This section introduces the general information you may need to work with or advise disabled people. It introduces the general principles of working with disabled people as well as some information on the implications of specific impairments.

By the end of this section you will:
- Have an idea of what terminology is preferable
- Understand the social and medical models of disability
- Know the general principles of working with disabled people
- Understand the implications of different impairments and conditions
- Have built up a bank of local and national contacts
SECTION ONE
WORKING WITH DISABLED PEOPLE

Contents

1.1 Some facts about disability ........................................... 7
1.2 The guidance process ................................................ 8
1.3 Terminology and models of disability ............................ 10
1.4 General principles for working with disabled people ........... 13
1.5 Specific categories of impairment ................................. 15
  1.5.1 Learning difficulties ........................................... 15
  1.5.2 Specific learning difficulty (including dyslexia) ........... 16
  1.5.3 Autistic spectrum disorder .................................. 17
  1.5.4 Attention deficit disorder .................................... 18
  1.5.5 Blind and visual impairments ............................... 19
  1.5.6 Deaf and hard of hearing ..................................... 20
  1.5.7 Physical disabilities .......................................... 21
  1.5.8 Speech difficulties ........................................... 22
  1.5.9 Medical conditions ........................................... 23
  1.5.10 Mental health difficulties ................................... 25
1.1 Some facts about disability

There are an estimated 10 million disabled adults in Great Britain covered by the Disability Discrimination Act (DDA) – this equates to over one in five of the adult population (Department for Work and Pensions 2004).

Disability rates increase with age. 9% of adults aged 16-24 are disabled. This increases to 44% from age 50 up to retirement (Labour Force Survey, Winter 2006).

Barriers to education mean that disabled people are more than twice as likely as non-disabled people to have no formal academic or vocational qualifications (Labour Force Survey, Winter 2006).

Disabled people are only half as likely as the general population to be qualified to degree level (Labour Force Survey, Winter 2006).

Disabled people are around five times as likely as non-disabled people to be out of work and claiming benefits (Labour Force Survey, Winter 2006).

Disabled people in employment are more likely to work in manual and lower occupations and their average earnings (£9.88 per hour) are about 10% less than that of non-disabled employees (£10.65 per hour) (Labour Force Survey, Winter 2006).

Disabled graduates are no more likely to be unemployed than their non-disabled peers (AGCAS, 2007).

Disabled people and people with long-term illnesses are less likely to use information, advice and guidance services (Guidance Council, 2004).

There are many reasons why disabled adults may need additional career guidance. Some will be less likely to have appropriate qualifications, perhaps due to discrimination at school or inaccessible provision, and some will have become disabled later in life and need to retrain. Whereas some disabled people are unable to work because of their condition, there are many who want to go into, or return to work but face additional barriers in doing so. With appropriate information and advice, good opportunities for studying and training, coupled with education providers and employers who are positive about disability, it should be possible to help more disabled people to train and enter employment.
1.2 The guidance process

Career guidance for disabled adults
You may be working with adults who have been disabled all their lives or who have become disabled. Some disabled adults may need to retrain, and undertake further specialist training and/or study. This applies not only to particular career areas but also to working practices, for example, computer training, personal development and management training.

It may be a shock for clients to find that it takes several months, even years, to acquire relevant professional qualifications. There may be some personal or financial sacrifices, at least in the short term.

On the plus side, the shift towards a lifelong learning culture means there are more second chances in the education system than ever before and there are many channels through which learning opportunities for adults are offered.

The following publications are useful for adults who wish to do more exploration and personal reading on the subject of career change.

- *What Color Is Your Parachute?*
  Richard Nelson Bolles, Ten Speed Press

- *Build Your Own Rainbow*
  Barrie Hopson & Mike Scally, Lifeskills International

Careers information
As with any other people, a disabled person requires knowledge of the available opportunities in order to make an informed decision about their career. They will need information on the nature of jobs, the type of work, pay and prospects, as well as education and training requirements. They may also need to think about how their disability might affect their career choice.

There are some professions that have their own fitness to practise regulations, which relate to the physical demands of the job or health and safety requirements. However, never assume that disabled people cannot enter a specific career.
### Activity: career choice

Look at the following careers and think about what assumptions people make about disabled people’s opportunities in those careers. Then think objectively about what areas of the job people could do, what barriers might exist and what reasonable adjustments would enable them to fulfil the role.

<table>
<thead>
<tr>
<th>Job</th>
<th>Disability</th>
<th>Barriers</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Wheelchair user</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office manager</td>
<td>Visual impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td>Dyslexia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Skill produces a series of career guides for disabled people considering entering the following professions:
- Into Architecture
- Into Art
- Into Law
- Into Medicine
- Into Nursing and Midwifery
- Into Science and Engineering
- Into Teaching

### Action: reading

A number of Skill’s careers publications have been distributed to nextstep services. Take time to read the following publications to understand the opportunities for disabled people in the relevant professions:
- Into Teaching
- Into Medicine
- Into Nursing and Midwifery

There are also similar guides about volunteering and work experience which have been distributed, which you may find useful.
1.3 Terminology and models of disability

When considering disability issues it is important to recognise that there are two models of disability – the medical model and the social model. In understanding the difference, it is useful to distinguish between impairment or condition (medical model) and disability (social model).

The medical model refers to the medical diagnosis of a person’s impairment or condition and determines what people can and cannot do (e.g., sight loss, hearing loss, epilepsy). It also details what the person will need in their lives in order to function adequately with this particular condition. The problem therefore is seen as being with the individual themselves.

The social model focuses on the societal and environmental barriers, constructed by society as a whole, which prevent disabled people from taking an equal part. This means that people with impairments are disabled by the environment and society.

The following pairs of statements illustrate the difference between the two models:

**Medical:** I have spina bifida and use a wheelchair, so I can’t access that office.

**Social:** That office has no wheelchair access so I can’t work there.

**Medical:** I am deaf, so I can’t take notes from the overhead projector and watch the sign language interpreter at the same time.

**Social:** The tutor hasn’t given me photocopies of the OHP notes, so I have to choose between taking notes from the overhead or watching the interpreter.

**Activity: models of disability**

Think about your own perceptions of disabled people and think about how this fits in with the social model.

Do you see disabled people as not being able to do things because of their impairment? (For example, a wheelchair user who cannot climb a step to enter a building.)

Think about how you can change the way you understand disability by seeing how the step creates the barrier for that wheelchair user – removing the step removes the barrier to that person entering the building.
Suggested terminology
While it is important not to get too bogged down in what the ‘correct’ words and phrases are, it is useful to understand why some terms are preferable. The terms and phrases mentioned on the following page are not hard and fast rules and, indeed, preferences vary between individuals. In general, terminology and phraseology should not marginalise or patronise the people it is describing. Instead it should provide positive images.

<table>
<thead>
<tr>
<th>Use</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>People/students with… (eg diabetes)</td>
<td>Never use the adjective, eg the disabled, a diabetic</td>
</tr>
<tr>
<td></td>
<td>Never people suffering from/afflicted with, etc (as this implies a victim role)</td>
</tr>
<tr>
<td>Students with learning difficulties and/or disabilities</td>
<td>Never SLDD</td>
</tr>
<tr>
<td></td>
<td>Never handicap, cripple(d), invalid (again as these imply victim roles and/or portray very negative images)</td>
</tr>
<tr>
<td>Disabled person or Person with a disability</td>
<td>This is an example of where terminology can differ</td>
</tr>
<tr>
<td>Person with a learning difficulty (in any education or training environment) or with a learning disability (in health or social services context)</td>
<td>Never SEN, ESN, mentally handicapped, person with a mental age of…</td>
</tr>
<tr>
<td>Wheelchair user</td>
<td>Never wheelchair bound</td>
</tr>
<tr>
<td>Person who is blind or partially sighted</td>
<td>Avoid visually handicapped person</td>
</tr>
<tr>
<td>Deaf or hard of hearing person</td>
<td>Never deaf and dumb or deaf mute</td>
</tr>
<tr>
<td>Person with mental health difficulties Or mental health needs Or a mental health service user</td>
<td>Avoid mental, lunatic, psycho, mental patient, schizophrenic etc</td>
</tr>
</tbody>
</table>
# SECTION ONE
WORKING WITH DISABLED PEOPLE

<table>
<thead>
<tr>
<th>Use</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child with special educational needs only in a school context</td>
<td>Avoid SEN pupil</td>
</tr>
<tr>
<td>Hearing aid</td>
<td>Avoid deaf aid</td>
</tr>
<tr>
<td>Accessible toilet/facilities (for wheelchair users or people with impaired mobility)</td>
<td>Never disabled toilets (unless they are not working!)</td>
</tr>
<tr>
<td>Personal assistants/enablers</td>
<td>Avoid carers</td>
</tr>
</tbody>
</table>

## Disabled people or people with disabilities

The two terms are often used interchangeably; some people prefer disabled people as they see themselves as people with impairments or conditions who are disabled by barriers in society. Others prefer people with disabilities as it puts the person first.

Some people, for example those who are Deaf and use British Sign Language or people with medical conditions, may not see themselves as disabled at all.

## Disability or impairment/condition

Again, the two terms are often used interchangeably although the social model implies the correct usage would be impairment or condition.

## Handicapped

Handicapped used to be a common term to describe disabled people, but it should now be avoided as it stresses the negative and some people think it comes from the phrase ‘cap in hand’, referring to begging on the streets.

## The disabled

Avoid collective nouns, for example, ‘the disabled’ or ‘the blind’, as disabled people are not part of one homogenous group. In addition, referring to someone by their disability, such as ‘an epileptic’ can be dehumanising.

## SEN

The term special educational needs, or SEN, is commonly used in schools. In post-school provision, this terminology should be avoided because of its school association and because disabled people’s needs are not special; they just have different or additional needs to others. In addition, not all disabled people in school will have special educational needs. For example a wheelchair user may well not have difficulty in learning, as long as they can access the relevant classrooms.
SECTION ONE
WORKING WITH DISABLED PEOPLE

Action: policies on language and terminology

- Has your employer any policy on language and terminology?
- If yes, how far does it meet the guidelines suggested?
- If there is no policy, what can you do to promote a policy?

1.4 General principles for working with disabled people

The most useful information about the effects of an impairment will come from asking people about their needs and experiences. This approach focuses on the individual rather than grouping people into categories. The following background information on the implications of various impairments for education and employment is designed to give you confidence in understanding how the environment can be altered and strategies you can then explore further with disabled people.

It is not the condition that is important, but the effect that has on the person and his or her work or learning. More precisely, the environment and structure of the organisation may enable or restrict people with particular impairments: a deaf student who lip-reads is at no disadvantage in a well-lit room where the lecturer faces the front. If the lighting is poor, however, this student then becomes disabled.

Good practice for disabled people is often good practice for everyone. The following principles outline good practice for everyone, including disabled people.

- **Treat people as individuals, not conditions, with their own mixture of abilities and disabilities**
- **Use clear, unambiguous language and avoid jargon. Make sure that any technical jargon is explained properly**
- **Do not make assumptions about a person’s level of knowledge and understanding**
- **Do not assume or guess what the implications of an impairment are; ask and find out**
- **Make it explicit that it is OK to ask for help. People may resist asking for help in case they look as though they are struggling**
- **The development of technology has made a big difference for many disabled people, for example screen readers, Braille note takers, screen magnifiers and adapted computers, or textphones and hearing loops. Recognise the importance of this technology and encourage people to use computers and relevant learning packages**
• Remember that it is society that disables somebody, not his or her impairment. The implications of an impairment are the effects it is allowed to have in the current circumstances

• Be sure you feel comfortable talking to the person about his or her particular needs. It is often staff attitude (including embarrassment) rather than someone’s disability that prevents issues being discussed and creates or maintains barriers

• Ensure a good physical environment – accessibility, good lighting, eliminate background noise etc

• Ask the person what support they feel that they need. Many people will benefit from having a note-taker

If you aim to meet everyone’s needs rather than to single some out as being ‘special’, then you will be well prepared to work with anyone in your area. As with any person, focus on people’s abilities, not their disabilities. Don’t make assumptions about what a disabled person can and can’t do, but do explain the career and job opportunities clearly so that they can make a decision about whether it is the right choice for them.

Action: disability policies

There is variation between nextstep services in terms of organisation and policies, which affects how they work with disabled people. It will be useful for you to find out the answers to the following questions and, where relevant, to spend some time with the specialist disabilities adviser in your service.

Consider the following:

• What is your equal opportunities policy?
• What is in your policy statement for disabled people?
• How and under what circumstances are referrals made to a specialist disability adviser?
• Contact your specialist disability adviser, if you have one, to discuss working with people with learning difficulties and disabilities in your area.

Activity: research

Visit the TechDis website to find out more information about assistive technologies and how they support disabled people at www.techdis.ac.uk
1.5 Specific categories of impairment

Some of the most common impairments and their effects are referred to in this guide, but it is not a comprehensive list. The guide also considers what the implications are for nextstep services and what reasonable adjustments might be needed in order to meet the needs of disabled people, especially in advice/guidance interviews, and also in education or employment.

An individual may experience none of the implications detailed, or all of them, or some other implications not included. This may also depend on that person’s age or circumstances. Impairments can be stable and permanent, but may be fluctuating. Remember that treatments and medications may have implications for people too.

All the specific strategies mentioned are in addition to the general principles on pages 13-14.

Action: contacts

As you read through the information, think of contacts or organisations you know that will help you meet the needs of that person with that particular impairment or condition.

We have included names of national organisations that are useful points of contact. Their contact details are listed in Section 9.

You will need to build upon this with local contacts from your own area. There may also be some generic contacts that will be useful when working with disabled people, such as Jobcentre Plus (for Disability Employment Advisers and Access to Work).

1.5.1 Learning difficulties

Everyone learns new skills, information and ideas at different rates and in a variety of ways. Some people find it difficult to learn at the same rate as that which is expected of their age group, and are described as having learning difficulties.

The term learning difficulties covers a wide range of people and may be clearly identified, such as Down’s syndrome, or may be trickier to define, perhaps as a result of missing out on schooling. Some people are born with learning difficulties, and others may acquire difficulties, for example as a result of a brain injury. Appropriate help and support can help everyone to develop their abilities and many people with general learning difficulties develop good job-related skills.
SECTION ONE  
WORKING WITH DISABLED PEOPLE

Specific strategies for working with people with learning difficulties

- **Break information down into small ‘digestible’ chunks**
- **Provide straightforward summaries of written information, including pictures where necessary**
- **Offer an alternative format, for example, tape or an electronic version if appropriate**

Useful organisations and contacts:

**National**
- BILD
- Foundation for People with Learning Disabilities
- Mencap
- National Development Team
- People First
- Values into Action

**Local**

1.5.2 **Specific learning difficulty (including dyslexia)**

The term ‘specific learning difficulty’ is used when a person has a difficulty in one area of learning, rather than a general difficulty. Specific learning difficulties are not related to intelligence and the full range of people, from professors to those without qualifications, can have specific learning difficulties. It is thought that around 10% of the population may have some degree of specific learning difficulty, although not all will need support.

**Implications**

People with dyslexia find it difficult to process written language, creating difficulties with writing, recognising words and organising material.

People with dyspraxia can find balance, coordination and movement of objects difficult and may appear clumsy. Organising work, hand-eye coordination and concentration may be difficult.

Some people may lack confidence and many may not have had a formal diagnosis. If they are going on to further study, they may be able to arrange for a diagnostic assessment through the college or university.

Most people with writing difficulties benefit from using a computer for written work, to produce legible work and to make use of the spell check facility. There are also specialist software packages available.
Specific strategies for working with people with specific learning difficulties

- Produce material on cream or pastel coloured paper – people can find white paper difficult to read from and write on
- Encourage people to use visual representations such as mind maps as well as written material
- Allow extra time for any written tasks such as questionnaires
- Provide assistance in organising time and study skills if necessary

Action: dyslexia assessment

If you or a client suspects that they have dyslexia, do you know where they can get a diagnostic assessment? This might be at the local college, or through a dyslexia organisation such as the Dyslexia Institute.

Useful organisations and contacts

National

Adult Dyslexia Organisation
British Dyslexia Association
Dyslexia Institute
Dyspraxia Foundation
Helen Arkell Dyslexia Centre

Local


1.5.3 Autistic spectrum disorder

Autistic spectrum disorder covers a wide range of difficulties across the autistic spectrum, and includes people with Asperger’s syndrome, which is at the milder end of the spectrum. People may have difficulty with communicating, social relationships, and understanding social cues.

Implications

Because of difficulties understanding social rules, people with autistic spectrum disorder may find it hard to join in with conversation, make small talk, make eye contact or know when to stop talking. They may use language very literally and find metaphoric uses of language difficult.

People can also find it hard to transfer from one situation to another, therefore needing a consistent routine. People on the autistic spectrum may also appear to be preoccupied or obsessive about a particular area of interest.
As social interaction is key to the way that most work takes place, people with autism or Asperger’s syndrome may find education or work daunting. People may find it most helpful to have a named person who will be able to provide support in all situations.

Specific strategies for working with people with autistic spectrum disorder

- Understand that behaviour which might appear bizarre or rude, is not a deliberate attempt to offend
- Back up spoken information with written information and/or instructions
- Provide a calm environment
- People may rely heavily on a routine. Ensure that any changes to routine are discussed well in advance so that they can be prepared for change

Useful organisations and contacts

National
National Autistic Society
Asperger Syndrome Support Network

Local

1.5.4 Attention deficit disorder

Attention deficit disorder (ADD) can exist with or without hyperactivity (AD(H)D). AD(H)D can be severe in childhood, but symptoms tend to diminish in adulthood, especially when effective coping mechanisms are put in place. It can be very difficult to diagnose as many people have some level of difficulty paying attention or can be easily distracted.

Implications

People with ADD have difficulties commencing and switching tasks, have a short attention span and are easily distracted. They may appear to be ‘off task’. Those who also have hyperactivity may have impulsive behaviour, such as blurting out or interrupting, and general over-activity, such as fidgeting and moving about.

Specific strategies for working with people with AD(H)D

- Underline key words in information and instructions
- Give information both orally and in written form
- Ensure meetings are held in a calm environment, away from sources of noise, windows etc
Useful organisations and contacts

National | Local
---|---
ADHD Society | Mind

1.5.5 Blind and visual impairments

Some people will be born blind or with a visual impairment, but many more people will acquire a visual impairment later on in life. There is a huge range of visual impairment, and the majority of people will have some residual sight.

Implications

The needs of blind and visually impaired people will vary according to their sight difficulty. Many people will require large print and text that is clearly laid out. Other people may prefer information in an electronic format so that they can use screen reading software or electronic Braille machines to read the text. Don’t make the assumption that all blind people use Braille – only 3% of people registered as blind or partially sighted use Braille.

People with visual impairments usually find their way by becoming familiar with an area. Mobility training can be arranged with social services and can help people familiarise themselves with a site. Contrasting paintwork, clear signage and good lighting are important, and keep common areas and corridors free from stacked chairs, bins etc.

Specific strategies for working with people who are blind or visually impaired

- Ask about preferred formats such as audio, electronic or Braille. Do not assume people read Braille.
- If using computers, ensure they are accessible to blind or partially sighted people.
- Ensure there is good lighting.
- Offer assistance, rather than assume it is required. Guide people by offering an arm for guidance.
- Offer to tape or take notes of the meeting that can be typed up afterwards.
- In meetings or discussions, introduce yourself and others and ensure people introduce themselves before speaking.

Useful organisations and contacts

National | Local
---|---
ABAPSTAS – Association for Blind and Partially Sighted Teachers | British Retinitis Pigmentosa Society
1.5.6 **Deaf and hard of hearing**

Some people may be born deaf and others may become deaf, either gradually or suddenly as a result of illness.

**Implications**

People who are profoundly or severely deaf may use British Sign Language (BSL) and may need a BSL interpreter. BSL is a language in its own right and has its own grammar, vocabulary and sentence structure. Some deaf people may not consider themselves as disabled, but as part of a different cultural group with a different language. People who become deaf before they learn to speak (prelingually deaf) may have more difficulty in speaking clearly because they have never heard the sounds that words make.

People who are hard of hearing, or who do not use BSL, may rely on lip-reading. Many people will use note takers in addition to, or instead of, communication support. Equipment such as textphones and hearing loops may also be used.

**Specific strategies for working with deaf and hard of hearing people**

- *Face the person at all times when speaking and speak clearly. Keep your hands and other items away from your mouth as your lips and face are important lip-reading aids*

- *Do not stand in front of a window or light when talking as this will prevent the person from seeing your face*

- *Prepare notes and overheads to distribute in advance. Interpreters and communication support workers will also benefit from receiving notes and handouts in advance so that they can provide a smoother delivery of the session*

- *Be aware of time lags involved in the interpreting process especially during question sessions or discussions. Allow breaks in intensive sessions to give the interpreter a short rest – interpreting is tiring work*

- *When there is an interpreter present, address the person not the interpreter and look at the person to acknowledge that you have heard any comment made by them via the interpreter*

- *In group sessions, ensure people indicate when they are speaking*
Useful organisations and contacts
National
Breakthrough
BDA – British Deaf Association
The City Literary Institute
CACDP – Council for the Advancement of Communication with Deaf People
Hearing Concern
NDCS – National Deaf Children’s Society
RNID – Royal National Institute for Deaf People
Sense

Local

1.5.7 Physical disabilities
Only a small proportion of people with physical disabilities are wheelchair users. Physical disabilities may affect one particular part of the body or the whole body, they can be stable or fluctuating, can cause fatigue and they can be pain free or cause considerable pain.

The cause and effect of physical disabilities can vary greatly. They may be caused by an accident or neurological condition (such as cerebral palsy or multiple sclerosis) and may have effects such as difficulty in walking, sitting for long periods, fatigue, using a pen or other small equipment, or with speech.

Implications
The physical environment (eg access to buildings, toilets, lifts) forms the greatest barrier for people with mobility difficulties. For those with manual dexterity difficulties the problems are usually related to the day-to-day mechanics of studying and working.

Adapted equipment may be essential, for example, adapted pens for people who cannot write as well or as quickly as others or specially designed chairs or desks for wheelchair users or people with conditions affecting their backs.

Specific strategies for working with people with physical disabilities
• Ensure good access to the physical environment. It may be necessary to install ramps or lifts, move lift buttons to an accessible height or install accessible toilets
• Have low-level reception and welcome desks
• Make sure that there is enough room for wheelchair users, or people who use crutches or sticks, to move around comfortably
Try to ensure people feel relaxed, as new and stressful situations can increase muscular tension and decrease people’s dexterity

Consider transport arrangements such as parking spaces

Some people need help with day-to-day work. For example they may need someone to take notes, carry or open books or physically work, for example, write, on their behalf. The assistant should only be treated as the ‘arms and legs’ of the person, not the ‘brain’ as well

Those who experience excessive fatigue may need places and time to rest during the day

Useful organisations and contacts

<table>
<thead>
<tr>
<th>National</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis Care</td>
<td></td>
</tr>
<tr>
<td>ASBAH – Association for Spina Bifida and Hydrocephalus</td>
<td></td>
</tr>
<tr>
<td>British Polio Fellowship</td>
<td></td>
</tr>
<tr>
<td>Brittle Bone Society</td>
<td></td>
</tr>
<tr>
<td>CSV – Community Service Volunteers</td>
<td></td>
</tr>
<tr>
<td>Cystic Fibrosis Research Trust</td>
<td></td>
</tr>
<tr>
<td>HEADWAY National Head Injuries Association</td>
<td></td>
</tr>
<tr>
<td>Multiple Sclerosis Society</td>
<td></td>
</tr>
<tr>
<td>Muscular Dystrophy Group of Great Britain</td>
<td></td>
</tr>
<tr>
<td>Restricted Growth Association</td>
<td></td>
</tr>
<tr>
<td>RSI – Repetitive Strain Injury Association</td>
<td></td>
</tr>
<tr>
<td>Scope</td>
<td></td>
</tr>
<tr>
<td>Spinal Injuries Association</td>
<td></td>
</tr>
<tr>
<td>Stroke Association</td>
<td></td>
</tr>
</tbody>
</table>

1.5.8 Speech difficulties

There can be a range of reasons for speech difficulties. Some neurological conditions, such as cerebral palsy or multiple sclerosis can impact upon speech. People who are deaf or partially hearing when they are born may have never been able to hear words spoken to them, so speaking clearly may be difficult. Other people may not have another disability, but may find speech difficult and/or stammer.

Remember that slow or impaired speech does not reflect a person’s intelligence. Sometimes people can feel embarrassed about not understanding people’s speech,
which can mean that they avoid talking to people with speech difficulties or asking them questions.

**Implications**

It is important to give people with speech difficulties appropriate time to communicate properly. Sometimes a person with a speech difficulty will use hand-written notes or a communication board to back up their spoken communication. Some people may also have a personal assistant who knows them well and who interprets their speech.

**Specific strategies for working with people with speech difficulties**

- *Allow extra time for careers interviews or similar*
- *Be attentive, encouraging and patient*
- *Don't speak for the person or finish their sentences for them*
- *If you don't understand what someone has said, ask them to say it again. Don't pretend to understand if you do not*
- *Meetings, group and team work may be challenging and people may need to gain confidence before fully joining in*
- *Similarly, telephone calls may be difficult, so making arrangements may be better done by letter or email*

**Useful organisations and contacts**

**National**

- British Stammering Association
- SCOPE
- Stroke Association

**Local**

**1.5.9 Medical conditions**

Medical conditions are often hidden or unseen, and include epilepsy, diabetes, ME, cystic fibrosis, HIV and asthma. Conditions may be stable, variable or progressive, and often will not affect a person’s ability to work or study effectively.

The following conditions are outlined, as they are both relatively common and often misunderstood.

**Epilepsy** is a neurological condition defined as a tendency to have recurrent seizures (the term ‘seizures’ is preferable to fits). Most people use drugs to control their condition effectively.

Some people have brief seizures of five to 15 seconds known as ‘absences’. These may go unnoticed by people nearby, although it can mean that the person misses
several (random) parts of a sentence and could therefore find speech confusing because of inadvertently missing key points.

When a person experiences a major convulsive seizure, they will lose consciousness completely. Observers can help by placing a cushion under the head, preferably putting them in the recovery position until he or she regains consciousness. Never try to restrain the person, or put anything in his or her mouth. Many people with epilepsy will only experience seizures during the night and their daytime activity will be unaffected.

A small number of people with photosensitive epilepsy are sensitive to VDU screens.

**Diabetes** affects about 2% of the population and it can be well managed through diet, exercise and, often, injections, which allow the person to lead a regular active life. Some people may be prone to variations in mood and concentration. In some cases, if the condition is not stable, it can lead to other complications such as visual impairment.

On rare occasions someone with diabetes can suffer from low blood sugar level. The person becomes drowsy and confused and they should immediately eat some sugar or glucose. If they become unconscious, emergency help is needed.

**Eczema** is a skin condition which affects one in ten people at some point in their life. It can lead to dry or itching skin, which can become red and may feel hot. It can be made worse by the environment a person is in, such as by dust, certain types of food, detergent or even stress. It may have implications if someone is thinking of working in, for example, catering or a hot, dusty environment.

**Conditions affecting health and stamina** include ME (myalgic encephalomyelitis also referred to as chronic fatigue syndrome), haemophilia, sickle cell, cystic fibrosis and asthma. Stress, air quality and even the cold can affect these conditions. A computer at home may help a person on days when their condition is particularly bad. For those working in laboratories or workshops, it may be necessary to ensure adequate ventilation if they have breathing problems. A person with one of these conditions may have stable health for some of the time but stress, some incident or the condition itself, may cause health to fluctuate. In these circumstances they may need to take some time off until strength is regained.

**Implications**

The effects of many medical conditions can vary depending on age, circumstances and levels of stress. Some people with degenerative or variable conditions will have fluctuating needs and may need to alter support accordingly. It’s best to ask the
individual for more details if you are unsure about a condition and its impact on work or study.

Some people may need a place of privacy to take medication, such as injections or dialysis. Others may require a room to rest during the day. Diet may be important and people may need to eat at certain times.

For a very small minority of people, health and safety issues need to be considered for certain activities, such as laboratory work.

**Specific strategies for working with people with medical conditions**

- *Make allowances for the effects of fatigue*
- *Build in time for rest breaks if necessary*
- *The physical environment will affect some conditions. For example, dust, smoke or dampness may set off an asthma attack*

**Useful organisations and contacts**

<table>
<thead>
<tr>
<th>National</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action for ME</td>
<td></td>
</tr>
<tr>
<td>British Colostomy Association</td>
<td></td>
</tr>
<tr>
<td>British Diabetic Association</td>
<td></td>
</tr>
<tr>
<td>British Epilepsy Association</td>
<td></td>
</tr>
<tr>
<td>British Heart Foundation</td>
<td></td>
</tr>
<tr>
<td>Cancerbackup</td>
<td></td>
</tr>
<tr>
<td>Haemophilia Society</td>
<td></td>
</tr>
<tr>
<td>ia: Ileostomy and Internal Pouch</td>
<td></td>
</tr>
<tr>
<td>Support Group</td>
<td></td>
</tr>
<tr>
<td>ME Association</td>
<td></td>
</tr>
<tr>
<td>National Association for</td>
<td></td>
</tr>
<tr>
<td>Colitis/Crohn’s disease</td>
<td></td>
</tr>
<tr>
<td>NAC – National Asthma Campaign</td>
<td></td>
</tr>
<tr>
<td>NES – National Eczema Society</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Society</td>
<td></td>
</tr>
<tr>
<td>Terrence Higgins Trust</td>
<td></td>
</tr>
</tbody>
</table>

**1.5.10 Mental health difficulties**

The term ‘mental health difficulties’ covers a wide range of diagnoses. There is often no clear dividing line between people who can be described as having a mental health difficulty and those who can’t. Most people experience periods when they feel anxious
or upset, and sometimes these feelings can become more acute. About one person in four experiences mental health difficulties at some point in their lives.

Mental health difficulties include depression, schizophrenia, anxiety, panic attacks and bi-polar disorder. The most common symptoms of mental health issues are depression, stress and anxiety. Only a very small minority of people who experience mental health difficulties will exhibit anti-social behaviour or become violent.

**Implications**
There is a lot of stigma and prejudice about mental health difficulties, mainly because of the lack of understanding of what the difficulties are and how to manage them. Fundamentally, it is important to see people as individuals and not make assumptions about how someone is likely to behave.

People with mental health issues may be concerned about starting new activities because of fear they will not be able to cope. Mental health difficulties normally fluctuate, and individuals might have good and bad days or periods.

People who have been diagnosed as having mental health difficulties may be on some kind of medication. Medication can sometimes have side effects, such as difficulties with memory, concentration and fatigue, which can affect a person’s ability to participate.

**Specific strategies for working with people with mental health difficulties**
- Establish a good relationship
- Allow time for people to settle into a new situation and demonstrate their skills to the full
- Variable conditions may require some flexibility from staff
- Assessment, particularly when it is formal, as in assignments and written examinations, can be stressful and cause the person to perform below standard. Practice and reassurance, and possibly extra time in examinations and for assignments may overcome this
- Recognise your own boundaries and don’t be afraid to refer people to other sources of help when this is appropriate
- Mental health difficulties can develop at any time. Be alert to major changes in somebody’s behaviour which may be the beginnings of something more serious
Useful organisations and contacts

<table>
<thead>
<tr>
<th>National</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manic Depression Fellowship</td>
<td></td>
</tr>
<tr>
<td>Mental Health Foundation</td>
<td></td>
</tr>
<tr>
<td>MIND</td>
<td></td>
</tr>
<tr>
<td>NSF – National Schizophrenia Fellowship</td>
<td></td>
</tr>
<tr>
<td>Rethink</td>
<td></td>
</tr>
<tr>
<td>SANE</td>
<td></td>
</tr>
</tbody>
</table>