The Basics

• The Disability Discrimination Act (DDA) and the Special Educational Needs and Disability Act (SENDA)
  - The Codes of Practice

• Statistics around disability

• Definitions of disability
  - Definitions for training providers
    - Applications and auditions
    - Monitoring

• Disability etiquette and language
  - Do disabled people need ‘help’?
  - Do I need to treat disabled people differently?
  - What language is most appropriate when talking to disabled people?
  - How do I work with someone’s personal assistant?
  - People with physical impairments
  - People with hearing impairments
  - People with visual impairments
  - People with learning disabilities
  - People with mental health needs
Case Study - Anu Kumar

"In terms of training, I spent 3 years at a Deaf drama club run by the Unicorn Theatre which finished when I was 17. I then got training on the job with my first professional work (with a mainstream company). I went on to do some voluntary theatre work before participating in Graeae Theatre Company's Missing Piece intensive acting training course. I got work with a mainstream company in Scotland and they had some tutors come in from a drama school to work with us. Then I joined a tv and radio acting course at the drama school itself, via the company I was working for.

Initially, as I'd already done some professional work, I thought I might still be able to get work without having done formal training. However, I ended up doing voluntary work to get experience. Then Graeae's Missing Piece course came along and as a formal course it was a chance to fill in some of the gaps of things I might have learned at drama school and it gave me a solid backing to look for further work. So although the training was for a shorter period, I also had experience to back it up. I would not now go to drama school as I have been working as an actor for six years. I am aware I have been lucky to get as much work as I have. However, I would have liked more of two things: more spoken voice tuition and, as I can't sing, I would have very much liked some form of signed song training so I could say to a potential employer that though I can't sing I can offer an alternative.

From the spoken voice tuition that I have had, I felt that the voice tutors have not always understood what I can or can't do. One tutor did not understand that to say "speak at this pitch" (and she would voice at a higher pitch) that I have no reference point to tell me it's that much higher or lower. I could tell that it was higher or lower but not how much. I also felt that I was not being given the chance to explore whether I could do accents because tutors were unsure how to teach me because I am deaf. I also had an experience where a tutor asked my sign language interpreter, rather than me, how much I can hear!

I have also been in situations where I've had to sing on stage (within a group of actors) and been very aware that my voice is probably out of tune. That is probably my worst experience - that has happened both in a voluntary and professional performing capacity.

I am always looking to develop further as an actor. I continue to do workshops here and there when I can. And I have started to move into writing - which is also teaching me more about being an actor."
Guidance on Disability Access

The Basics

Disability Discrimination Act (DDA) and the Special Educational Needs and Disability Act (SENDA)

When the Disability Discrimination Act (DDA) was first passed, it excluded education. The Special Educational Needs and Disability Act (SENDA) 2001 amends the DDA in relation to education and sets out new duties designed to ensure that educational establishments do not discriminate against disabled people. It covers both pre-16 and post-16 education, and can be found on http://www.hmso.gov.uk/acts.

The Code of Practice for providers of Post 16 education and related services gives examples of what may be seen as lawful or unlawful. It is not possible to state exactly what every educational provider needs to do to comply with the Act, as each case is considered on its own merits and depends on a number of factors relating to the position of the provider. In this guidance publication some of these examples, drawn from the Code of Practice, have been included, edited to reflect the particular nature of the D&DA providers. The text for these is shown in a different colour from the main text so they can be easily identified.

The new duties are being introduced in three stages between 2002 and 2005:
- the first duties to make reasonable adjustments came into force from September 2002
- the provision of additional auxiliary aids and services were required by September 2003
- adjustments to the physical environment must be made by September 2005

Not all the schools involved in the Drama and Dance Awards are covered by SENDA, as ‘entirely private education providers’ are exempt. However, those not under SENDA, will be treated as businesses instead and are therefore obliged to comply with Part 3 of the DDA. This covers the same areas but with a timescale in advance of the one set by SENDA (from October 1996 - October 2004).

Under SENDA and the DDA, there are two main requirements:
- Disabled people must not be treated ‘less favourably’ than non-disabled people for reasons related to their disability without ‘justification’.
- There is a requirement to make ‘reasonable adjustments’ to ensure that disabled people are not placed at a ‘substantial disadvantage’.

If a disabled person is seen to be at a ‘substantial disadvantage’, the education provider or business is required to take reasonable steps to make appropriate ‘adjustments’ to alleviate that disadvantage. This might include:

1 using the DDA definition of disability which is ‘someone who has a physical or mental impairment, which has an effect on his or her ability to carry out normal day-to-day activities. That effect must be substantial (that is more than minor or trivial), adverse and long term (has lasted or is likely to last for longer than 12 months or for the rest of the life of the person affected).
• changing admissions, administrative and examination procedures
• changing course content, including work placements
• changing physical features and premises
• changing teaching arrangements
• providing additional teaching
• providing communication and support services
• offering information in alternative formats
• training for staff

Examples illustrating possible unlawful actions are:

• A provider requires all applicants to fill out an application form by hand. It does not allow disabled students to type or use a helper to fill in the form. This is likely to be unlawful.

• A provider requires selected applicants to attend an interview. One applicant has a speech difficulty which worsens when he is nervous. This means he needs more time to express himself. The provider refuses to allow him any extra time at interview. This is likely to be unlawful.

• A provider informs a student with epilepsy that he may not enrol on a course unless he has an assistant with him at all times in case he has a seizure. In the past the student has only had seizures during the night. The provider’s demand is likely to be unlawful.

• A provider has many applications for a popular course. In order to cut down the numbers that the admissions tutor has to look through, the administrator sets to one side all applications from disabled students. These applicants are considered only if places remain after all other applicants have been considered. This is likely to be unlawful.

• A provider learns that a student admitted himself to hospital during the holidays because of an ongoing mental health difficulty. The provider excludes the student because staff fear he may be dangerous. The provider has no evidence that the student will be dangerous; staff have simply made an assumption. This is likely to be unlawful.

Some aspects of provision, such as examinations set by external bodies, are not the responsibility of the provider. The provider is, however, responsible for requesting modification.

• A student at a school is studying for their diploma. Modifications to the delivery of the examination have to be agreed by the examination board. The school has responsibility for finding out what modifications the student may need, for requesting these of the
examination board and for making any adjustment needed to the administration of the examination in the college. The school is not responsible for deciding whether modifications are acceptable.

The duties do not just apply to enrolled students but also to disabled people enquiring about, applying to and auditioning for, courses. For those on courses, the provision covers all aspects of student life including education, recreation, leisure and catering, trips out and accommodation.

- A group of students including disabled students go on a theatre trip as part of the end-of-term celebrations at their college. The provider, who has organised the trip, has responsibilities towards the students under Part 4 of the Act to the extent that it is reasonable for them to make appropriate adjustments. The theatre, as a service provider, has responsibilities towards the students under Part 3 of the Act (goods and services).

The duties set out in the Act are anticipatory. This means that education providers have to be generally prepared to meet the needs of disabled people as well as being prepared to make reasonable adjustments to meet the needs of individuals. To do this they must be continuously anticipating the needs of disabled people and the adjustments they could make in order to meet those needs.

Schools are not expected to make adjustments, including physical access improvements, which they cannot afford. However, to prove that improvements are too costly schools are expected to know what improvements are needed and have undertaken costing exercises. They are required to show what changes they can afford to implement, and ideally to have a rolling programme of improvements planned.

The actions of all employees are covered by the DDA, including freelance staff and guests, and discriminatory behaviour by any employee will result in action being taken against the organisation as a whole. It is a defence if the provider ‘took such steps as were reasonably practicable’ to prevent such actions. This would include ensuring all staff had training around disability equality or disability awareness.

- As part of the course, professional performers are invited in to talk about their experiences. The performers are not employees of the school. It is the school’s responsibility under Part 4 of the Act to ensure disabled students on the course are not discriminated against during the sessions with the visitors.

Students with disabilities have the right to confidentiality about the nature or degree of their disability, but providers are not expected to be able to make adjustments where they have not been told of a student’s disability. Instead they are expected to provide opportunities for students to disclose their disability status, to have clear processes for ensuring the confidentiality of this information and to ensure that adjustments are made in a sensitive and discreet manner where possible.
Students studying at the D&DA schools will continue to be able to receive support from existing sources such as the Disabled Students’ Allowance (DSA). The schools will be expected to provide support that is not met by this fund ‘within reason’.

**The Codes of Practice**
Accompanying DDA Part 4 are two Codes of Practice (one for schools and one for post 16 education) produced by the Disability Rights Commission (DRC). These are available in hard copy from DRC, tel: 08457 622 633, textphone: 08457 622 644, or faxback service: 08457 622 611 or from the DRC web site: www.drc-gb.org

The Code of Practice Post 16 explains in detail the new legal duties given to colleges, universities and LEAs under the DDA Part 4. The Code itself is not an authoritative statement of the law as that is a matter for the courts. However, it can be used in evidence in legal procedures under the DDA. It is written in a comprehensive style and is particularly useful because of its wide range of case study examples which give very clear indications of what might or might not be considered discriminatory action under the new legislation.

There is also guidance available from HMSO (Her Majesty’s Stationery Office) on issues to be taken into account when considering questions related to the definition of disability by typing "definition of disability" into the search box at the web link: http://www.hmso.gov.uk/cgi-bin/empower?DB=reshmso

**Disability Rights Commission** ([www.drc-gb.org](http://www.drc-gb.org))
The DRC has a range of publications around the DDA that are useful including:
- Educating for Equality, January 2003
- Staff development – Good Practice Guide. February 2003
- A guide for disabled students and learners, February 2003
- What it means for you – A guide for disabled people, February 2003
- Learning and Teaching Good Practice Guide, March 2003

These are available on their website or by contacting the DRC helpline, tel: 08457 622 633 text phone: 08457 622 644 or by writing to FREEPOST, MID 02164, Stratford upon Avon CV37 9BR

**SKILL (the National Bureau for students with Disabilities)** ([www.skill.org.uk](http://www.skill.org.uk))
SKILL have downloadable information sheets and publications including:
- Special Educational Needs and Disability Act, Sophie Corlett 2002
- Specialist Equipment in Education: Sources of Help and Information
- The Needs of Students with Disabilities in Further and Higher Education

They have also produced a series of guides responding to the DDA Part 4/SENDA, in partnership with the Disability Rights Commission, Universities UK, Universities Scotland, Higher Education Wales and SCOPE, with support from the Scottish Higher Education Funding Council. All can be downloaded.
• Admissions and Marketing Good Practice Guide
• A Governor’s Guide
• A Senior Manager’s Guide
• Central Services and Facilities Good Practice Guide
• Examinations and Assessment Good Practice Guide
• Learning and Teaching Good Practice Guide
• Libraries and Learning Centres Good Practice Guide
• Staff Development Good Practice Guide

For further information contact the SKILL information service: Monday – Thursday, 1.30-4.30pm voice: 0800 328 5050, Textphone: 0800 068 2422, email: info@skill.org.uk. SKILL is based at 18-20 Crucifix Lane, London SE1 3JW.

**Finding out about peoples’ disability** – A good practice guide for further and Higher Education institutions (Department of Education and Skills, 2002. Ref DfES/0023/2002). Under DDA Part 4 colleges and LEAs have to be proactive in encouraging learners and potential learners to disclose their disability. This document suggests ways in which they might do this and will be useful for LEAs, adult providers and colleges who are looking at their procedures for disclosure of disability.

This is available free and can be obtained directly from the DfES (Publications Centre, PO Box 50, Sherwood Park, Annesley, Notts NG15 0DJ and Tel: 08456 022 260).

**Rights of Access** – a toolkit to help colleges meet or exceed the requirements of the Disability Discrimination Act, has been produced by the Association of Colleges. Useful sections in Rights of Access include:
• preparing for the implementation of the Act
• guidelines for the setting up and maintenance of college structures and strategies for ensuring compliance with the Act
• a checklist for some of the items the college may wish to consider in making good provision for people with disabilities

**Statistics around disability**

**Did you know… there are roughly 8.5 million disabled people in Britain?**
**One in seven of the population.**

It is difficult to gain firm statistics around the number of disabled people in Britain as until the last census, there was no questioning on disability only on limiting long term illness. The Government published the following statistics:
Disabled people can have a wide range of impairments, and again, precise data on the numbers of people with specific impairments is hard to locate. The Labour Force Survey (Autumn 1999 - Great Britain) lists the numbers of people present by the ‘types of main disability’. It acknowledges that many people present a number of different impairments and that the range within any one group can be huge.

<table>
<thead>
<tr>
<th>type of impairment</th>
<th>estimated number of people of working age in Great Britain</th>
<th>percentage of all disabled people</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical impairments</td>
<td>2,383,000</td>
<td>36%</td>
</tr>
<tr>
<td>visual impairments</td>
<td>111,000</td>
<td>2%</td>
</tr>
<tr>
<td>hearing impairments</td>
<td>137,000</td>
<td>2%</td>
</tr>
<tr>
<td>mental illness</td>
<td>518,000</td>
<td>8%</td>
</tr>
<tr>
<td>learning disabilities</td>
<td>146,000</td>
<td>2%</td>
</tr>
<tr>
<td>hidden impairments</td>
<td>2,503,000</td>
<td>38%</td>
</tr>
<tr>
<td>progressive conditions</td>
<td>244,000</td>
<td>4%</td>
</tr>
<tr>
<td>other disabilities</td>
<td>461,000</td>
<td>7%</td>
</tr>
</tbody>
</table>

estimates from Labour Force Survey (Autumn 1999 - Great Britain)
However the RNID (Royal National Institute of Deaf People) state that hearing impairments are present within 1 in 7 of the population (14%) and the RNIB (Royal National Institute for the Blind) state that visual impairment are present within 1 in 10 of the population (10%). MIND, the national campaigning organisation around mental health, state that 1 in 3 people will experience at least one period of mental distress within their lives that requires some form of medical intervention or support. If a wider definition of disability is used, including people who have impairments but not at a level that would impact on their work (and therefore be included within the Labour Force Survey), disabled people are estimated to make up between 20 – 25% of the population.

Definitions of disability

There is no single ‘approved’ definition of disability. The two most often used definitions are that used by the DDA and that used by the BCODP:

The **Disability Discrimination Act** defines a disabled person as someone who has a physical or mental impairment which has a substantial and long term effect on her/his ability to carry out normal day to day activities if it affects one or more of the following:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift or carry or otherwise move everyday objects
- speech
- hearing
- eyesight (unless correctable by spectacles)
- memory or ability to concentrate or learn or understand
- perception of the risk of danger
- perception by others

The **British Council of Disabled People** uses the Social Definition of Disability: Disability is the disadvantage of restriction of activity caused by a society which takes little or no account of people who have impairments and so excludes them from mainstream activity. This means that disability, like sexism or racism, is discrimination and social oppression.

Impairment is a characteristic, feature or attribute with an individual which is long term and may or may not be the result of diseases or injury and may:

- affect that individual’s appearance in a way that is not acceptable to society, and/or
- affect the functioning of that individual’s mind or body, either because of, or regardless of society, and/or
- cause pain, fatigue, affect communication and/or reduce consciousness.

Disabled people are those people with impairments who are disabled by society.
Neither of these use medical conditions to define disability and this is because it is not possible to do so. Conditions can vary so immensely in their impact on individuals, and equally an individual will vary in their response to any specific condition.

Rather than seeing disability as defined by medical terminology, the first definition (from the DDA) looks at the impact of medical conditions on a person’s ability to undertake day to day activities, and the second, more politicised, definition (from the BCODP) looks at the failure within society as whole to make the adjustments to enable people to play a full and active role within all aspects of society.

Definitions for training providers
It is not possible or practical to state which ‘types’ of disabled people schools are expected to accommodate. Defining disabled people by their medical conditions is not a useful way to consider disability. Instead schools need to examine why they need to know about a person’s disability.

Schools need to consider disability in two ways:
• they need to be able to consider, at application and audition, whether a disabled person’s access requirements can be met by the school and its teaching staff
• they need to monitor the numbers of disabled people present within their cohorts, their staff and their outreach projects to be able to monitor the success of their equal opportunities measures

Both the situations above demand different ways of looking at disability.

Applications and auditions
In relation to applications, schools need not to think about the nature of the impairment but the adjustments required to include that student instead (shifting from thinking ‘what’s wrong with the student’ to ‘what does the institution need to do to include that student’). For example, initially, schools might be required to accept students for whom they would have to make only a small or individual adjustment, and not to take on students where the adjustment would need to be more profound or where it would require a whole class implementation in order to be effective.

Adapted examples illustrating possible unlawful actions in relation to admissions are:

• A dyslexic student applies to do a course with a strong element of written work. The provider tells her that it does not accept dyslexic students on that course. The treatment she receives is less favourable compared to other students, and the reason for the treatment relates to her disability. The provider is likely to be acting unlawfully.
The Basics

• An institution makes an offer of a place to a student who is a wheelchair user on the condition that she finds her own living accommodation locally. No other students have this condition placed upon them. This is likely to be unlawful.

• A provider requires dyslexic applicants to a course to take a literacy test as a condition of entry. No other students are required to take the test. This is likely to be unlawful.

Some disabled people are wary about disclosing their disability status, and some do not perceive themselves as disabled. To find out about the adjustments schools may need to make, schools might choose to ask prospective students questions around access needs or possible adjustments (such as ‘is there anything we can provide for you, or do to make this process more accessible for you?’).

• A man with a medical condition that causes fatigue and subsequent loss of speech control applies to a provider. The application form does not ask whether he has a disability nor whether he would have any particular needs when attending interview. He attends an interview, during which he is very listless and his speech is very slurred because he is tired from the journey, and the selectors turn him down because of this. He mentioned at the interview that he felt tired but the panel ignored this. The admissions office made no attempts to find out whether the applicant had a disability. Because this information might reasonably have been known, the selectors’ treatment of the applicant is likely to be unlawful.

There is a need to reassure schools that they do not have to, and indeed should not, take on students whose specific impairments mean that they will gain damage undertaking any of the compulsory course elements (unless ways of altering that element to avoid the problem are agreed). This is in line with their treatment of all students who are medically assessed before they begin courses to see if they can undertake them without harm. Disabled students should not be treated differently in this regard but schools need to ensure that the reason is definitely medical and not based on unsubstantiated assumptions around that impairment. If this is stated within materials for all students, it does not need to be restated for disabled students as there is no reason to expect a higher rate of medically recommended rejection for disabled students than non-disabled ones.

In some instances, it may be justified to reject a disabled applicant for reasons other than health. These exceptions must fulfil one of the following conditions:
• it is necessary to maintain academic standards
• it is necessary to maintain other prescribed standards
• it is of a prescribed type
• it occurs in prescribed circumstances
• the reasons are both material to the circumstances of the particular case and substantial.
The provider would be responsible for showing that the action was justified and explain their reasoning. The above conditions can only be used after considering the impact of all reasonable adjustments possible for them.

Examples illustrating scenarios in relation to justifications for less favourable treatment follow. Due to the specific nature of these, they have not been adapted:

- A young man with learning difficulties applies to do a Biology degree. He does not meet the entry requirements for the course. The university talks to the college where the man had previously been studying and concludes that, even if reasonable steps were taken to eliminate any disadvantage caused by his disability, there would be no prospect of his completing the degree course successfully. Although the lack of entry requirements is related to the man’s disability, the institution is likely to be justified in rejecting his application because to accept him would be to undermine the academic standards of the course.

- A severely dyslexic student applies to take a course in Journalism. She does not have the literacy necessary to complete the course because of her dyslexia. The college rejects her, using the justification of academic standards. This is likely to be lawful. The college now introduces a policy of rejecting all dyslexic applicants to Journalism. The policy does not allow course selectors to consider different levels of dyslexia, the ability of individual applicants or the range of possible adjustments. This is likely to be unlawful.

- A student with emotional and behavioural difficulties applies for a college course. He has previously been on a link course to the college and staff know that he is extremely disruptive and makes a great deal of noise during classes which prevents other students from learning. During his previous periods in the college, tutors tried to make adjustments for him, but these were not successful. The college approaches the school, which confirms there has been no change in his behaviour. The college decides that they cannot accept him on to the course. The reasons for the failure to admit him relate to this particular student and his particular behaviour patterns. For this reason, the college is likely to be acting lawfully in rejecting the student.

- A student with autistic spectrum disorder applies for a course. The student can be disruptive, and sometimes will talk inappropriately during classes. However, her interruptions are not much more than those made by other students, and when she has an assistant with her, her behaviour improves. There is unlikely to be any material and substantial reason to justify not admitting this student.

- A blind woman applies to do a forensic science degree. Although she can undertake some parts of the course, she cannot see enough to undertake the parts of the course which involve visual analysis of materials. This is a core component of the course. The college is likely to have a substantial reason to justify not accepting this student.
The Basics

• A college gives a disabled student a poor mark for his exam. The student experiences fatigue and cannot concentrate for long periods. The college is aware of this. The reason why he has performed badly in his examination is related to his disability and so he has been treated less favourably. The college tries to justify treating the student less favourably by arguing that this is necessary for maintaining academic standards. However, the college failed to make a reasonable adjustment for the student by allowing him short rest breaks. The college cannot use the justification, because they could have made an appropriate reasonable adjustment.

As can be seen from the above examples, it is impossible to set hard and fast rules about which disabled people should and should not be accepted on to courses. It depends on the particular individual, their impairment, the course and the possible adjustments that may be able to support them.

There are also crucial issues around self-identification and confidentiality. Students themselves must self-identify as disabled people. They must not have this identification forced upon them if they choose not to define themselves in this way, even if identification will bring them additional support and enable the schools to add to their statistics. This can be particularly sensitive around mental health.

Providers must also have very clear practices around confidentiality. Unless a disabled student agrees to other staff being told, information about his or her impairment status cannot be shared. The only exception to this is when the health and safety of the student, or other students, is endangered.

• A student has decided not to tell his institution that he has dyslexia despite several opportunities to do so. The course tutor notices that his test results are poor, and asks the student whether he might like to consider having a diagnostic assessment to see whether he has dyslexia. The student tells the tutor that he was just feeling tired that day and this appears a satisfactory explanation. While chatting to another member of staff, however, the student tells her in strictest confidence that he is dyslexic and is finding it difficult to write his essays. Because she has been asked to keep the information confidential, the staff member does not pass this information on. The tutor gives a low mark for the student’s test. The institution is likely to have a material and substantial reason to justify the less favourable treatment.

Practical information on ensuring inclusion to application, audition and selection processes can be found beginning on page 36.

Monitoring

For monitoring purposes, schools need to be able to reassure all students and staff that disclosure will not be met with penalisation. Instead, disclosure can actually have three beneficial effects – equal opportunities practices can be properly monitored, staff may be eligible for access funds from the Access to Work scheme and students may be eligible for funds from the Disabled Student Allowance.
Schools should ensure that the disability status of all staff and students is monitored, ideally on an annual basis as disability status can change over time. Instead of only asking ‘are you a disabled person?’ it has been shown to be useful to also ask ‘do you have any long term health conditions?’ as some people, especially people with hidden impairments.

Disability etiquette and language

For some people, meeting disabled people can create tension. Here are some quick answers to some commonly asked questions on good manners within disability culture and an indication of the current preferred terms to describe disabled people.

Do all disabled people need help?
No. In some situations, a disabled person may ask for support or assistance if necessary. Many disabled people can be offended by people providing help when it is neither needed nor requested. The lead should be taken by the disabled person - only offer help if it seems appropriate.

Do I need to treat a disabled person differently to anyone else?
No. Disabled adults are not children and should be treated age appropriately. You may need to use an alternative method of communication with some people but that is all. Always address the disabled person directly, not their carer, personal assistant or interpreter, irrespective of who replies.

What language is most appropriate when talking to disabled people?
Language and disability can be contentious issues as different groups prefer different terms. Some terms are universally disliked:

- ‘the disabled’ – instead, use ‘disabled people’ or ‘people with disabilities’
- ‘the deaf’ – instead, use ‘deaf people,’ ‘Deaf people,’ or ‘partially hearing/partially deaf people’
- ‘the blind’ – instead, use ‘blind people,’ ‘partially sighted people,’ or ‘visually impaired people’

Medical labels are often not necessary, but it is better to say ‘someone with epilepsy’ rather than ‘an epileptic’ if you feel it is essential to mention the condition. People without disabilities should be referred to as ‘non-disabled’ rather than ‘able-bodied’.

How do I work with someone’s personal assistant?
Each disabled person who has a personal assistant (PA) works with him or her in a different way. Some prefer to introduce their PAs by name, others do not. You should ask the disabled person concerned if they want their PA to be introduced or be given a name badge. PAs need seating and refreshments etc. If they have specific tasks to fulfil such as interpretation, they may have specific requirements - lighting, different seating, a small table, a glass of water, short regular rest breaks and so on. (More detailed information on working with facilitators is on page 47).

Use ‘Personal Assistant or PA,’ ‘carer,’ ‘interpreter,’ ‘communicator,’ ‘facilitator.’ Do not use ‘helper’.
**People with physical impairments**

Watch out not only for steps - check deep pile carpets that are impossible to wheel through, heavy doors, key pads, switches and sockets situated too high - the list is endless. If you know that your building has some of these features you should try and meet someone with a mobility-related disability at your door and walk through with them, offering support where necessary. It is not necessary to bob down and squat when talking to a wheelchair user. You might find it more comfortable to sit down with them if you are going to be talking for a while. You should never lean on or place things on someone’s wheelchair or move people’s crutches or sticks for them without permission. If you are behind a high desk or counter, move to the front if you are speaking to a wheelchair user or someone of small stature.

Use terms like ‘physically disabled person’, ‘wheelchair user’, ‘mobility impaired person’.

Do not use ‘invalid’, ‘wheelchair bound’, ‘confined to a wheelchair’.

Use phrases like ‘person who has...’, ‘person with...’, and ‘person with experience of...’ rather than ‘victim of...’, ‘crippled by...’, ‘suffering from...’ and ‘afflicted with...’.

**People with hearing impairments**

Deaf people may communicate through speech, residual hearing, lip reading and sign language. To help you plan, find out which methods the person you are meeting will be using. If someone wishes to use a lip speaker, interpreter or note-taker they may bring their own or ask you to supply one - remember the interpreter is there for you too, not just for the deaf person. Ensure only one person is speaking at a time and that background noise is kept to a minimum. Clear agendas, making written notes on flip charts and recapping information during meetings can ensure that the subject matter can be followed. Shouting, over-emphasising words and using large gestures does not help - you need only to speak clearly and not too fast. If someone is lip reading they need to be sat facing away from any windows, the lights in a room should be on and those speaking should be reminded to keep their hands away from their mouths. If they have to turn away, they should stop talking and resume when they have turned back to face the person. To capture a deaf person’s attention, you may touch them gently on the shoulder or arm - or in urgent situations flash the main room lights. They may have a hearing dog with them - this is a working dog not a pet, so do not stroke it. (More detailed information on working with people with hearing impairments is on page 150).


**People with visual impairments**

If you are meeting a blind or partially sighted person, introduce yourself by name and see if they wish to know who else is in the room. If so, introduce others by name and describe where they are in the room if required. If you are leaving the meeting or the room, be sure to tell the person so they know who is and who is not present. Always ask if a person would
like guiding around a space, rather than just steering them, and ask how they prefer to be
guided. Some people prefer to hold arms, others elbows and some shoulders. Do mention
steps, handrails or furniture that might be in the way when guiding or walking with a blind
person. When directing someone to a seat, guide their arm to the back of the seat. If they
have a guide dog, do ensure that a water bowl is available and that you can direct them to
the nearest patch of grass in breaks if required. Do not stroke working dogs. (More detailed
information on working with visually impaired people is on page 156).

Use terms like ‘blind person’, ‘partially sighted person’, ‘person who has a visual impairment’.
Do not use ‘The Blind’.

**People with learning disabilities**
Many people with learning disabilities can read, write and understand all spoken
conversations, others communicate in different ways. You should find out which means of
communication best suits that individual and then use those methods. You might have to
explain things more than is usual or break down complicated information into smaller
chunks. This will allow you to give one piece of information at a time and to ensure that
they have understood it. For some people distractions can be difficult so try and meet
somewhere quiet and free from other activities. You can use written and taped information,
but use easy English where possible.

Use terms like ‘learning disability’ and ‘learning difficulty’. Do not use ‘mental handicap’.

**People with speech impairments**
Never pretend to have understood someone if you have not. Ask them to repeat the phrase
stating any words that you did catch. If you have still not caught the phrase after a few
attempts, ask the person themselves if there is an other way that you could try – spelling
out words, using their care worker as a translator, asking someone else in the room to help.
Do not try and ‘second guess’ what someone is trying to say. Wait until they have finished
speaking rather than butting in and finishing their sentences.

**People with mental health needs**
People with a history of mental ill health can experience discrimination. Most people make
a full recovery, however someone experiencing the emotional distress and confusion
associated with mental health problems may find everyday activities hard. Be patient and
non-judgemental, give the person time to make decisions. Some types of medication cause
extreme fatigue at particular times of day so ensure meetings are scheduled for
appropriate times. (More detailed information on working with people with mental health
needs is on page 163).

Use ‘person with mental health needs’ or ‘survivor’. Do not use ‘mad’, ‘mentally ill’, ‘mental’.