronic data will be safeguarded	
<b>2. Evaluation of the participant information sheet and consent form:</b>	
This is addressed to staff- did not see one addressed to recruit students and I assume this will be different?	
9TH JULY 2013 I HAVE LOOKED AT THESE AND OTHER THAN THE ONE ADDRESSED TO PRACTICE EDUCATORS - WHICH SHOWS TRACK CHANGES ON THIS VERSION AND WILL OBVIOUSLY SIMPLY NEED TO BE CORRECTED- I AM HAPPY WITH THEM IN TERMS OF UPHOLDING ETHICAL PRINCIPLES	
<b>3. Recommendation:</b> (Please indicate as appropriate and advise on any conditions. If there any conditions, the applicant will be required to resubmit his/her application and this will be sent to the same reviewer).	
<input checked="" type="checkbox"/>	Approved - no conditions attached
<input type="checkbox"/>	Approved with minor conditions (no need to re-submit)
<input type="checkbox"/>	Conditional upon the following – please use additional sheets if necessary (please re-submit application)
<input type="checkbox"/>	
<input type="checkbox"/>	Rejected for the following reason(s) – please use other side if necessary

	Not required

**Name of reviewer:** Anonymous.....

**Date:** 09/07/2013.....

**From:** Coventry and Warwick NRESCommittee.WestMidlands- (HEALTH RESEARCH AUTHORITY) [<mailto:nrescommittee.westmidlands-coventryandwarwick@nhs.net>]

**Sent:** 03 July 2013 15:07

**To:** Arinola Adefila

**Subject:** RE: Clarification over IRAS application

Dear Arinola

Thank you for your e-mail. As I'm sure your R&D department can advise, studies which do not involve patients do not require ethical review by a REC. You will however still require approval from your own R&D dept

Kind regards

Andrea

Andrea Graham, NRES REC Co-ordinator & Wendy Rees NRES Assistant Co-ordinator  
**Health Research Authority / NRES Committee Region- East Midlands**  
 Research Ethics Committee (REC) Centre  
 The Old Chapel, Royal Standard Place, Nottingham  
 NG1 6FS, Telephone: 0115 8839311 (Andrea Graham) or 0115 8839309 (Wendy Rees)  
 Email: [NRESCommittee.WestMidlands-CoventryandWarwick@nhs.net](mailto:NRESCommittee.WestMidlands-CoventryandWarwick@nhs.net)

## Appendix IV – Stakeholder Day Programme

### Enhancing HCPC Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Stakeholder Day  
Wednesday 11<sup>th</sup> September 2013  
Venue: Coventry University, Richard Crossman Building, Room 123

9.30am	<i>Registration and refreshments</i>	
10.00am	Welcome and rationale for the day	Lynn Clouder
10.10am	The HCPC Vision	Selma Elgaziari
10.30am	Existing HCPC Guidance: A Critique	Student co-researchers
10.50am	Implications of the Equality Act	Sarah Lewis
11.10am	<i>Break for refreshments</i>	
11.30am	Admissions under the microscope	Sonna Odedra
12.20pm	How do we achieve 'Reasonable adjustment'?	Lynn Clouder
1.15pm	<i>Lunch</i>	
2.00pm	Facilitating a Positive Placement Experience	Joanne Opie
2.50pm	Transition into employment: Fit for Practice? ( <i>including tea</i> )	Caroline Jackson
3.40pm	Building consensus: ideas that work	Lynn Clouder
4.00pm	Close	



## Appendix V – Student Interviewee Demographics

Students	Degree awarded	Disabled student Current/Past	Gender		Year of Study					Range of disabilities	
			Male	Female	1	2	3	4	RG *		
Arts therapists	GDip Dramatherapy	3		3				1		2	Dyslexia, Eating disorder, Visual impairment, Mobility impairment
Biomedical scientists	BSc (Hons) Applied Biomedical Science/	2	1	1				2			Dyslexia
Chiropodists / podiatrists	BSc Hons Podiatry	3	1	2			2	1			Dyslexia, Physical impairment, Mobility impairment
Clinical scientists	Certificate of Attainment										
Dietitians	BSc Hons Dietetics	3	1	2			1	1	1	1	Dyslexia, Diabetes, mobility impairment, muscle + physical impairment
Hearing aid dispensers	BSc (Hons) Audiology with Professional Training	3	1	2				2		1	Hearing impairment, Dyslexia, Visual impairment, physical impairment, mobility impairment
Occupational therapists	BSc (Hons) Occupational Therapy	4		4			1	2		1	Dyslexia, Visual impairment, Hearing impairment,
Operating department practitioners	BSc (Hons) Operating Department Practice OR DipHE Operating Department Practice	5				5					Dyslexia
Orthoptists	BSc (Hons) Orthoptics										
Paramedics	Dip HE Paramedic Science	5					5				Dyslexia
Physiotherapists	BSc (Hons) Physiotherapy	4	1	3			2	1		1	Chronic Fatigue Syndrome, Arthritis, Dyslexia, Hearing impairment,
Practitioner psychologists	PhD Clinical Psychology	3	1	2				1	1	1	Mental Health, Anxiety, Dyslexia
Prosthetists / orthotists	BSc (Hons) Prosthetics and Orthotics	1		1						1	Dyslexia
Radiographers	BSc (Hons) Diagnostic Radiography	4	2	2	1	1	1			1	Dyslexia, Dyspraxia, physical impairment, Synesthesia, Hearing impairment
Social Workers	BA (Hons) Social Work	4	2	2			2	2			Muscle, Complex physical impairment, Dyslexia, Dyspraxia, Visual impairment, mobility impairment
Speech and language therapists	BSc (Hons) Speech and Language Therapy BSc (Hons)	4	2	2			1	2		1	Muscle, Complex physical, Spina Bifida, Dyslexia, Dyspraxia, Visual impairment, physical impairment, mobility impairment
<b>Total</b>		<b>48</b>									

RG – Recent Graduate

## Appendix VI- Total Stakeholder Interviews

Profession	Degree awarded	Disabled student Current/Past	Interviews with Staff/Admissions/ Disability Support	Practice educators	employers	Total
Art therapists	GDip Dramatherapy	3	1	2	1	7
Biomedical scientists	BSc (Hons) Applied Biomedical Science/	2	2			4
Chiropodists / podiatrists	BSc Hons Podiatry	3	2	1		6
Clinical scientists	Certificate of Attainment					
Dietitians	BSc Hons Dietetics	3	2	4	2	11
Hearing aid dispensers	BSc (Hons) Audiology with Professional Training	3	1	3		7
Occupational therapists	BSc (Hons) Occupational Therapy	4	2	2		8
Operating department practitioners	BSc (Hons) Operating Department Practice OR DipHE Operating Department Practice	5	1	1		7
Orthoptists	BSc (Hons) Orthoptics			1		1
Paramedics	Dip HE Paramedic Science	5	1			6
Physiotherapists	BSc (Hons) Physiotherapy	4	2	1	1	8
Practitioner psychologists	PhD Clinical Psychology	3	4	3	2	12
Prosthetists / orthotists	BSc (Hons) Prosthetics and Orthotics	1	1			2
Radiographers	BSc (Hons) Diagnostic Radiography	3	1			2
Social Workers	BA (Hons) Social Work	4	1	2	1	8
Speech and language therapists	BSc (Hons) Speech and Language Therapy BSc (Hons)	4	3	3	5	15
<b>Total</b>		<b>48</b>	<b>24</b>	<b>23</b>	<b>12</b>	<b>107</b>

## Appendix VII - Participant Information Sheet (student)

### Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

#### **Participant Information sheet - students**

We would like to invite you to participate in a study which will inform the Health Care Professions Council's (HCPC) update of the guidance document "**disabled person's guide to becoming a health professional**"

This information sheet will explain the purpose of study and how you can be a participant. If there is anything that is not clear, or if you have any questions, please contact Arinola Adefila by e mail [arinola.adefila@coventry.ac.uk](mailto:arinola.adefila@coventry.ac.uk) or Tel: 02476 888292.

#### **What is the purpose of the Enhancing Guidance for Disabled People Wanting to Become Health and Social Care study?**

The aim of this study is to gather views and experiences of disabled students studying on HCPC approved programmes, as well as other stakeholders including admissions staff, educators, practice placement educators and disability services staff to inform advice on proposed revisions to the existing guidance. The research report will enable the HCPC to update their guidance in line with the Equality Act 2010 and through the inclusion of a range of illustrative individual student case studies, with links to short videos, promote a more accessible and student friendly approach to the guidance.

The Equality Act 2010 was introduced as part of government commitment to eliminate discrimination towards disabled people. The Act states that an institution must not discriminate against a student in the admission process; in the provision of education; in the access to services, or in the awarding of a qualification (HMSO 2010 p.58.) It also requires universities to make reasonable adjustments for disabled students to enable them to complete their chosen course. The HCPC is committed to ensuring disabled people have equal access to the health care professions. The Council is in the process of updating its guidance in accordance with government legislation and has commissioned Coventry University to support the process of including the voice and opinion of stakeholders.

You have been chosen to participate because you may have had experiences or ideas which could inform the study and contribute to the guidance document the HCPC is updating.

#### **What will the study involve?**

The principle aim of the research is to investigate the contemporary experience of disabled students studying on HCPC approved programmes and the stakeholders with whom they come into contact to inform the updating of guidance available to potential applicants to HCPC accredited courses.

*As a student co-researcher you may be asked to*

1. Provide first hand insights based on your experience as a disabled student or interaction with such students on the usefulness of existing guidance pre-admission, during the admission processes, while studying on the programme and during placement experiences.

2. Explore options that would support and enable disabled students and offer perspectives that could improve the chances of disabled students becoming health or social care professionals.
3. Help develop a series of short individual student case studies demonstrating the ways in which students cope with the demands of their programme.

### **What will I have to do?**

*Participants will be required to engage in an interview. This could take place face to face, over the telephone or on Skype if you are comfortable with the technology. It would last between 45 minutes to an hour.*

*Some may also wish to be involved in helping to develop case studies in interactive formats such as video/audio recording or animation.*

### **Benefits and risks of participating in pilot**

*You will be contributing to a valuable document which will support many potential students in the coming years. Involvement will provide you with the opportunity to introduce valuable ideas to healthcare education and policies and to act as a role model for future students.*

*Although it is anticipated that the risks to participation are low it is possible that talking about experiences might be stressful requiring a post interview debrief. The study has been reviewed by the University ethics committee and complies with all ethical guidelines.*

### **Will I be paid for taking part?**

*You will not be paid for taking part in the research.*

### **What happens at the end of the study?**

*At the end of the study, we will submit our findings to the HCPC. Student podcasts will be uploaded to the HCPC website to sit alongside the new guidance for potential students.*

### **What if there is a problem?**

If you have any problems with the conduct of the study please contact Lynn Clouder on 02476 887841 or email [d.l.clouder@coventry.ac.uk](mailto:d.l.clouder@coventry.ac.uk) who will arrange for your worries to be investigated. Any complaints will be handled through Coventry University Complaints Procedure. If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action, but you may have to pay for it. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal complains mechanisms should be available to you.

### **Will my taking part in this study be kept confidential?**

In compliance with the Data Protection Act (1998) all information, which is collected about you during the course of the research will be kept strictly confidential. All information including digital recordings and

transcripts will be coded to protect anonymity and stored in a locked filing cabinet. Recordings will be destroyed following transcription.

***What will happen if I don't want to continue participating in the study?***

*You will be free to withdraw your participation provided you inform the team by the end of the study period (October 18th 2013) before you disengage. We hope that you would be willing to tell us why you have decided to withdraw but you do not need to do this.*

**What will happen to the data we gather?**

*All the information collected from the activities will be confidential and will be anonymised. It may be used to write a report for the HCPC, be included in the actual guidance or some academic papers. The anonymised evaluation data will be kept in a locked drawer in a locked office for a period of 5 years at which time it will be destroyed.*

***Who is funding the study?***

*The study is funded by the Health Care Professions Council.*

**Review of the study**

This study has been reviewed by the Ethics committee at the Faculty of Health and Life sciences Coventry and discussed with NRES staff for the Coventry and Warwick cluster.

**Contact for Further Information**

Should you require further information about the proposed study please contact Arinola Adefila on 02476 88272 or email [arinola.adevila@coventry.ac.uk](mailto:arinola.adevila@coventry.ac.uk) or by mail at the Centre for Excellence in Learning Enhancement, Faculty of Health and Life Sciences, Coventry University, Priory Street, Coventry CV1 5FB.

Many thanks for taking time to read this information sheet which is for you to keep.

## Appendix VIII Consent Forms

### CONSENT FORM

Reference Number:

Title of Research Project

## Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Name of Researcher

Please tick to confirm

- I have read the information sheet (Version 1 )  
for the above study.
- I have had the opportunity to ask questions about the  
study and to discuss it.
- I understand the purpose of the study and how  
I will be involved.
- I understand, and accept, that if I take part in the study  
I will honestly commit to partake in the interviews/focus groups
- I understand that all information collected in the study  
will be held in confidence and that, if it is presented  
or published, all my personal details will be removed
- I confirm that I will be taking part in this study of  
my own free will. I understand that I may withdraw  
my participation at any time and for any reason without having to  
give an explanation. This will not affect my legal rights

I agree to take part in the above research study

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signed (person taking consent) \_\_\_\_\_ Date: \_\_\_\_\_

Researcher (if different to above) \_\_\_\_\_ Date: \_\_\_\_\_

\*1 copy for participant, 1 copy for researcher,

## **Consent for Print, Audio, and Video Production**

I, the undersigned, consent to:

- the use of my words
- images of my work
- recordings of my voice
- video recording of myself (delete as appropriate)

being used within the Health Care Professions Council updated version of 'A Disabled Person's Guide to Becoming a Health Professional'. I understand that this may be used for educational, and marketing, purposes, and that copyright will reside with the Health Care Professions Council.

I acknowledge that the quote, image or recording may also be used in, and distributed by, media pertaining to the Health Care Professions Council activities other than a printed publication, such as, but not limited to CD-ROM, DVD or the World Wide Web.

Copyright restrictions placed on the Health Care Professions Council publications and case studies prevent content being sold or used by way of trade without the expressed permission of the Health Care Professions Council, as copyright holder. Images and recordings may not be edited, amended or re-used without permission from the Health Care Professions Council. Personal details of those taking part are not made available to third parties.

Please complete the Participant details below and return the form to Arinola Adefila, the Project Manager at Coventry University.

### **Participant's details:**

Name:

Contact details:

**PLEASE COMPLETE THIS  
INFORMATION ON PAGE 2**

I require/do not require that my name is removed/retained in association with images and/or recordings  
(please delete as appropriate)

Signature:

Date:

**Coventry University Contact:**

Arinola Adefila  
Project Manager

OR     Deanne Clouder  
           Project Lead

Centre for Excellence in Learning Enhancement  
James Starley Building  
Faculty of Health & Life Sciences  
Coventry University  
Priory Street  
Coventry  
CV1 5FB  
ab0191@coventry.ac.uk  
Tel: 02476 888 292

**Contact Details:**

Name:.....

Professional title:.....

Contact Address:.....

.....

.....

.....

E-mail:.....

Telephone:.....



## **Appendix IX - Advisory Group Terms of Reference**

### **Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals**

#### **Terms of Reference for Project Advisory Group**

The Advisory Group will meet twice during the life of the project to:

Provide breadth of input to the project design, implementation and analysis of findings  
provide feedback in the spirit of critical friendship on the draft project report

It will be an interprofessional group which will include:

- Chair of the Disability in Professional Practice Special Interest Group (Chair)
- 4 student co-researchers
- 3 colleagues expressing interest in involvement in the project
- Selma Elgaziari, Policy Officer, HCPC
- A Practice Educator
- An Admissions Tutor

## Appendix X - Critical Appraisal of Existing Guidance

<b>Completed Student Critique</b>
<p>What review questions am I asking of this text?</p> <p><b>1. Is the document useful for disabled students, admissions staff and clinicians, etc?</b> The consensus was that the document is useful for general guidance as each person's circumstances will differ. Other formats would be useful (audio, DVD with BSL signer etc). From the perspective of a disabled student it provides:</p> <ul style="list-style-type: none"><li>• Better understanding of who the HCPC are and their role in my career as a physiotherapist</li><li>• Guidance for when carrying out the course, after graduation and through to employment thus are able to prepare for the next stage (pg 5- effective use of flow diagram)</li><li>• Reassurance that there is help and support available through all stages</li><li>• Abolishes assumptions that those with disabilities cannot apply for HCP approved courses.</li></ul> <p><b>2. Does the document address/question prospects of studying successfully and being integrated into the profession of my choice?</b> A separate section dealing with placement issues may be useful. It could then go into detail about the fact that Access to Work does not apply during placement; Disabled Students Allowance can be used instead. It could also provide greater detail about the DSA assessment process and assessment centres, the importance of being open with your placement provider as well as the DSA QAG web address. Section 3 – provides information for admissions staff. Examples used of what must be considered. Should a disabled person not meet one profession's standards of proficiency that they have applied for, there is option to consider an alternative of whose standards could be met. An example of its not about what a disabled person cannot do but what can that person do. It shows how support from the university and practice placements can help to promote successful studying and how to get the most support they can by speaking to the disability office, which is good advice.</p> <ul style="list-style-type: none"><li>• The guideline refers to the 'CSP guidelines for supporting students with disabilities' (2010) which answered many questions and worries I had during clinical placement</li><li>• No specific guidance for physiotherapists</li></ul> <p><b>3. Does the document incorporate the experiences and voice of disabled health and social care students/clinicians?</b> The case studies need to be updated, maybe with a photo and/or contact details if all parties are agreed. The examples are useful in giving better insight into the information given but are anonymous. Real quotes from previous students (these can be anonymous quotes) and their experiences could help with relevance to the reader if they are in a similar situation. Difficult to have a list of 'coping strategies' for this as everyone is individual.</p>
<p>What type of document is this?</p> <p><b>1. Is it targeted at the right audience (students, careers guidance staff, recruitment tutors, disability officers, etc?) Are there any target audiences that have not been addressed?</b> It provides general guidance for prospective registrants and admissions staff on the front page. Would others who did not fit into these categories pick this up and read further? The document could go some way to allaying the fears of nervous parents. The entire document needs to be better advertised though. Maybe the HCPC could, improve their contacts with the schools' career service by providing specific training. Other audiences could be:</p> <ul style="list-style-type: none"><li>• Education authorities i.e. Universities are given strict guidance with examples in ensuring that they act and respond to disabled applicants and students lawfully.</li><li>• Clinical educators, visiting tutors and others involved with supporting a student can find reference to government legislations and CSP guidance</li><li>• Personal tutors of disabled students, NHS bursaries/ DSA providers, National Centre of Assessment</li></ul>

Providers.

## **2. Does it provide adequate information?**

This is difficult as a balance has to be struck between providing information and keeping the guide readable. I think that more could be written re the intricacies of the funding process during placement. I felt I had to work out appropriate funding streams myself.

It is almost impossible to have every piece of information but this document forms a good basis for people to find out more information should they need it. It highlights the importance of abiding by DDA legislation and the legal responsibilities of education providers.

Access to Work is mentioned on p9 and glossary but provision and application of ATW could be made clearer for disabled graduates, in need of reasonable adjustments, additional resources/ support to do their job.

## **3. Are there pieces of information missing?**

More detailed information re DSA and Access to Work application processes. Updating references to replace DDA with Equality Act is also necessary.

There could be a part for parents/carers for advice on helping the student through their studies and managing expectations for example if the course is not suitable for their needs or adjustments cannot be made by the university.

What sort of information dissemination is being undertaken?

## **1. Does the document provide the kind of guidance you expect?**

Yes. Good for showing disability in a positive light (please see 'value laden statements that contradict ethos of doc for another example). Although the guidance is not healthcare profession specific it is very useful to have the links to all the specific governing bodies so further information about disability and that profession can be investigated. If each profession had a section the document would be too long and information could be repeated and make the reader confused.

No guidance with regards to the protection given by the HCPC following registration. Do the same protection policies apply to disabled HCP as those who are not registered as disabled? - only states that the employer is responsible for making appropriate adjustments. If a complaint is made against a practitioner with a disability who would protect that practitioner - the HCPC or the employer? Refer to other guidelines written by HCP?

## **2. Is the language used clear and can it be understood by the audience?**

If the guide is going to be distributed to younger prospective students, the language may need to be slightly simplified or a separate guide produced but it was clear, logical and understandable. Examples were useful in reinforcing the points made.

## **3. Is the information provided accurate?**

Some terms in need of updating – HPC is now HCPC. DDA 1995 has now been incorporated into the Equality Act 2010. On p13 a health reference is no longer asked for as part of the registration application. This information needs updating on all relevant HCPC docs.

## **4. Is further clarification needed?**

With DSA and Access to Work. Contact details provided if further clarification is needed.

Page 3 & 6- applying for registration and the difference between a place on an approved course and registration at the end of it? E.g. research aspect as opposed to practicing?

The extent of reasonable adjustments. Are the adjustments made purely up to that of the employer? Page 21.

What is being claimed that is relevant to answering my question?

## **1. Is the information adequate for making informed decisions? What gaps exist?**

A directory of contacts from all UK universities to further discuss possible HCPC covered careers would be useful.

Yes and no. You are only allowed to apply for registration on completion of an approved health and social care program. No guarantee you will be registered with HCPC. Whilst this is made very clear, no mention of

named disability department/person at HCPC to contact regarding this.

Although the guidance is not healthcare profession specific it is very useful to have the links to all the specific governing bodies so further information about disability and that profession can be investigated. If each profession had a section each the document would be too long and information could be repeated and make the reader confused.

As a student I would need to discuss with the course provider how my disability would affect my participation on the course and whether I would cope in the profession when employed. This however is already stated in the guidelines.

## **2. Are all professions, areas of interest adequately covered**

The guide could be criticised for being too general but if it covered detailed information regarding all the professions covered by the HCPC, then the guide could be overly long. A range of different professions and disabilities are referred to during the examples. Physiotherapists- refer to the CSP guidelines in supporting those with disabilities (2010)

## **3. Is signposting needed? Is this provided?**

Clearly sign posted and logically ordered. All relevant information for finding the governing body of a profession is clearly given at the end of the document.

More address contacts needed to all UK universities. Prospective students need to be given accurate up to date information from advisors that are trained to know about the issues concerning disabled students.

Could provide direction to disability specific websites regarding education - for example, students with a visual impairment can now train as a physiotherapist with support from RNIB. Students advised to contact the RNIB Physiotherapist Support Service Manager re more information on gaining entry and the support required (nhscareers.nhs.uk)

## **4. Is information about support on placement, support with resources, support provided by the Institutions clear, etc? Would other pieces of information be needed?**

The support available is generally good but more information about support during exams should be included. Support on placement is discussed well, as this is a big part of the overall degree. Guidance given but as states the HCPC is responsible for registration and therefore acknowledging support in these areas is not mandatory for this document. However it does provide useful references for applicants and students.

- Section 3 lists clear obligations of the University Placement staff. Good suggestions for supporting disabled students when considering placements.
- To consider having pre placement meetings with placement team, disabled student and prospective practice educator(s) to discuss face to face reasonable adjustments, breaking down potential barriers and assumptions etc
- Good example of CSP doc on supporting disabled students on placements. To be given to placement educators. Do other professional bodies (apart from OT) have similar specific docs related to their professions?
- Personally I found difficulties with DSA funding for a support worker. It wasn't possible to have one on placement therefore further consideration should be possible to be given for increased funding when on HCPC programs that require being on placement for a number of weeks.

To what extent is there backing for these claims?

## **1. Do you think that the case studies/exemplars provided are useful?**

Yes, but more modern case studies needed. A broader range of examples from all the professions could be beneficial however it would be difficult to have a relevant example for every profession or for a person to relate to.

Examples used are short and anonymised. Useful for those interested in applying for a HCPC program as a screening tool. Good examples used of 'proving' your fitness to practice.

## **2. Are there any further case studies/exemplars that are needed?**

Similar to above, it would be difficult to provide an example for every profession and every type of disability. Possible longer case studies on various HCPC programs which are not anonymised (i.e. photo/name used with permission) highlighting various positive examples of disabled students process onto, during the program/placements and process of registration.

<p>P11 – a positive example or case study could be very useful for a disabled student when considering whether or not to disclose their disability to the University. Show collaboration between University Disability Unit, disability support tutor on approved course, admissions tutor, disabled student etc.</p>
<p>How adequately does any theoretical orientation support claims?</p> <p><b>1. Is the guidance consistent with any theoretical model? Should it be?</b>  No, the guide should concentrate on practicality, not theories.  No mention of the social model in the doc, should there be?</p>
<p>To what extent does any value stance affect claims?</p> <p><b>1. Are there any particular value laden statements that are made which contradict the ethos of the document?</b>  P6 – ‘In particular, it is important registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration’. Whilst made very clear, maybe it would be better to consider a HCPC interview regarding fitness to practice for placements and meeting the standards of proficiency for the program during selection days for approved HCPC courses. Possibly consider student registration at the beginning of the course, then this is to be upgraded to professional status on application following student’s degree award. As it is potentially a waste of time, resources and money for University, disabled student, DSA providers and HCPC - could make this more efficient.</p>
<p>To what extent are claims supported or challenged by other’s work?</p> <p><b>2. The term ‘disabled people’ is used throughout the document in line with the social model of disability. What do you think about this kind of terminology?</b>  I prefer the term “people with a disability” but that is just my opinion. ‘Disabled people’ may have a stigma attached especially as not everyone sees themselves as having a disability. ‘Those with a disability’ or ‘a person with a disability’ may be a better phrase. Disable people labels those people as that disability. Would it be more preferential to use ‘people with disabilities’?  Disclosure is a damaging word to use - also used for those who declare a criminal conviction. Negative stigma towards the term ‘disclosure’?</p> <p>Schedule 1, part 1 – determination of disability of the Equality Act 2010. Impairment / long term effects/ severe disfigurement/ certain medical conditions/ progressive conditions etc are terms used to describe disability? There may be some people who do not consider themselves ‘disabled’ or want to be labeled as such. However, it is a generic PC term used during recruitment/ Equality Act 2010 etc.  On monitoring forms during recruitment process for example – sensory, physical, mental health, learning, other etc. People are able to specify further their disability type. Do people feel more or less comfortable with specifying their disability type?</p> <p><b>3. Is the guidance consistent with the current legislation (specifically the Equality Act 2010)?</b>  I have not got enough knowledge of the Equality Act 2010 to comment.  Yes, because it describes clearly how decisions are based on being able to prove that a person can maintain the standards of proficiency. Plus it highlights the types of adjustments that can be made to enhance learning in line with legislation. It is ‘positive action’ to guide and encourage more disabled people into health and social care professions, which previously they may not have considered. As well as admissions staff to consider disabled students for such courses and how to meet their legal obligations etc.  What are the consequences of a course provider or employer failing to abide by the regulations?</p>
<p>To what extent are claims consistent with my experience?</p> <p><b>1. Did you use this document? Would you have liked to have it before you applied?</b>  I would have valued specific HCPC trained contacts at all UK universities. I had never seen the document till I was asked to review it. I was unaware of this document and would have found it useful to read before applying.  I looked at the document when carrying out my 3<sup>rd</sup> year project. It was not made known to me prior to this.</p>

This may be because I did not doubt that I would be able to become a HCP despite my hearing impairment and therefore did not seek any guidance in this. However, it has been useful to me in terms of registration post-graduation and reinforcing the legislations that have been put in place to protect those with disabilities. I only read this document not long after agreeing to be a member of this workshop, as I did not know it was available. It would have been useful for reassurance before/ during the application process for the OT course.

## **2. Could this document be useful to students thinking about applying for HCPC programmes?**

Yes...see above. Definitely, it should be a document that is recommended to read when people visit on open days with links available so people can find it online.

Physiotherapy students- useful reference to the CSP guidelines (2010) in supporting physiotherapy students with disabilities that could be transferred to other professions.

- Prior to starting a course the document advises to look at the approved courses list for HCPC registration
- The document can be a comfort to former students- easy to read, well-structured and provides the necessary legislations that reinforces the support and protection that will/can be provided for their disability
- Effective use of examples and adequate contact information should the applicant require more information on any area of the document
- Yes to reassure and break down assumptions (held by those with and without a disability) and highlight legal changes re disability/ education and future employment

## **What is my summary evaluation of the text in relation to my review question?**

Any information about a possible future career choice is valued, especially if the information validates your choice. If the guide concentrated more on the placement period, I would personally have found it of greater use.

The current document covers relevant information that a prospective student may want to know and any other questions they may have can be answered on an individual basis. The information is concise with easy to follow wordings and regular examples to demonstrate how it could be applied which also helps with the explanation.

Something that may be relevant and not currently in the guidelines is if they feel worried about how they will be accepted by their peers if they require additional support. It may be seen that they have preferential treatment so possibly some information on advice for how to talk to others or telling others about their disability (should they want to disclose this). This could be very important for more physical courses, for example manual-handling techniques may be more tiring if repeated and the student needs a break. The student they may be paired with may feel it is unfair for the student to have a break if they are unaware of the disability. This could cause awkwardness within the teaching group or from this one other student.

Another possibility for the document is advice for parent or carers on managing expectations if reasonable allowances from a university or practice placement cannot be made. Parents/carers are key when anyone goes to university for the first time. Those with disabilities may be more reliant than others so this sort of information for parents/carers could be very helpful.

Also information on the help available for exams could be beneficial. At school or college they may have received extra time, rest breaks, scribes etc and may worry about how they may be assessed at university. A short section on the alternatives, although they may be similar/the same, it could put their mind at ease when reading through the document.

As a sufferer of Chronic Fatigue Syndrome, the definition in the glossary I feel is not representative of the condition itself. A definition I have created (although it does not fully describe the reality) is 'a condition where extreme tiredness is experienced daily which affects a person's ability to take part in day to day activities, which lasts longer than 6 months'.

As another point, the fact that this guidance is out there should be promoted at university open days during subject talks, both the HCPC guidance and the profession specific documents.

This document provides clear, logical and succinct information stating who the 'Health Care Professionals Council' are and the process of registration post-graduation.

Key points made in this document that were helpful to a physiotherapy student and recently qualified physiotherapist:

- Who is the document for? – disabled person
- Physiotherapists are regulated by the HCPC
- The Disability Discrimination Act (1995)- protection and rights as a disabled student
- About the registration process
- Abolishes the assumptions that all those with disabilities cannot study a HCP course
- Approved courses and ways of verifying these
- Becoming a health professional- flow chart  
? Would it need to acknowledge that agreed adjustments are made on the course?
- Clearly states the difference between registration and employment with effective examples
- Scope of practice highlighted well- an essential element for all HCP and their practice. Appropriate examples utilised.
- 'Access to Work' reference – useful for when applying for jobs. These adjustments made must enable the HCPC to maintain standards of proficiency following appropriate adjustments. These include both generic and profession specific.
- HCPC only deal with registration aspect therefore all other information is referenced for applicants to read elsewhere
- Good acknowledgement of the DSA- I was not aware of this when I started my course as a student. It was the disabilities support officer at the University that informed me. It proved to be beneficial when needing an electronic stethoscope as I could not hear using a 'normal' stethoscope. I could not go out on placement without it.
- Reinforcing disclosure throughout course
- States that the support continues as you become employed (if registration is given?)
- Useful glossary and references to turn to for more information other than registration

Points that could be altered/added to the document:

- Definition of 'disabled'?- refer to Equality Act 2010
- For those applicants looking to become a health professional there is minimal information on the specific job specifications thus the applicant is to be encouraged to read around the profession they wish to study to ensure they are aware
- What do those students do if they have completed an approved course but not been able to get registration? Why would the applicant choose to do an approved course if they are aware they may not get registration at the end of it? Involved in research aspect of profession as opposed to working with patients?

(Once updated) an essential document for potential students who are disabled and thinking of a health and social care career, wanting to apply to an HCPC approved program.

## Appendix XI – Case Study Transcripts

### Case Study I Student with Chronic Fatigue Syndrome discusses disclosure

I am a 20 year old with Chronic Fatigue Syndrome (CFS) currently in year 2 studying physiotherapy. I became interested in physiotherapy when I was seen for my CFS by a physiotherapist.

The main symptom is the extreme tiredness and at the beginning it would mean I would be sleeping during the middle of the day and at night just to keep going. It took a few months for me to come to terms with how it affected me. I am quite lucky in the fact that my CFS was not too severe when I was diagnosed, I was still able to get out of bed and although I would become extremely tired, I was able to complete some daily activities. Even 6 years on I have good and bad days but I am much better at recognising the signs when I need to rest and how to pace myself. Along with the severe tiredness I also suffer severe migraines that can be very debilitating, especially at busy times.

As my health was affected halfway through my GCSEs I had to discuss with my school some special arrangements to allow me to still attend school in a way that suited me. This only happened because I regularly communicated with teachers and the deputy head teacher. It never occurred to me that I may not be able to go to university; I assumed that I would be able to go just like anyone else would. On some of the open days I spoke to some of the tutors about the help that may be available and they told me how the university could help me.

Applying to university was the first time I had to identify myself as a person with a disability. As I only received one offer from my 5, I did feel as though it was due to my disability; however, there is no way of knowing. It could be that simply I did not meet their requirements.

My university are extremely helpful and supportive. Within the first week of my first year I made an appointment with the Disability Support Tutor to discuss strategies for coping at university. However, like with anything, help is only available if you ask for it. The personal tutor system is also there if you need to talk to someone, but they are not always the best person to help. I have not been out on full placement yet, although it has been discussed and the same conversation with clinical educators will need to take place to ensure that I am safe but that patients are safe as well.

Luckily CFS is a condition that can be managed by a physiotherapist as I experienced, so I would expect there to be some level of understanding. Some reasonable adjustments would need to be made, such as small regular rest breaks, but this can be easily arranged. Full time work will be a challenge; but, by working in a routine and being surrounded by other qualified staff that can help, it is a challenge that I look forward to.

The key to being successful both at university and in a health care career (with or without having a disability) is communication. Help cannot be given if people do not know that it's needed. Making friends is a key part of university life and the way friendships are managed will depend on the type of disability that a person has. Obviously CFS means that I cannot participate in activities all of the



time and I don't enjoy going out on a social night; but my friends understand and we do other things, such as going to the cinema. It is up to you to decide whether to tell others (your peers and staff) about your disability. Certain situations may prompt a need to tell as it helps others to understand. The best thing to do is to get to know people first so you can determine who you may want to tell so they can support you. Don't be afraid to admit you may need help. Help is there for a reason.

## **Case Study II Speech and language therapist discusses reasonable adjustments**

### Introduction

I am a highly specialised speech and language therapist in an inpatient neurorehabilitation centre. I work in a multidisciplinary team with occupational therapists, a physiotherapist, nurses and a neuropsychologist. We have a lot of students each year from various universities – we do either individual or paired placements in both blocks and ongoing e.g. one day a week.

### Condition involved

The placement involved coming one day a week (for six months) to a large London hospital. The student was expected to see patients, write notes and attend meetings where necessary.

### Preparation for placement

We were contacted by the university before the student was allocated to us and asked if we were able to take a disabled student. As we are a centre for people with acquired brain injury, it was fine. Our environment is completely accessible.

### Discussing and organising reasonable adjustments

The student also contacted us before the placement started and asked if there were going to be any issues about mobility. She informed us that she was on crutches and therefore unable to push people in wheelchairs. Initially, we were able to ensure that she saw only people who were self propelling or walking. Later on in the placement, she felt comfortable asking other staff to bring patients to therapy rooms. During the placement, she became unwell, however, she made up her sessions at the end of the placement; so, neither she nor patients missed out on planned sessions. She kept in regular contact with us by email and gave us enough notice to re-arrange her timetable.

### General experience on placement

The experience was great for all of us. There was the unexpected bonus of patients relating to the student as she wasn't able-bodied like the rest of the staff. She was able to offer her view on life with reduced mobility. She was flexible – we had one instance where a meeting was called on the other side of the hospital. Our student realised that it was too far to walk and agreed to be taken in a wheelchair (which wasn't her usual form of mobility).

### Interaction between University, student and placement

The university were very organised in specifying exactly what was needed – we were informed at every step.

What would you say to other students considering a health and social care career?

We would definitely encourage other students with disabilities to consider a career in speech and language therapy. It's a career with many facets; therefore there are lots of opportunities available.

### **Case Study III Louise from tutor's perspective**

#### Interview process

Louise attended the occupational therapy interview process. Within the interview she was required to interact within a small group. Prior to this group activity, a discussion took place where she informed me of her disability, what she might find challenging and what adjustments would need to be made. The group were set two activities, one of which was to problem-solve which items out of a box were most important if stranded on a desert island. The group had to decide between themselves and pick out 10 items.

Louise communicated to the other members of the group that she had a hearing impairment and that when speaking it would help her greatly for people to use a radio aid system which she had brought with her. She also asked that people didn't speak at once but took turns to speak. Louise discussed this very appropriately with the group and came across well and confidently. The group had no issues with this and the activity commenced. The group worked very well together, giving each other the opportunity to join in the discussion and each play their part. Louise's involvement was very appropriate and she appeared happy with her involvement.

#### Preparation for placement

The majority of my involvement with Louise throughout her OT studies was mainly in connection with her 3 clinical placements. I met with Louise prior to her 1<sup>st</sup> placement to discuss what adjustments she felt would be needed within a clinical setting (in line with the Equality Act (2010), DDA (1995) and the University's policy on supporting students with a disability). Her main concerns were:

- She was unable to use a telephone – how would this be overcome within a placement setting?
- Communication with patients – she was concerned that she would struggle to understand patients and they would struggle to understand her.

I found a placement within commutable distance for Louise within an acute hospital setting and contacted the educator to discuss Louise's situation. The educator was very happy to arrange a meeting with myself and Louise in order to problem solve these areas of concern.

We met together at the placement venue and discussed all concerns that Louise and the educator had. The educator stated that it would be a learning opportunity for their department too as it would encourage the staff to re-think communication styles and strategies. It was agreed that Louise could undertake the placement. The reasonable adjustments were:

- If a phone call was to be made, another OT or member of the team would do this on Louise's behalf. Louise could then read the notes and discuss the outcome with that staff member.
- When introducing herself to patients, Louise would explain about her hearing impairment and ask them to use the microphone system. Louise can also lip read so this strategy could also be used on occasions. It would be a case of trial and error to see what worked the best.
- Louise would ask patients to repeat what had been said should she not understand responses.

This pre placement visit gave Louise confidence prior to starting the placement not only in meeting with her educator and putting her mind at ease but also I believe in problem solving some situations which she might find difficult. These strategies could then be transferred over to her next two placements if they worked well. I completed a half way visit in week 3 to monitor Louise's progress. She was progressing very well and enjoying the challenge. The placement was a successful experience for Louise.

Following this placement, Louise took part in a placement debrief session where all students reflect on their clinical experience. This enabled Louise to reflect on what worked well and what didn't work. The same process was undertaken with Louise for her level 2 and 3 placements. Each time I met with Louise prior to matching her to a placement, then spoke with prospective educators and set up a meeting for the three of us to meet and discuss what adjustments could be made. Each of Louise's placements were a successful learning experience for her. Her 2<sup>nd</sup> placement was within older adult in-patient mental health where she was required to re-locate for 10 weeks. Her 3<sup>rd</sup> placement was within outpatient neurology department.

Throughout her studies at University, I noticed that Louise grew in confidence and became very adept in communicating with members of the MDT and patients. This process supported her throughout her studies and enabled her to get the most from her clinical placements, working towards obtaining her degree in Occupational Therapy. I am very proud to report that Louise gained a 1<sup>st</sup>, which reflects all the hard work, commitment and enthusiasm Louise put into her 3 years at University.

#### **Case Study IV Student journey: recent occupational therapy graduate with hearing and visual impairments**

##### Condition

I am profoundly deaf with a visual impairment, according to the Equality Act 2010; these are classified as sensory impairments. Which have affected me more in education and work? Both of them – I have been deaf all my life and the visual impairment began during my late teens. How do they affect me? I lip-read and have bilateral hearing aids, which I use with a radio aid system which I have used throughout my education and career. However, I cannot hear everything

individual people say or distinguish speech during loud background noise. This includes small and large group working scenarios during seminars and lecturers presenting. Echo recordings, podcasts, radio clips, voice overs on videos and YouTube (how are you supposed to lip-read these?). This is where my visual impairment becomes a hindrance; I am an expert lip-reader but only if people are within 3m or so as I can't see from the distances I used to. And if the lighting is turned off or down, how am I supposed to lip-read then?

### Journey into Higher Education

As I was already working within the NHS, throughout the UCAS application process, I did not inform my colleagues that I had applied for a place on the OT course. At the time the biggest support came from my support worker at the time. Prior to my filling in the UCAS application I consulted the Occupational Therapy Careers Handbook, which was likened to a bible at the time. It was inspiring and listed recommendations such as visiting occupational therapists prior to application, how to write my personal statement and signposted me to information regarding Disabled Students Allowance (DSA), which I previously knew about due to being a recipient on another course. The UCAS process from what I remember seemed fairly straight forward and I ticked the box to indicate I had a disability. One university's disability services team sent an email very quickly asking about the nature of my disability and support needs. This was excellent integration and sharing of information, as had I have got a place there, I am confident my support needs would have been in place on arrival.

### Admissions Process

I found the process and the waiting quite stressful. In order to gain information throughout the admissions process, my support worker called on my behalf; this was a great help as often conversations by email (as useful it is) can be brief and are not answered immediately.

On being invited to the selection day/ interview, I was anxious about whether I would mishear or, worse still, not be able to lip-read or hear people during the group-work activity because of their accents, quietness of their voice or loudness of background noise. As if these events did occur, would it reflect badly on me? Would it lead to me not being given a place? Therefore, in managing these anxieties, my support worker rang in advance to ask how the selection day would happen. Knowing what I knew about the DDA (1995), I was aware services such as Universities are required to provide support to (potential) students and the keyworker for deaf students had arranged for a communication support worker to attend the day with me. Along with using my radio aid system, I explained to the lecturer and my small group what it was and how to use this in order to help me hear what was being said. I also introduced my Communication Support Worker who would support me by signing anything I missed, explanations from the lecturer and comments from the bigger group as a whole. During the activity itself I realised I was the oldest member and after reading the task out, I remember asking the group for their thoughts. This was to encourage discussion as there was not much conversation happening spontaneously, probably due to everyone's nervousness. This was a good strategy which I used in order to feel more in control of the situation. This also showed that I am able to manage my disability and support needs because after all, how would I as an OT be able to empower and advocate for other people with various disabilities, impairments and support needs if I couldn't do this for myself? Following the selection day which included a written test, I felt confident that I had done my best. I met the Occupational

Therapy Course Year 1 Lead prior to starting the course along with representatives from the Disability Unit to discuss my specific learning support needs in view of my disability. Therefore, I am glad I told the University about my disability and in sharing this information with the Disability Services Unit ensured my support needs were met.

### General experience – teaching and learning

I naturally had anxieties regarding whether I would hear and keep up with the teaching programme as I entered my first few lectures and seminars. However, I soon got over these anxieties as I settled into my first year seminar group, as I could see a few students with disabilities. I wasn't the only student with a disability, as I had always been throughout my education. I remember thinking 'I didn't want to have to explain my disability' because I didn't want to 'force' it on people, therefore I would only talk about it if it came up during conversation or people asked me about it directly. The biggest help was the fact I could essentially 'employ' a freelance Communication Support Worker (CSW) with funding from the Disabled Students Allowance (DSA). I had an assessment prior to the course and was allocated a package of resources to help with the learning experience at University.

The CSW took notes in lectures, seminars and group-working, as well as signed anything I did not hear. They would also write notes from online lecture or podcasts. Other students could have access to these at home whereas I did not have this flexibility and I would have to have these written in between lectures at University to make the most of the time a CSW has been allocated for. Having the same CSW for certain modules was very helpful for continuity and CSW understanding of terminology for both signing and written notes. Online access to Moodle was useful in other ways, for reading lecturers' PowerPoint slides, important pdf's, other notes and forums. However, this facility is only helpful when lecturers would post the PowerPoint's and information in advance which did not always happen.

Having use of a radio aid system was invaluable with students and staff during all teaching methods, as I could control the volume of people's voices. During the course of each lecture and seminar I would hand over my microphone to the lecturers and students, pretty much most would forget to hand it over to another speaker and I would always have to remind them! The face to face teaching I felt was very good, but there seemed to be a lot of emphasis placed on alternative online teaching methods, such as online lectures, Skype, video and audio use which to a deaf student isn't user friendly. For the CSW to transcribe very single one of these would be too expensive, however I did request for some materials to be transcribed and was told it wasn't possible therefore as a student I had to make a choice of which was the most important to the CSW to transcribe, bearing in mind I had been allocated a limited DSA fund. For this reason, it did feel as though I had to work a lot harder than non-disabled students by reading a lot more, to prove I could do it and it taught me problem solving and prioritisation skills and working around these issues.

### Placements

I received comprehensive support from the University placement team prior to and during all three placements and fantastic support from each Placement Practice Educator (PPE). Despite having a

previous working history within the NHS, it was not as an OT. Therefore, I did have concerns which were discussed with the placement team and individual PPE's.

A pre-placement visit was completed with the potential PPE, a member of the placement team and myself, before each placement to discuss my situation and any reasonable adjustments. This planning was excellent and I felt I was being listened too and my concerns taken seriously. The placement team suggested I step out of my comfort zone in order to encourage different experiences within a safe environment, which was a good learning opportunity. All PPE's seemed open minded, flexible and adaptable to my support needs. Discussions regarding reasonable adjustments included:

I do not use the telephone, as I cannot hear people well enough to distinguish clearly what is being said. Therefore no PPE would ask me to make calls, however if I needed calls making, it was agreed I could ask the receptionist, OT assistants or OT's ensuring confidentiality.

On a mental health placement, strategies were discussed regarding my not hearing patients come up behind me. As a result, I would ensure I placed myself in a position where no one could, for example, back close to a wall or be in a position to observe what was happening safely.

On a Neurological placement, I was not able to hear some patients who had a communication deficit affecting their speech i.e. stroke. Therefore, during initial assessments it was agreed I would ask the questions and observe reactions whilst the PPE write the responses.

I would always inform patients I was deaf and would it be ok for them to wear a microphone to help me hear (except on the mental health placement where patients did not have capacity due to their dementia). I do not recall having a negative response as most people wanted to be of assistance. In my experience, being deaf can be very useful particularly with those who have hearing aids or know of others who are deaf. It was therefore, very useful for building therapeutic relationships with patients.

On reflection, all three placements were incredibly tiring because as a deaf student, it is draining when observing activities and trying to listen to everything people were saying. Therefore, my advice to other prospective health and social care students, who are disabled on how to get the most out of placements, are as follows: always be helpful and friendly to others, muck in and be a part of the team to help others out who are supporting you. Be open and honest about your disability and how it may affect you and aspects of the placement and suggest ways of working around it or what you can do instead. Use your initiative and ask all staff members how you can help them and do not stand or sit around doing nothing!

Overall, my three placements were positive experiences, I felt I not only learnt a lot but that I could also educate others on the placement in terms teaching aspects of deaf awareness and lip-reading exercises to show how intense it can be for deaf or hard of hearing patients.

#### Thoughts on qualifying and/or employment

I have a BSc (Hons) Occupational Therapy degree in which I gained a First classification. All my hard work paid off and I proved to myself and others that I could do it! The fact that I also achieved first class grades on all three placements highlights the fact I can put into practice all the skills I have learnt. In doing this, I had to balance demands placed on family time and moving areas for

good placement opportunities. I am very proud of what I achieved and am now looking forward to the next challenge – finding an Occupational Therapist role!

### Employment

Finding your first Occupational Therapist role is a challenge and even with first class grades! Having had a few interviews, it was surprising how little awareness occupational therapists have of the Access to Work (ATW) funding grant, considering some work with clients who have disabilities or impairments. This is in short, similar to DSA but provides practical support for qualified disabled health and social care professionals to gain/ stay in employment or start a business.

What would I say to other students considering a health and social care career? First and foremost, be honest with yourself and be your own expert about your disability or disabilities. Some people do not like to share their disability with UCAS, the University or others. This is your choice but if you do, the University has a duty to support your needs and develop a plan to facilitate this but they can only do this, if you inform them. It will also lessen the stress prior to and during the first few weeks on the course. Ensure you have a DSA assessment well in advance of the course commencing so your support needs can be in place from the start. Talk to the Disability Unit of your chosen University; find out if they have keyworkers for dyslexia, deafness and visual impairments, mental health, learning difficulties and other physical and sensory difficulties. As it may be, that they have other information or strategies which could be of use.

On a more general note, do not rush into doing a health/social care course. Do work as a health care assistant, OT/Physiotherapy assistant, social care support worker or do voluntary work in a particular sector which interests you, such as older people, learning disabilities or neuro-rehabilitation. This experience will be valuable in getting on to your chosen course and possibly give you an advantage regarding future employment. Health and social care courses are not like doing more general degrees; you are expected to be a professional from day one. As there is an expectation you will be registered by your professional body on qualifying, this makes the courses intense and pressured so be hardworking, determined and it will pay off. Hopefully your colleagues and patients will see you as a role model, even if you may not consider yourself to be one!

### **Case Study V Student Journey: Speech and Language therapy student with spina bifida**

Hi, I am Emily. I am 23 and I have a condition called Spina Bifida and the main impact of that is that I use two crutches and I have difficulties sort of walking long distances and carrying things. I also catheterise.

In terms of my journey into higher education, at sixth form, I was speaking with my sixth form tutors and the careers advisers when I was thinking about what kind of health care profession do I go into. I knew that I wanted to be a health care professional. They were really supportive in terms of giving information and encouraging it as a career. I finished sixth form and took a gap year, so I hadn't applied in upper sixth. I took some time to do some proper research and some time out and then I applied in my gap year with my grades.

### Admission

In terms of the admissions process, I was really keen to do my research and knew what I was getting into. So my top two universities, I made sure that I went and researched the environment and made sure that it was going to work for me and be accessible. I got in touch with the degree administrator to talk about the set up of the university. Then I applied through UCAS and got an interview and was offered a place. I was sort of excited and ready to go really.

### Teaching and learning

In terms of my general experience at university with the teaching and learning, it was a very positive experience for me. I just made sure I was honest and told people what I needed because how are they going to know otherwise. So I just said when I was in plaster, I needed ground floor teaching rooms, I needed a bit of time to be able to go and do my catheter, you know I just found that the more honest you were the better. They also gave me extra time in exams to have rest breaks. They never got angry about that or frowned at it, it was just totally encouraged.

### Placement

In terms of placement that was also an incredible experience. The university were really supportive in organising it. They would get in touch with the educators and would explain that I was disabled and that my needs were kind of mobility wise. Then I would get in touch with them before the placement started and explained what I needed and just have a discussion about whether it could work and how we could make it work. I think it is really important to know that sometimes the placement supervisors are as nervous as you are about taking a disabled student and that all you need to do is to be honest and discuss what you need and then everybody knows just where you are at. Just be honest; don't be afraid to speak up.

### Qualifying and employment

In terms of qualifying and employment just go for it! You know, you are working in a hospital, you are working in the community, and there are people who are disabled as well. I found that it is just a totally positive experience. You can build up a rapport with patients because you understand a bit more of what they are going through and you tend to be able to give them your own experiences as well.

### GO FOR IT!

In terms of people who are considering training as a speech and language therapist or as a physio or something like that with a disability, you know don't let anything put you off. You know, get in touch with people; discuss what you want to do. Discuss what adjustments you need to be made and just go for it. You know, nothing ventured, nothing gained.

### **Case study VI Practitioner with dyslexia: 27 years of successful practice**

I am sharing my experience of having dyslexia and how that has affected my working life. I qualified as a Physio in 1987 and at present I am working as a community physiotherapist, part of an integrated therapy team. I have dyslexia and my eye sight is not fabulous either and the combination of those two means that I cannot actually drive.

I was not diagnosed as having dyslexia until just before taking my O levels. That was because I had a really astute English teacher for the time that expressed to my parents her concern that even though I was bright and able verbally, my written work was appalling and even though my mum went through my spellings on practically every subject of my work, I was obviously having great difficulty. At this time I don't think dyslexia (and certainly in the school and Local Education



Authority (LEA) I was in) was really talked about. So the school and LEA didn't have any procedures in place to look at why I might be having these difficulties, so they advised my parents to send me to a private educational psychologist who assessed me and sort of gave me a diagnosis of dyslexia based on my IQ, which was high. My written work was appalling and of course I had visual and perceptual type problems as well. As a result of that, I was given extra time for my O levels and A levels and I did my exams on a separate table with a lamp to help with my visual problems. So that was where I actually got with my school, I did really well with my O levels and A levels so that was great and I decided during that time to train as a Physio. At that time I did not realise that the educational psychologist had really advised my parents strongly not for me to do A levels or go on to further education because they thought I will find it too stressful. Luckily they didn't tell me, but kind of just supported me in my decisions.

One of the things people want to think about is the procedure for applying to become a health care professional, especially if you have dyslexia. Really at that time, because it was not recognised, it didn't even come up in the interview; I don't know if the school wrote anything in their reports about me so it wasn't a question of disclosure or non disclosure it was not really anything. It wasn't something anybody really talked about and to be honest even though I had been given a diagnosis I tended just to shrug it off and not take any notice about that.

In my school before that, I had quite a tricky time. The typical problems of been told off for failing a spelling test, getting nought out of twenty or one out of twenty even though I tried to learn them and really struggling with copying things off the board. So, I was perceived as sort of being slow, and so it was the whole thing of when you are looking at the board and you are trying to write it down you just can't do it and the more stressed you get, the harder it will get and I will often have to stay behind and do that. I was told off for being lazy and being careless. I remember having to go to the head teacher's once because I had been a bit naughty but she also had my rough book. There was a group of us that had been naughty but I was made to stay behind afterwards and really blasted for having such appalling writing and told it was disgusting and she went on and on about it. That was often the implications of having dyslexia.

When I got to college in some ways things became harder, though school didn't give me much in the way of strategies to learn, I just kind of worked those out for myself; at college I found things harder because it was people talking and trying to write it down, which I found incredibly hard and trying to look at the board and write it down. When I was at school, especially in sixth form I had one or two friends whom I knew incredibly well, they would always give me their notes after every lesson and I would have to spend the extra time with their notes and putting them in a way I could learn. I couldn't really use anything I had written down in the class as it never made sense; I could not even read my own writing basically. At college, it was new people who were actually quite competitive and there was not really a sense of being aware of those issues. Even the girls that I lived with were not prepared to let me use their notes because they thought I was just copying and using them, so that was really quite hard. It didn't occur to me to go and talk it over with anybody. I also find it hard just rote learning muscles, which is what the anatomy was like in the first year because the way I like to learn is really understanding. So, if I can understand a concept and see it through that is fine; if I am actually trying to look at a word and memorise it, that is hopeless. I have issues with remembering names and visual perception is really hard so. I might be told someone's

name and try to remember it even though I have been told several times or write it down really clearly. That kind of learning for me was really hard. In exams at the end of the year, what we called Part 1s there was no indication that I would be given extra time, so I kind of just went along with it.

In the second year, in the clinical field, things could have gone to a bit of a head. I obviously got quite stressed, but was OK until I had a problem with one of my placements which was kind of linked to the difficulties I had with dyslexia. On the next placement it was outpatients and I found that really, really hard and so I decided that perhaps this wasn't the job for me, but there were other reasons as well. At that point there was a bit of help, I think people realised I must be struggling, but whereas they let me have like a week to think (and at the end of the week I thought "no I really wanted to do physio"). Nothing was put in place to help or support me and I think that was just because that wasn't just what happened in those days and there wasn't the technology. So I just plodded on and I got through my training and then for my finals there was no assistance for my exams, no extra time as I had in O levels and A levels; that wasn't seen to be appropriate. I think I may have discussed it with my tutor and they just said you have to cope in the real world basically. I passed and had my first job.

Moving into work was very easy in those days, I had several job offers and because I was getting married I moved to the job that was most convenient to where we planned to live. To be honest having managed to get to O Levels, A Levels and all my training, which as a physio was very hard, because you had to do all the academic work as well as working and lots of travelling, I think if you can get through that amount and then going into the working world you are kind of there-really. In those days there wasn't the technology or anything so you are just expected to work and so you just take it in yourself. You know you are going to take longer doing everything, you know there are certain things that are going to stress you so you try and work out certain strategies that will help.

I will always stay late, writing things up, you know; so, writing in rough and then writing [notes] up later, especially in outpatients. I think that is probably the main strategy. I also probably took stuff home quite a lot. So I just sort of muddled through and put the whole dyslexia thing behind me and did my rotations in those days and then got my job in paediatrics. That was actually a real relief because you are not working in the acute systems and you are spending much more time with parents and families; there is much more of an emphasis on having empathy and those kinds of skills can come through then. In those days you were not expected to be rushed, you were expected to give people time and if they needed a cup of tea you took the time, and that was acceptable in those days, but not now. So rather than having to see several people in outpatients, say, every ten minutes and having people go, and rushing from one cubicle to another you just had to pace yourself to relate to children and family. So that was better.

I worked for a while at the Children's Hospital in Birmingham which was very research oriented and very much a calm atmosphere and taking time and so there weren't any issues there and then I had like several types of little jobs due to personal circumstances. The next long job I had was working in a residential school and really dyslexia was not really an issue there because you could pace yourself. But it was there that I began to actually face up to the fact that I might have a problem, because I think you don't want to be different to everybody else and you don't want to

make a song and dance for everything, you just think this is me, this is who I am. One of two things came to a head that weren't anything to do with dyslexia and the Head of that School was an English teacher and I had gone to see her and chat things over and she said "you know you do remarkably well for someone that has dyslexia". I almost burst into tears then because (a) I thought how did you know? and (b) if I had not actually told somebody then I must really have a problem. That was one of those moments that you remember and I thought "that is really useful to know". Whereas before that even though I have had help in O levels and A levels, nobody apart from the educational psychologist had ever really acknowledged that I had a problem. That was useful; it didn't mean that my working practice changed. This was before the days of PCs so you would write your reports in hand and then the secretary will write them up. They were lovely, they got to know my handwriting and all my little abbreviations and things and that was fine.

I just trundled along with things and I got a similar job when we moved in a residential school when we moved and things just ticked along OK. I was very much aware that I would take longer than other people. I got to grips a lot more with IT in that job; the previous school hadn't had computers. This school did. I found that once I was shown what to do I picked things up quite easily but I think the thing I find hard and still find incredibly hard is speed of typing. I find it difficult having thoughts and then having to type. It was fine. I was able to pace myself. Unfortunately, that school was closed and I have just been recently redeployed into the community, which is lovely in many ways; but I think I have felt the most dyslexic in my life with the pace and pressure of working in a different environment. This made things come to a head a wee bit or more than a week back and I had to go and see Occupational Health and they advised that I need to talk to Access to Work about it. That is where I am now.

I would say if it is something you want to do, just go for it and there is so much more support now, so I advise that if I can manage it then you can manage it. When I came to the established trainers' day for the students, there was a workshop on dyslexia and I think the lady that was leading said can you get into small groups and discuss the positive things about having a student that has dyslexia with you and everybody's reaction in my group was just really negative. They just said they can't think of anything positive and that really upset me and so I just thought of all the things that are positive that people with dyslexia have. When you have had something like that and have had to work through it you know:

- People with dyslexia will have great perseverance
- They will have much more empathy because they have had to cope with something that is hard. They will be absolutely good at problem solving and they would really be good at thinking outside the box
- They would be much better at seeing the whole picture of things
- They would be used to developing other ways of doing things because a person who hasn't got that problem may not have had to do this.

I would say that if you have dyslexia you have the potential of developing all those gifts and in spite of, well not in spite of but because of, your difficulties, you have got lots of other positive things to offer, so I would encourage you to go for it.

### **Case study VII Student Journey: physiotherapy student with rheumatoid arthritis**

Hi, my name is Emma; I'm a third year physiotherapy student from Coventry University. I was diagnosed with rheumatoid arthritis as a child, predominately affecting both knees. As I was diagnosed as a child I have had the opportunity to develop effective coping strategies to manage my condition and now I'm 28 years old I don't feel my arthritis really affects my daily life. As you can tell by my age and that I'm only a third year student, I didn't jump straight from school to college to university. I worked for several years in IT before deciding to go to college and eventually university to study sports therapy. It was during this degree I realised physiotherapy was the profession for me. I had guidance from my tutor at university about the physiotherapy course, however, I didn't feel the need to seek guidance about how I'd cope with having RA and becoming a physiotherapist. I didn't feel my condition would be an issue – possibly due to the fact I hadn't had any severe flare ups for a couple of years – like I say I was able to self-manage quite effectively.

The admissions process was simple enough, through UCAS like all other prospective students. I was worried about declaring I had a disability on my application form as I didn't feel my RA was disabling to me. I was also worried I wouldn't be offered a place on the course, so I pondered as to whether to declare it or not. I decided to be honest and tell the university about my condition. I was offered a place despite being considered disabled so in the end I was glad I was honest as I could really be myself.

In the first week of starting the course I had to have an Occupational Health review to highlight areas I may struggle with. I also visit the tutor for disabled students a couple of times per year to check everything's ok and that I'm still managing without any issues. The university have been incredibly supportive at offering advice and they have a wide range of services for disabled students. The lecturers on my course have also been very supportive at providing alternate physiotherapy treatment techniques to avoid placing my joints in painful positions. On my clinical placements my educators are aware of my RA, as I agreed for a letter to be sent from university prior to me starting the placement. All placements have made it clear that my RA isn't a problem and have allowed me to work comfortably throughout. I've not experienced any major issues, although having a physical disability makes you much more aware of your posture when treating patients!

I don't have any concerns about finding employment as a disabled person as throughout clinical placements I have found alternate ways of coping which I will emphasise when applying for jobs and at interviews. I've come to understand, however, that some areas of physiotherapy may be physically too much for me to cope with when I'm qualified; however, other doors remain fully open to me like all other physiotherapists without a disability. I would encourage people with disabilities to apply for courses in health and social care – I'm beginning to realise how much of a rewarding career I will be getting by working as a healthcare professional. I don't think having a disability and working with people with similar problems is a bad thing – quite the opposite in fact. You're able to empathise with patients and treat them holistically as you can draw on your own personal experiences.

I hope I've been able to reassure those of you who are worried their disability will be an issue when applying for and training in their chosen profession. My experience is only a positive one – so I would encourage you to go for it!  
Thank-you for listening.

## **Case Study VIII Student Journey: social work student with trigeminal neuralgia and atypical facial pain**

### **Introduction**

My name is Mr. C and I am a full time student at Coventry University in my final year. I am studying BA Social Work and I am on my final placement this year and will graduate in 2014.

### **Condition/Disability and University Experience**

I was diagnosed with Trigeminal Neuralgia and Atypical Facial Pain at the end of November 2013 after suffering with the symptoms of this from the beginning of October 2013. I wasn't sure whether I would continue on the final year, as my disability is very bad and I was not sure whether I would be able to continue. I spoke to my Course Director to discuss what my options would be. My Course Director really helped me and we went to see the placement coordinator as I was going to be going on a 100 day placement starting September 2013. After talking to both I felt that I had some options and things that I could put into place [to help].

I was able to speak to the Disabilities Support Team at the university who showed me how much support and help I could get from the University and also from the DSA (Disabled Students Allowance). I was also able to access counselling from the university to help me to deal with what will possibly be a lifelong disability as there is no easy cure for this. My experience with the university since I have had this disability has been very, very good. I have been extremely impressed with the way that the Course Director and Placement Coordinator have handled my disability and how they ask me each time they see me. They like to find out how things are going with me and the placement and what is happening with my disability and how I am managing it with doing the placement.

Being on placement has been hard at times as I don't want my disability to stop me from being there and accomplishing what I need to as I know that I'm capable of finishing this degree and doing really well on placement. At the placement, I have found them all to be supportive and very understanding and if I need to go home and work from home then they have been happy for me to do that. I think that sometimes though, they all forget that I have a disability or an illness as 80% of the time, it is controlled. I don't see this as a problem as I don't want people to focus on me being in pain all the time, but instead, look at what I can do and focus on that all the time. However, my placement has been fantastic as well and they have figured out some of the signs for when I am in pain.

I am looking forward to qualifying but am very nervous about being employed, as I would have to tell the employer eventually about my disability and that scares me as hardly anyone knows about it and if they do know anything, then they are usually only slightly informed and I'm not sure what

the reaction would be. However, when I qualify with this degree then that makes me a fully qualified social worker who is competent to practice as such, here should not be any judgements based on my competence and whether I can function as a social worker with a disability. I will be someone who has a disability who is able to work. I think that anyone who has a disability should definitely consider a career in health/social care. I think that as a career the jobs that you might go into within those fields, mean that you are there to help people and any type of disability that you might have should not be seen as a hindrance and/or a bad thing, but that actually your experience is valuable and might help with different situations.