Guidance on Disability Access

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Case Study - Kitty Lunn

"My love affair with the dance began at eight when my grandmother took me to see the film The Red Shoes. I saw that beautiful, redheaded ballerina up on the screen, and I knew, right then, that I wanted to be a dancer when I grew up. After a great deal of hard work and nurturing…I was dancing principal roles with the New Orleans Civic Ballet by the age of fifteen. I made my professional debut in the title role in Coppelia. My work in New Orleans lead to a scholarship to the Washington Ballet where I studied and worked with both Mary Day and the great ballet master, Edward Caton. I had the great fortune to dance in numerous ballets such as Swan Lake, Giselle, Les Sylphide and The Nutcracker. Whilst in Washington, I was privileged to work with such dance legends as Martha Graham, Agnes DeMille, Jose Limon and Eric Bruhn.

Whilst preparing for my first Broadway show in 1987, I slipped on ice, fell down a flight of stairs and broke my back. Now a paraplegic, I use a wheelchair… After my accident I was sure that my dancing days were over. How could I dance when I couldn’t walk? The thought of life without dancing was extremely depressing for me. I had to find a way to keep dancing. What I learned was that the dancer inside of me didn’t know or care that I was using a wheelchair, she just wanted to keep dancing. In the fall of 1994, I founded Infinity Dance Theatre, a non-traditional dance company featuring dancers with and without disabilities. The company now performs all over the world, not only doing dance concerts, but we are totally committed to our teacher-training program. We are teaching other dance educators to bring the joy of and drama of motion and movement to a new level of inclusion by expanding the boundaries of dance and changing the world’s perception of what a dancer is. I continue to take a mainstream, professional ballet class every day and have developed a wheelchair dance technique strongly rooted in and growing out of Classical Ballet and Modern Dance. Listen to the dancer in your heart, he or she will show you the way!"

Taken from information on the website of Infinity Dance Company (www.infinitydance.com)
AtW
Access to Work (AtW) is a government scheme which reduces or removes the financial cost of employing a disabled person. Employers can claim back some or all of the costs of equipment, additional services or support, transport and training.

DDA
The Disability Discrimination Act (DDA) was passed in 1995 and provides disabled people with protection against discrimination in relation to employment, access to goods and services and education.

DET
Disability Equality Training is training which is designed to promote the acceptance of disabled people as equals. At its core is the acceptance of the social as opposed to the medical model of disability.

D&DA
The Dance and Drama Awards (D&DA) are scholarships awarded to the most talented students at audition to enable them to study at specific dance and/or drama schools. The scheme is administered by Beverley Walker at the Department for Education and Skills (DfES).

DRC
The Disability Rights Commission (DRC) was established by the Government to support the DDA. It now supports both disabled people wanting to use the DDA to make cases and also employers and service providers who want to know about best practice and legal compliance. It has an excellent website and produces a range of informative publications.

DSA
Disabled Students Allowance (DSA). Government funding to cover access costs that relate to a disabled student’s study for students on HE courses. These are not usually available to students studying with private providers but are available to D&DA students and can cover equipment, transport, use of a support worker and so on.

Disability
According to the social model of disability, people with impairments are disabled by the lack of access provided by society – lack of accessible transport, prejudiced attitudes, lack of positive role models, inaccessible information… rather than by what is medically ‘wrong’ with them. Disability is therefore a social construct.
Impairment
Impairment is used to describe the type of medical issues a disabled person has. It is used to classify people, and so a person may be referred to as a visually impaired person, or a hearing impaired person, for example.

Inclusive
A term to denote the practice of including disabled people within an activity or project. It indicates a willingness to remove disabling barriers and to work with all people, irrespective of difference.

Reasonable adjustment
The DDA requires organisations to make reasonable adjustments. These are changes to current practices, policies and procedures that may disable people with impairments; the provision of equipment or services that are needed to provide access and the removal or alteration of physical features that constitute barriers for disabled people. What is deemed ‘reasonable’ will vary from organisation to organisation depending on the capacity, history and potential of that organisation to change and the effect this may have on removing such barriers.

SENDA
Special Educational Needs and Disability Act (SENDA) was passed in 2001 and amended the DDA in relation to education. Education providers are now expected to anticipate the needs of disabled students and potential students and make reasonable adjustments to support them.

StopGap. Photo by Adam Benjamin

Touchdown. Photographer unknown
Two: Disability Action Plan checklist

Working through this checklist should enable providers to highlight areas where they may need to take action. Deciding what action to take and how to take it, will form the basis of an action plan to support the organisation in developing its practice for the future.

Basics
Does the provider have a sound knowledge of the DDA and SENDA and how it applies to their situation?

Is this knowledge shared by
• Board/trustees
• Senior management
• All staff
• Freelance staff

Does the provider have relevant resources to refer to such as the Codes of Practice produced by the DRC?

Have a proportion of staff undertaken DET?

Have staff who have not undertaken DET worked through the powerpoint DET resource?

D&DA training
Has the provider developed its selection and audition procedures to make them more accessible to disabled people?

Has the provider asked staff to develop their teaching to make their practices more accessible to disabled people?

Are staff confident about working with facilitators should the need arise?

Tick, or note action needed…
Has the provider considered potential health and safety issues in relation to disabled people studying with them?

Are relevant staff confident about supporting disabled students towards employment should the need arise?

Has the provider developed ways to make their own performances within the school more accessible for disabled audience members?

Is the provider involved in any of the DfES initiatives designed to increase access for disabled people?

**Reaching disabled people**

Does the provider run any outreach initiatives designed to reach disabled people?

Are all outreach activities, regardless of who they are to reach, designed to be inclusive to disabled people?

Has the provider improved access to their basic print materials?

Has the provider improved access to their website?

Does the provider offer any materials in alternative formats?
### Physical access
Has the provider completed the spaces and places checklist within the physical access section?

Has the school costed out their list of required access improvements and sequenced them into an achievable plan?

### Employment
Has the provider improved access to their recruitment process for all staff?

Is the provider knowledgeable about AtW?

### Support, resources and contacts
Is the provider knowledgeable about DSA?

Does the provider have any resources linked to access and the performing arts for staff to use?

Do any staff see the work of disability-specific companies?

Does the provider invite disabled performers or disability-specific companies into the school to discuss and share their practice?

Are there training funds available for interested staff to attend conferences, seminars and training programmes to develop their knowledge and skills in this area?
Three: impairment specific guidance

These sections have been developed to look in more detail at the theoretical and practical aspects of working with disabled people with the following impairments:

- Hearing impairments
- Visual impairments
- Mental health conditions

They are aimed at providers who are already working with, or about to work with a disabled student who is in one of these groups. They have been written and edited by a number of specialists in the field of disability arts.

The section on hearing impairment has been drafted by Jenny Sealey, Artistic Director of Graeae Theatre Company, and edited by Sarah Scott, a deaf arts professional.

The section on visual impairment has been drafted by Ailsa Fairley, with additional material gained from Extant Theatre Company and Touchdown Dance Company.

The section on mental health conditions has been drafted by Jo Verrent and edited by Julie McNamara, performer and Director of London Disability Arts Forum.

StopGap. Photo by Adam Benjamin
Diversity in the deaf community
Deafness covers the range of people experiencing ‘hearing loss’ (I’ve often thought this phrase implies that we were somehow negligent and left our hearing on the bus). This includes a huge range of people using a multitude of communication systems, including importantly British Sign Language (BSL) - a physical and visual language with its own grammatical structure. Hearing people who see sign language for the first time often remark how beautiful it is - how expressive, emotional and theatrical. What they forget is that it is a language that has only received formal recognition in 21st C and is a functional language which has defied all odds and been passed down through generations of deaf people.

The reasons people are deaf are often dealt with in the initial exchange between deaf people on first meeting.

"Name what?  Born deaf?  School where?"

The questions and answers unite and separate deaf people.

People who are born deaf or become deaf pre-lingually have a different experience from people who become deaf later in their childhood. Those who become deaf as a result of the aging process have a different experience again. What unites us all is being a minority in a majority hearing world; what separates us is our education and relationship to sign language, our acquired means for communication.

Historically deaf children in residential schools were forced to learn to speak and whipped if they used any form of gestural language in the classroom. This so called ‘oralism’ dictated that deaf children should learn to speak to ‘fit in’ to the hearing world. As a result the emphasis on speaking took precedence over any other learning, leaving generations of deaf people failed by the education system. Their real learning happened in the playground where they secretly signed and passed on information. There is now much better practice, teaching children bilingually in BSL and English, with more respect for Deaf Culture, although debates about education for deaf children still ensue.

Most deaf people are the only deaf person within their family and their communication needs depend very greatly on how deafness is accepted within that family. BSL is an alien language to many families, its only manifestation being distant memories of the children’s TV series ‘Vision On’ and the sign language interpreter in the corner of the screen. For others, they may be part of a family where many members are deaf and BSL is used fluently by both deaf and hearing family members.

The ‘degree of deafness’ places deaf people on a spectrum of acceptability within both the deaf and hearing worlds. Those with more hearing and a more understandable voice
usually gain more acceptance in the hearing world and less within the deaf world. The historical discrimination against first language BSL users has created an unspoken/unsigned wedge within the deaf community.

In addition to BSL, many deaf people use SSE (sign-supported English with a sign supporting the words in the English grammatical order) and many rely totally on lip-reading, so some people stay with English grammar others are more faithful to BSL’s own grammatical form.

‘One day I plan to provide total access for all deaf people for a theatre production. I’ll have a BSL interpreter, an SSE interpreter, a lip-speaker (for deaf people who lip-read), a palentypist (to type the spoken word) ...but where would the actors go?’ Jenny Sealey, Artistic Director, Graeae Theatre Company.

Access for Deaf students

Communication
In all scenarios, the first port of call is to identify which of the different means of communication is preferred by the deaf student and remember that clear communication is common sense for all ranges of hearing (loss).

If you are working with a deaf person who uses a Sign Language Interpreter (SLI) – and they are the only deaf person in the class, then the working relationship is three way between teacher, student and SLI.

When the class formation changes from, say, lecture mode to small group discussion, it is crucial that teacher, SLI and deaf person shift to where there is clear access for communication. Obviously, the dynamic shifts when you’re working in groups as everyone wants to put forward their ideas. The student has a responsibility to ensure they can see the teacher and SLI and that they can lip-read clearly. You’ll find it useful to generate a consistent ‘code of practice’ with your deaf student i.e. when you’re demonstrating something, everyone needs to watch the demonstration first and then it is repeated so that the deaf students can watch the SLI. This also gives the SLI the opportunity to understand the concepts. Rapport is naturally built through direct eye or tactile contact, gesture, modelling exercises and so on to back up the spoken word. You will want to reconsider whether the exercise with eyes closed is really necessary, and if it is, how can this be accessible for deaf students?

When you are setting up a group discussion appoint a chair in order to ensure that people speak in turn without interruptions and, of course, the chair needs to point to whoever is speaking next. If the group discussion is small and informal, develop a code of practice so that deaf students aren’t excluded as a result of overlapping conversations, people covering their mouths when speaking and bad light and so on. Let everyone know that it
is the group’s responsibility to create access, it is not good practice if the deaf student is left constantly pointing out that their needs are not being met.

Initially, allow for more time.

**Light**
Whatever is the chosen appropriate means for communication, a well-lit training/rehearsal room is crucial. Unnatural light creates a veneer/shine so people who rely on looking at the teacher, SLI or lip-speaker have to work harder to penetrate the light. Avoid standing in front of a window as the light almost bleaches out the person standing in front of it destroying lip patterns, facial expressions and signing.

If you’re presenting a production with deaf actors and integral sign language, the lighting designer needs to work closely with both actors and director to ensure deaf actors have enough light to pick up their cues and that all signing can be seen by the actors and the audience.

**Working with SLIs, lip-speakers and note takers.**
The SLI is present as a means for accessing a deaf person’s inclusion, so it is important NOT to speak to the interpreter/lip-speaker; you need to speak directly to the deaf person. The interpreter/lip-speaker will let you know if you are speaking too fast. The deaf person will let you know if they are not clear with the information. If an SLI is voicing over, your focus needs to be with the deaf person not the SLI. Allow yourself not to panic and to be patient, it takes time to get used to talking and looking at someone who is not actually looking at you, but looking at their SLI/lip-speaker.

The SLIs/lip-speakers or note takers’ role is functional so they will not join in with activities. SLIs ideally work in pairs, each doing 20-30 minutes signing before swapping over. If there is only one SLI working, then regular breaks need to be built into the session.

During lectures and rehearsals, note takers are useful for deaf students; it will help if the lecturer can be clear with the note taker about which notes are necessary. Director’s notes after performances can be taken down by stage management or another actor.

**Specific Access for Dancers**
Dance is obviously uniquely accessible for deaf audiences being a visual language. Deaf dancers rely on movement, lighting or tactile cues.

Tactile demonstrations greatly aid clarity in correcting a posture or pose. If you are correcting the position of the spine the SLI will be in front of deaf student translating the verbal correction. In time the SLI role during a dance class will become less pivotal as a student responds to and becomes familiar with demonstrative communication.
Music can generally be heard or received through vibrations but this should not be relied upon, it can help to show the beat and rhythm by conducting. Some deaf dancers might benefit from an induction loop either fitted into the studio as a permanent feature or a portable induction loop (these are less reliable and present problems around the placing of the microphone).

Loops
Some deaf people use loop systems to support their hearing aids, this can significantly enhance the appreciation of music and the spoken word. Loop systems are a permanent feature in some theatres. The front of house staff need to switch the system on and then the hearing aid wearer switches their hearing aid to a T switch which then enables it to pick up the amplification created by the loop. Other theatres have personal infrared loop systems, which work via a headphone set requiring the hearing aid wearer to remove their hearing aids.

Specific Access to Drama
All the above applies.

Improvisation
Improvisation exercises the actor’s ability to respond authentically and spontaneously, a deaf person knows that there may be misunderstandings, that they might get the wrong end of the stick, but they should be encouraged to work with the team to sustain believability. In this situation the deaf student will learn to split their focus, so that they can keep one eye on SLI and one on other actor. A code of practice needs to be agreed by the entire group, which can include where the SLI is placed – on the periphery of acting space or on the acting space near the other actors. Actors will need to remember to look at the deaf person and not the SLI. If a deaf student is relying on lip-reading everyone needs to be aware of this and ensure that they avoid covering their mouths, turning their backs on the deaf student or standing in front of light and so on.

The same principles will apply to voicing over. It will help a deaf actor (and hearing actors) if the context of the improvisation is made clear in advance, so that s/he can watch out for key content when lip-reading.

If a deaf person is relying on a palentypist, the screen needs to be placed where the actor can easily see it - a large screen is infinitely better than reading text from computer. Scanning/reading time can be built subtly into improvisation.

Voice Work
It is easy to assume that BSL users do not need to do voice work. However, strong breathing and the ability to place an emotional vocal register within the body are crucial tools in voice work and crucial to being an actor, so BSL users need to be taught the rudiments of breath work and to be able to place vocal sound within their bodies. They then need to work with someone who can bring together ‘breath’ and emotional mapping.
and work with them on translating this into ‘breathing through BSL’. Just as actors are
trained to have character voices, so BSL users need to be trained to have character BSL.
For those deaf students who may be confident in using their voice, it would aid their
development if they are given one to one tuition before being drawn in to group voice
work. This gives the student(s) time to vocally develop, using the resonance and vibration
of the tutor’s voice to guide them and to develop awareness of the sound they are making.

Working with text
At the first read through, it will help if everyone is clear about who is reading which part.
The deaf student should sit nearest to the actors they have the main relationship with (it
helps to maintain a flow if someone can support the tracking of the read through by
placing a pen by every line that is read). Then it needs to be agreed how the deaf student
wants to deliver lines - BSL with SLI voice over or appoint another actor to voice over, (the
latter might be preferable in some instances, because SLIs are not actors). It could be that
the deaf student might prefer to use their own voice. It’s worth bearing in mind that not all
deaf actors sign or want to sign their roles and not all deaf actors want the full
responsibility of BSL translation even if they are first language BSL users.

The translation process should become a wholly integrated part of the rehearsal, as the
process for translating text into BSL is also an interpretive process. It will help if there is
some BSL translation preparatory work with deaf actors/ SLI prior to the rehearsals, this can
then be continued during script work with the whole class. The actors and SLIs will need to
annotate their script into BSL, a sign advisor will be the person to guide this process.

Blocking will require the same awareness as improvisation regarding the placing of the
interpreter. If other actors are involved in ‘voicing over’ this can create a new dramatic
strand to the work. If the SLI is doing the voice over, they will need some vocal support. For
actors who rely on lip-reading, the issue of placement is vital and for all actors cuing
systems need to be put in place during rehearsals.

During this part of the rehearsal process it is essential to have the text projected onto a
screen or to use an OHP so that those who are signing can keep their hands free. This
access requirement needs to be kept quite separate from that of actors using a palentypist,
so the OHP will be script and palentypist will be the director’s instructions and so on.

It is worth considering videoing the process, this can be a useful ‘catch up’ resource for deaf
people and SLIs, being a reminder, providing time to reflect on the work whilst watching it.

Many different styles and conventions have been developed for working with deaf actors
and signing in theatre. You might initially find using a deaf theatre consultant extremely
helpful, providing an ‘outside eye’ which can see potential problems that need to be
worked through with the director.
Stage Management
The code of practice is essentially based on stage management sensibility. All design information, props list, lighting design, builders, makers, venue information needs to be organised on computer and with paper back up. The liaison role of stage management is made easier communicating via email and SMS.

Stage management duty is to state how communication networks will operate in meetings, back stage and on stage. If a deaf Stage Manager (SM) is on the book and operating the show they need to work in the rehearsal room with the director, lighting designer and actors to create a ‘book’ of visual cues. New methods of annotating scripts in BSL are being developed within deaf theatre and with deaf stage managers. Annotating a script means a SM needs to work with the sign advisor, deaf actors and technical crew to ensure the ‘book’ is accessible for everyone not just deaf people.

If a deaf person is working on lights and so on, the methods of communication can be developed by the whole technical crew and stage management learning the necessary technical jargon in sign. A tactile code is needed during blackout. Mini torches are a must to shed some light on lips to aid lip-reading.

Access to Student Life
If a deaf student is the only deaf student they will feel some isolation even if they are confident about meeting hearing people. A dimly lit student bar is a lip-reading nightmare and in social situations the etiquette of conversation allows people to talk over each other, interrupt and speak with cigarette dangling from mouth. However many times one says ‘pardon’ and however deaf aware the group, people forget that access for a deaf person should mean accessing all the conversation not just bits of it. Keeping up lip-reading in bad light is tiring on the eyes so if you see a deaf person with a fixed grin and a nodding head it means they have long lost the track and are mirroring other people’s body language as a way of still feeling part of the group. The student bar should consider creating some areas with more light that are away from the speakers! In the halls of residences it is essential that a deaf student (whatever their communication needs) has a flashing fire alarm and door bell.

If there are many deaf students within the training establishment it is useful to set up a support network to share frustrations with people who understand. Deaf-only space and time is useful however, don’t assume that deaf students will always want to hang out together, they might actually dislike each other!

The disability officer (or if there is none, then a dedicated member of staff) should be fully aware of where deaf students live and what courses they are on and be able to provide them with support networks such as counselling services, local deaf clubs, signing classes, SLI register, note takers, lip-speakers and so on.
Visual Impairments

Introduction and History
Historically the blind person within society/community is perceived as a burden and a drain upon resources. Pre the industrial revolution a socio/economic role being defined for visually impaired people as the ‘blind beggar’ within a community structure. With the industrial revolution came the establishment of the workhouse and visually impaired people were relegated with other disabled people to be defined as the passive recipients of charity and benevolence. Over time, the establishment of the Welfare State and the development of various elements of social policy led to the emergence of visually impaired people as autonomous and valued members of society and culture.
As with all disabled people, our social history has been distorted through popular art and culture. In Roman times, blind people are remembered for being stalked and eaten by lions as sport and entertainment in the arena. More recently we have portrayals of visual impairment as a metaphor for evil and stupidity – such as Blind Pugh of Treasure Island and the clumsy and incompetent 70’s cartoon character Mr Magoo.

Focusing on the present we are still awaiting the emergence of the empowered, independent visually impaired person to be represented authentically in mainstream art. The potentiality of this is great as the Disability Arts movement, over the last 20 years, has celebrated and promoted visually impaired people as successful and vibrant art practitioners and participants.

**Facts and figures**

Blind people are still required to register with social services (the requirement of all disabled people to register was removed in 1995). At 31 March 2000, there were 158,000 on the register. In addition to these blind people, a further 149,000 people were registered as partially sighted. The definitions of blind and partially sighted relate to the amount of useful vision an individual has, although these can vary as too can the access solutions they may require. The level of impact on an individual is not governed by the amount of sight lost or the amount of sight remaining, but more usually by the way others have treated them and the resulting impact on their confidence and self esteem.

It is usually inappropriate to seek an individual’s medical diagnosis. Unless staff are trained in medical terms and practices, these are not useful. It is more helpful to ask about someone’s access needs in relation to their impairment as here one can discover which of the vast number of ways support can be provided for the individual. Practices across services need to focus on individual access needs and how best to respond to those needs.

**Assumptions, myths and prejudices**

Attitudes disable people. Very often where there is a discriminatory process, an attitude has been a key component of that process. Attitudes are the basis of many stereotypes, which often convey negative and inaccurate information about the experience of visual impairment.

Unfortunately, one of the only plays featuring visual impairment Crystal Clear, written by P Young in the early 80s, promotes many of these negative stereotypes. It presents a visually impaired social worker, Thomasina, who is registered blind with no useful sight (in reality less than 10% of registered blind people have no useful vision), and has her say to her partner, also visually impaired:

"There's no future for us as a blind couple…we couldn't even go away on our own together without someone having to take us to the toilet…and what if we had children? How would we look after them. If they ran off in the park, who's going to fetch them back? You with your white cane?"
"We wouldn't even keep a home clean and no one would tell us if it was dirty, because no one tells blind people stuff like that... and what about me? Who is going to take me seriously in my job if I don’t know what clothes I’m putting on in the morning? If I’m walking about the street with blood all over my skirt, because I didn't know my period had started. I’d look like a stupid, dirty blind woman."

This portrayal invalidates visually impaired people as women, sexual beings, parents and competent professionals. In other words, not as the valid and enriching contributors to society and culture that we know we are. It now appears dated, as the general acceptance of visually impaired people within society is so much greater.

Unfortunately, stereotypes like this have the potential to inform important judgements and decisions made by sighted people. These decisions can have an impact over all areas of our lives, including: education and training; career opportunities; relationships; lifestyle choices and so on.

Access for the Visually Impaired Student
The RNIB have extensive information on working with visually impaired students, much of which can be accessed directly from its website. The following information is a summary of the main points covered, please refer to the site itself for more detailed guidance and contacts.

Prepare – consider booklists and any other information provided by course tutors and library – do these need to be taped or brailled? It is worth asking the tutors to tell you which items on a reading list are most important since they may not know that blind and partially sighted people usually need more time to read material than others. What special equipment will be needed? Can this be in place by the beginning of the course? What about technical details such as power points and secure storage?

Access to information – which formats are required (remember that some study methods may need to be trialled first)? Equipment allowing access to information ranges from the simple (felt tip pens, reading lamps), to the complex and sophisticated (electronic Braille, scanners and associated computer equipment). Which media are appropriate - print, large print, audio/aural, Braille, or a combination of these? What format will output be in? What equipment, finance and training is available? How will information be stored and referenced? How will information provided by tutors be accessed? You may need to consider different ways of taking notes, reading handouts, using OHPs or chalkboards.

Dealing with illustrative material - what is the material trying to convey to the reader? Is it easy to understand and how important is it in terms of giving information? Basically, is it really necessary? Special consideration is needed when an image is there to aid the understanding of, or to clarify the text or is an important addition to it, giving information that is not in the text. Images can be described, enhanced (by lighting), magnified (by low vision aid magnifier, CCTV - close circuit television, or computer software), enlarged (by
photocopying or redrawing), converted into a tactile image (on plastic embossing film, swell paper or by thermoform). The simplest option worth trying first is to trace the person’s fingers round the image whilst giving a verbal description.

It may be useful to ask the RNIB to carry out an assessment of the needs of blind or partially sighted students before they begin their course. This would involve:

- discussion of study methods and requirements for appropriate learning support and technology
- evaluation of existing study skills
- hands on trials of equipment
- evaluation of the effectiveness of technology to match requirements
- research to ensure the equipment is appropriate to the course and place of study
- a report including specifications, prices and suppliers of equipment.

Assistance / facilitation - it is important to understand processes of assistance/facilitation. They reflect a professional relationship between the disabled person and the facilitator. The visually impaired person is managing/supervising their personal assistant to remove the disabling barriers within the immediate work environment. Crucially the disabled person is making the choices, is in control and takes responsibility for the task in hand.

Access to teaching
One of the key concepts is to successfully match different ways of learning with different ways of teaching. This embraces a process of flexibility both organisationally and by individual members of staff. So when it comes to dance depending on access needs, trust that visually impaired dancers will establish means of communicating physical vocabulary. The over all aim is to acknowledge the unique difference of the visually impaired dancer/performer. The resulting performance being produced not despite our disability, rather because of our disability.

When you’re developing a barrier free learning environment for visually impaired students within the performance or rehearsal space, it is vital to consider lighting levels and use of colour contrast. Invite students to maximise their own strategies for engaging in blocking and staging processes. Other individuals may have mechanisms of using different types of textured floor covering to denote the dramatic space.

Can blind performers ‘perform’ naturally? Certainly, as characters who are blind/partially sighted (and in these cases, much better than sighted actors who tend to over emphasise obvious protective or detecting movements, playing ‘blind’), but what about as sighted characters? There are differences of opinion, depending on the performers personal viewpoint. For many is it not a question of ‘can we?’ but a question of ‘should we have to?’ Is that the only way to perform?
"Naturalistic functional movement in character is achievable by us but requires considerably more rehearsal time as well as the awareness and commitment of the director. Probably every visually impaired performer, certainly myself included, has had the experience of a director quickly losing patience and interest when you can't find a prop or a mark in the same time as a sighted performer. They reduce their demands and support and quickly your physicality becomes very static". Tim Gebbles

"Adopting a naturalistic way of acting on stage is not natural for the blind performer, for it leads to a half focused performance – with some of our attention constantly adrift, wondering whether we are going to find the prop or are facing in the right direction". Maria O'Shodi

"The following day, Maria and I began work on the interrogation scene. I'd completely forgotten about naturalism … I'd forgotten about the set. When Ilene started setting up Jacques bedroom. Chairs and tables were brought into the space and instantly, all the restrictions that come with working with a set came back to me. I remember thinking - here we go, back to the real world. I much preferred the unreal one". Damien O'Connor

Extant is a company created by blind performers as a research project as well as a performance group. Amongst other areas, Extant has been exploring how soundbeam technology (an invisible sonic beam that is activated by movement) can guide the performer giving an audible sonic signal when particular positions are reached, extending the body's radius further than the field of human touch. Other solutions to navigation on stage for blind performers have included designing a floor cloth covered in raised tactile but invisible marks and using strips of carpet as a floor guide.

"This [carpet] proved to be an invaluable tool for us as blind performers, enabling us to quickly establish a sense of direction on stage for all the scenes, … we were able to immediately move all at once in patterned, precise relationship to each other without incurring injury". Maria O'Shodi

They have been developing liberating physical performance styles for and by blind performers (performers who do not use any degree of sight as a primary way to negotiate space) and aiming to solve some of the practical issues raised by having more than one blind performer on stage at any one time. They have been experimenting with different styles of movement, which are derived from blind peoples’ own natural ways of negotiating the world, like tension states in physical theatre, clown work, and non-naturalistic methods that enable ease of movement across space. They have found that some techniques work particularly well, such as split imaging (physically separating actors on stage when interrupting each others journeys – like a split screen on television), using stylized movement (e.g. a slowed down swing in fight scenes), linking precise movement to an audio cue, (e.g. movement takes place on the delivery of a line by another performer), and using audio cues linked to lighting changes to create mood changes.
By exploring different theatrical styles and conventions, Extant have been able to find practical solutions and also identify other barriers in need of further exploration. Working in the clown tradition threw up an interesting issue.

"Clowns only exist in relationship to the audience and in relationship to each other, if there are two or more on stage. Clowns are constantly looking to the audience for recognition and affirmation of who they are. The blind actors responded naturally to each other because they had audio cues but the relationship to the audience was more problematic. Much of the relationship between clown and audience is based on eye contact." Elieen (sighted director working with Extant)

"I felt that this working-through, it would hold the key to how the clown could work innovatively to not only present humour … [but also how] a wider comment might be made on the relationship between blind actor and the audience – disability and society – the individual and their humanity. Lots of the workshop brought up lengthy discussions about permission and power of the blind performer, particularly with regards to being seen by, but not seeing and working off of a sighted audience." Maria O’Shodi

Like all performers, blind and visually impaired performers want and need to be challenged. Often this does not happen as others (non-blind people) are overly concerned about safety and the political correctness of pushing disabled people into approaches that they may not have tried before. But often, moving people out of their comfort zone can lead to better and more creative solutions.

"… [when working with physical theatre styles], I spent much of the rehearsal time wondering if I wasn’t fundamentally denying my physicality as a blind person and performer; I felt too inhibited on a very deep level to go for the speed of movement that was being asked for. When we ran the scene, however, I was surprised and pleased how well the whole thing seemed to work and how freely, rapidly and precisely I felt able to use the whole space". Tim Gebbles

Access to Stage Management
Barriers to learning and work practice may be removed by the use of ITC and specialist computer technology designed to access the printed word. This is often funded by the DSA. Custom built packages can be designed to incorporate Braille, magnification and speech software, which harmonise stage management practice, technology and access requirements.

Once again a variety of mobility and orientation techniques may be preferred to fulfil stage management duties. In addition individuals might choose to use systems of learning support and personal assistance to facilitate technical tasks associated with being part of a stage management team.
Alterations and reasonable adjustments may be necessary to health and safety procedures in order to fulfil the requirements of existing legislation. For example, introducing procedures that clearly demark safe zones and physical space. Likewise, altering the fire procedure to incorporate a buddy system might well satisfy the fire officer and the spirit of the DDA.

**Student Life**
An important part of independent living for visually impaired people is to be housed in accommodation located near good public transport routes and local facilities. It would be good practice for student services to cultivate partnerships with local housing associations and so on, indicating to students how and where this type of accessible accommodation might be secured.

Thought also needs to be given to a student’s social life. Consider for instance, how this might be curtailed by the mere fact social information is often posted on print notice boards. Learning support, or a student buddy system might be a useful solution.

It is also vital that visually impaired students are fully aware of the range of assistance available to them through Student Services. In addition, be aware some students might choose to access assistance through local Social Services provision. This may range from specialist mobility training to accessing independent living packages. Welfare rights workers within Student Services can be instrumental in supporting students to make such applications.

Across student life, visually impaired people need to hear that it is permissible to have needs and to ask for those needs to be met. Disabled living and learning can become very pressurised, therefore it is important to invite visually impaired people to take their time. Remember we have our own way of doing things. This endorses our unique difference in a positive empowering way. In turn this enhances a culture of inclusion, which promotes the ethos of education for all.
Mental health

History and representation
Of all the different impairment groupings, people with mental health difficulties live with the most extreme responses to their difference. The stigma around ‘madness’ is possibly the most severe. The enduring image of someone in need of psychiatric support is that of an axe-wielding murderer - thanks to sensationalism in our media and an archaic and misinformed use of ‘madness’ within literature, film and television. ‘Mad’ people have come to symbolise evil, desperation and sheer horror.

Negative public attitudes, derogatory myths and misinformation abounding around mental health difficulties have resulted in a culture of denial. Many people with mental health issues choose to hide the fact, in a way not open to people with different impairments. The concern around labels and definition is linked directly to the degree of discrimination within society. Many people feel that to come out as someone who has had a history of mental health problems would be counterproductive, due to the reactions it would bring from a wide range of sectors, especially employers and authority figures. In this way, people often deny themselves the support that could be available to them.

Because of the impact of social stigma and the experience of having been labelled within the mental health system, self-definition is extremely important. Individuals need to be able to define themselves using whatever term suits them best - or indeed using no terms at all. Many people who have experienced mental ill health do not wish to associate or link with it, some wish only to be defined as people, not in terms of their experiences. Others still will use more extreme terms to describe themselves (such as ‘nutter’ or ‘loony’) in an attempt to confuse, shock and provoke comment and debate. The terms an individual might be comfortable with are likely to change according to cultural context, political awareness or stage in life. Self definition can change over time, with that individual’s perspective on the situation and level of acceptance of themselves.

Societies’ taboos and discrimination on the grounds of mental health issues need to be challenged and confronted. The more people who are encouraged and supported to come out and claim their experiences, the more likely this is to occur. Within the D&DA schools, it is important that a culture of acceptance and understanding is developed so that people can own their experiences and gain the support that they may need in order to study at this level.
How many people are affected?
How many people are affected? Estimates vary. The Office for National Statistics or ONS\(^1\) puts the figure at 1 in 6 adults at any one time. Another major survey that is frequently quoted puts the figure at 1 in 4. The 1 in 6 figure given by the ONS represents those people defined as having ‘significant’ mental health problems, whilst the latter survey uses a wider definition of mental health problems. This also includes a breakdown of the progress that these 1 in 4 people are likely to make through the mental health system as follows\(^2\):

Around 300 people out of 1000 will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a specific mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become in-patients in psychiatric hospitals

According to MIND’s statistics too at some point in our lives 1 in 4 of the population will receive some form of medical or emotional support from an outside agency to cope with mental ill health. This may be in connection with stressful life events, such as depression linked to redundancy, personal loss, the birth of a child or it may occur due to no specific cause. Stress alone does not lead to a mental health condition, but too much stress can lead to acute anxiety conditions as well as physical ill health.

Referral to mental health services may be because an individual is self harming, having panic attacks, or an eating disorder such as anorexia or bulimia, or in relation to a number of other defined disorders such as schizophrenia, bi-polar disorder (formerly known as manic depression), obsessive-compulsion, ADHD (Attention Deficit and Hyperactivity Disorder) and dementia. For some, their experiences may be short lived and easily controlled by medication, complimentary treatments or talking therapies. For others, their experiences may be severe and enduring, resulting in specific access requirements. Whether temporary or long term, the experience can affect and shape a person’s self image.

Language
What terminology is appropriate to use around mental ill health? The only thing that seems agreed is that labelling people according to their medical condition is not useful. Terms such as ‘the anorexic’, ‘the depressive’, and ‘the schizophrenic’ are automatically linked with stereotypes and prejudice. The use and importance of language is important, if we are to avoid such discrimination. In April 1998 an article in The Independent stated:

"There is a whole host of pejorative words employed to describe mental health patients: nutters, psychos, fiends, beasts – the sort of words if they were racist or sexist wouldn’t get near a paper…..As headlines continue to be the most frequent offenders, one editor pointed out to the forum that it’s very difficult to fit in long words like “person diagnosed with schizophrenia”"
"schizophrenic" is not an approved word) ... Well, that's not good enough anymore. Can you imagine justifying the use of the word "nigger" in a headline because "African-American" is too long? No, I can't either." ¹

Terms that people use with varying degrees of confidence include:

- **Survivor** or **Mental Health System Survivor**
- **User**
- **Person who experiences mental distress**
- **Person with mental health problems** or **with a mental illness**
- **Person experiencing an alternative reality**
- **Person with mental health experiences**/with a mental health history
- **Mad**
- **Person with mental health issues**

**Survivor**

The term Survivor has a proud history in the Mental Health System Survivor Movement. It was coined at the Mental Health 2000 conference in Coventry in 1985 when mental health users took over the platform to reclaim power during a very professional-led debate. They challenged the notion of a conference of professionals leading debate about changing minds and building services when no service users were invited to comment or contribute. Mental Health System Survivors present made their views very clear and changed the course of thinking both at that conference and within the psychiatric and caring professions to this date, by stating: "We are the survivors of your system and you cannot change minds without us on board!" ⁴

'Survivor' can cover a wide range of people with mental health issues, but some people reject it, because in their definition, they "didn't survive" either the experience within the Mental Health System or their own manifestations of their condition. Others feel that the term implies that the person is through and finished with the process and no longer experiencing mental distress. Some people mentioned that the term remains attached to those people who survived the Holocaust in Europe and is often now used in connection with those who have experienced sexual or child abuse.

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¹ Glenda Cooper, 'You'd be mad to think you'll get away with it', The Independent, 6 April 1998.
Survivor tends to be used in two ways, each referring to a different experience:

- **Survivor of mental ill health/mental distress** - identified by people who feel they’ve ‘gone through’ or are ‘going through’ a process of coming to terms with mental health issues. Some people feel this is in opposition to the social model of disability.

- **Survivor of mental health system/services** - often used as a political statement of protest against some of the worst abuses of the psychiatric system. People who have had a beneficial and positive experience of the system and treatment may find this term antagonistic and less useful.

**User**

‘User’ is used by many but popular with few. It was thought that the term tends to be linked in the public consciousness with people using or abusing substances (alcohol, drugs, glue and so on). The word can imply a degree of passivity, an inability to take action, to be self-determined - it is a word that labels people as ‘receivers’ and not ‘givers’. Some people believe it makes them look weak and unable to cope.

It is often used in the context of ‘user of services’ - although other words have also begun to describe this relationship – ‘patient’, ‘recipient’, ‘beneficiary’, ‘client’, ‘consumer’, ‘customer’ - although none is universally liked. ‘Consumer’ in particular was thought to imply choice - a choice that in reality does not exist.

**Person who experiences mental distress**

This term, which is relatively new, is favoured by some as being the most honest and straightforward term, although others feel that it excluded a number of specific experiences which may be long term and enduring but not result in acute episodes of distress. Some people feel that it is a term that may alienate the general public as distress might imply a lack of control. It is the preferred term of MIND, one of the largest and most well respected UK mental health charities.

**Person who is mentally ill or person with mental health problems**

Many people actively dislike the use of ‘ill’ or ‘problem’ as they fit into the medical model not the social model of disability. These terms locate the individual as dysfunctional or problematic and make people think of individuals solely in terms of their medical condition, thus removing any sense of responsibility from society/the wider public.

**Person experiencing an alternative reality**

A term used by some individuals to convey a sense of their experiences in a non-judgemental manner, and to remove entirely the whole phrase ‘mental health’. This term has been around since the pioneering work of R D Laing, Joseph Burke and so on in the 1960s, who experimented with mind altering drugs to try and replicate the altered experiences of their clients. It is nowadays used in a more enlightened way by artists such as Aidan Shingler who have lived periods of life in alternative realities. It is not appropriate as a generic description as it does not convey the experiences of all, only of a few.
Person with mental health experiences/person with a mental health history

Everyone experiences ‘mental health’ - everyone therefore has a history related to it. Although people acknowledge that these terms were trying to provide a positive alternative to using ‘problem’ or ‘illness’, they were thought to be too unspecific to be useful long term.

Mad

‘Mad’ is slowly being reclaimed as a political term around mental ill health. The term was reclaimed by activists from CAPO (Campaign Against Psychiatric Oppression) and launched a Mad Pride movement in this country in 1999.

Person with mental health needs

One way of referring to individuals who may have specific requirements related to their mental health conditions – these might relate to the timing of events, the need for additional support, the need for information to be relayed verbally in small chunks presented with written back up and so on.
Community and culture
The social stigma surrounding the use of mental health services remains so entrenched that many people go to great lengths to avoid referral or to conceal the severity of their condition. Some people with experiences of mental ill health choose not to link into networks, due to social anxiety or fear of their condition becoming known. Often those with more severe and enduring experiences find support and understanding within self-help, campaigning or political groups around mental health generally or those linked to a specific condition. Some groups have led to the creation of specific campaigning and arts-based groups, such as Survivors Speak Out, a national campaigning organisation spawned out of the Mental Health 2000 conference in 1985, which led to the formation of Survivors Poetry, now a national arts organisation.

Some individuals in this situation choose to link into the Disability Movement, others feel that mental health issues are separate and not best served by bracketing them with other disabled people. It is true to say however that being labelled through the psychiatric system can be a disabling experience. The DDA clearly includes people with ‘recognised mental health conditions’ as being under its remit. Cases which have gone through to date stress the need for conditions to be long lasting (over 12 months) and medically recognised.

Disclosure
Disclosure is a key issue in this area. If a student discloses his or her mental health difficulties or use of mental health services to a tutor or someone else in a professional relationship with the student, it is crucial to maintain confidentiality. This is often vital to successful participation in student life. Often people are advised by medical professionals not to disclose their past mental health difficulties due to the levels of discrimination in the outside world, particularly in relation to employment.

On two occasions I lied when I applied for jobs. On both of these occasions I said that my two and a half year absence from employment was due to a term spent in prison. I was accepted for the first and short listed for the second. Whenever I have been truthful about my psychiatric past, I have never been accepted for a job.
Man aged 30, diagnosed with obsessive compulsive disorder, South East. (J Read and S Baker, 1996. Not Just Sticks and Stones, Mind.)

Approximately 13% of people with mental health difficulties are in employment compared with about 33% of all people with long-term health problems. A third of the people with mental health problems who responded to Mind’s Not Just Sticks and Stones survey said that they had been dismissed or forced to resign from jobs. 69% of people had been put off applying for jobs for fear of unfair treatment. 38% had been harassed, intimidated or teased at work because of their psychiatric history.5

Access to dance
Dance, as a culture, with its preoccupation with the ‘body beautiful,’ could almost be seen to encourage certain mental health conditions – such as eating disorders. Certainly students with such conditions are prevalent within the training schools in numbers well above the supposed national average. (According to the Mental Health Foundation, current estimates suggest that up to 1 per cent of women in the UK between the ages of 15 and 30 suffer from anorexia nervosa and between 1 and 2 per cent suffer from bulimia nervosa). Certainly the arduous training and relentless pursuit of ‘the line of the body’ within some dance schools can create a stressful culture of mentally vulnerable students.

When we move towards a culture of acceptance of the reality of the myriad of human body shapes and sizes we begin to move towards acceptance and celebration of difference. Dance is about movement, about a physical language of the body. Dance schools and training colleges have a responsibility to challenge some of the obsessive culture currently driving young women and girls to a life chained to a diet sheet. The most useful approach that can be provided is openness – the creation of an atmosphere where students are encouraged to discuss in confidence their situations and their needs.

Access to drama
In a 1995 MORI survey, only 6% of respondents picked child minder, police officer, doctor or nurse as jobs that they would be happy for someone with a history of mental illness to do. The most popular selections were road sweeper followed by actor then comedian, then farm-worker (Lifestyles, Topline Results, 20/3/95, MORI.) This may be that the viewing public has little problem with actors and comedians having and owning their mental health histories, or perhaps it has become used to performers ‘outing’ themselves on the pages of Hello magazine.

Access to stage management
Stage management is often considered extremely stressful and it is therefore assumed that anyone with a history of mental health problems would find it ‘too challenging’. This is simply not true. ‘Stress’ does not automatically equate with mental ill health, and in the instances where there is overlap, coping strategies learnt to live with mental ill health can be very usefully employed.

The Arts Council of England apprenticeship scheme had a very successful placement of a man with mental health difficulties at the Tricycle Theatre. He became invaluable to the production team and worked as a stage manager for several years.
Access to student life
Student life is exciting, but it can also be very pressured for all students. Studying is stressful, moving home (usually a prerequisite) is also stressful, and most of all, is the change of identity often associated with becoming a high level performing arts student. There may be challenges in relation to family relationships and those with previous peer groups. There will be personal challenges too – am I good enough? Do I deserve to be here?

MIND publishes a booklet on coping with the pressure of student life, aimed at students and their families which is downloadable from their website. It focuses on some of the anxieties that students are likely to encounter as they embark on their courses, and suggests ways of coping.

In particular it recommends that students gain specific support to:
• deal with practical issues (accommodation, finance and travel)
• ensure they eat adequately
• meet and network with other new students and existing ones

Students with mental health needs may require mentoring or counsellor support to discuss their anxieties with subject and workload, to help timetable work, to set clear targets and prioritise work. It is important to have realistic assessments of the consequences of a particular course of action or non-action. If a formal system is not available, it is possible to form a support group of fellow students to help each other.

Mind the Gap. Photo by Tim Smith.
SKILL identifies a number of specific needs relevant to students with mental health difficulties:

- timetable planning and help with work programme to deal with stress
- extra support and help with planning before or during exam and assessment periods
- exam officers to be aware that problems may arise during exam periods
- support from welfare and counselling staff
- a named contact to go to for support when necessary
- academic staff being clear about what they expect from you
- flexibility in attendance and punctuality, if treatments or therapies are tightly scheduled or during times when difficulties are worse than usual
- computer equipment to enable the student to study at home
- a quiet room to rest in
- contact from staff during any periods of time away from studies
- maintenance of confidentiality about your mental health difficulties
- sufficient information and awareness amongst staff who do know about your difficulties to prevent major misconceptions

All the above may be seen as reasonable adjustments under the DDA, and the additional finance required should be available through the DSA.