



INCLUSIVITY HANDBOOK

Reasonable Adjustments for Students
and Staff with Disabilities at
Bournemouth University

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1.0 Legal Context

- 1.1 It is important to understand the legal duties that BU has collectively towards supporting students with disabilities and to be aware of the strategic approach taken to manage and anticipate reasonable adjustments.
- 1.2 The term 'disabled' is an umbrella term to include: sensory, physical or medical impairment, specific learning differences, autistic spectrum conditions and mental health illnesses.
- 1.3 There is a legal requirement to support students and staff with temporary injuries, temporary incapacity and pregnancy. Temporary conditions are not usually considered as disabilities; however, it is the *impact* of the temporary condition that is considered in these circumstances.
- 1.4 The Equality Act 2010 Section 6 gives the following definition of disability:

'A person has a disability if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'
- 1.5 Schedule 1 of the Equality Act 2010 states that the effect of impairment is considered to be long-term if:
- It has lasted for at least 12 months
 - It is likely to last for 12 months
 - It is likely to last for the rest of the life of the person
- 1.6 The key issue is not the impairment but its **impact**. Impairments such as migraines, asthma and back pain can count as a disability if the adverse effect on the individual is substantial and long-term. Some conditions automatically count as disabilities for the purpose of the Equality Act 2010 from the point of first diagnosis such as cancer, HIV and multiple sclerosis (MS).
- 1.7 The Equality Act 2010 replaced the Disability Discrimination Acts (1995 and 2005) but subsumed its associated duties including disability equality, which in effect makes it permissible to 'treat a disabled person more favourably than a non-disabled person.'
- 1.8 There is a duty on BU to make reasonable adjustments for staff, students and visitors in relation to:
- A provision, criterion or practice
 - Physical features
 - Auxiliary aids

1.9 Under the Equality Act, reasonable adjustments are required where staff, students or visitors with disabilities personally experience substantial disadvantage in comparison with people who are not disabled. The measure of what is reasonable depends on:

- Not posing a threat to personal or public safety
- Whether or not the disability is evidenced
- The resources available
- The cost of an adjustment
- The practicality of any change
- The potential benefit to other staff, students and visitors

1.10 There is an anticipatory duty to provide reasonable adjustments so planning ahead and taking a strategic approach to addressing the barriers that could potentially impede students, staff or visitors with disabilities is necessary. In effect, this means putting in place systems that could be activated as appropriate. Alongside this, there is an entitlement to individual reasonable adjustments for specific requirements.

BU has a legal duty to not only anticipate disability and have systems in place to provide reasonable adjustment to prevent direct discrimination against staff, students and visitors, but also a duty to make reasonable adjustments when *aware* of any disability, the non-compliance of which manifests as unlawful discrimination.

An organisation does not have to know that a person meets the legal definition of disability; just that s/he has an impairment which is *likely* to meet the definition.

Anticipatory adjustments can support staff and students who have not disclosed their disability for whatever reason. For example, there could be an overall time increase for short practical assessments for all students, which is a more manageable solution than extra time for individual students and could be more cost effective in terms of staffing and room usage.

1.11 The Equality Act 2010 identifies a general entitlement for students and staff with disabilities to reasonable adjustments. However, it also permits the application of specific competence standards, and academic judgements of the achievement of these, that need not be altered. In effect, this means that students are not entitled to changes to their assessments when the assessments determine specific competences. For example, if the competence standard requires that a student has to confirm evidence by demonstrating a particular skill, this cannot be substituted with a written theoretical explanation.

1.12 In practice and placement situations or field activities where personal and public safety has to be assured whilst meeting the competencies of the programme, what is considered to be reasonable must be discussed by all concerned. Good practice would suggest a partnership approach for this undertaking.

1.13 Whilst there is no legal requirement to disclose a disability it is important to note that under Health and Safety legislation, any student is obliged to disclose a disability if working in

practice or on placement with children, vulnerable people, chemicals, dangerous equipment or where there are specific health and safety implications. The same applies to students who are working in BU labs or workshops where there are specific health and safety implications.

- 1.14 There are professional and personal risks that academics may face when they accept recommendations for adjustments without fuller knowledge of what these are and how they will impact on certain aspects of academia or employability. Considering that SITS reporting is generated at the beginning of a student's interaction with ALS there is often not much information to actually share beyond the minimal. It is only when relationships have developed between the student and staff that certain issues or other disabilities may come to light; but further adjustments can only be made if the student discloses what these are and they are evidenced.
- 1.15 It is crucial that a partnership approach is nurtured between ALS, Faculties and Professional Services so that risks, when known, can be communicated, minimised and managed.
- 1.16 Many staff and students are not aware that they have a disability under the Equality Act when they apply to the University either for employment or a course of study. Sometimes people have a condition that they manage and have no idea that it could be classed as a disability. Others are aware of their condition, manage it, but then it gets worse as they progress through their employment or studies, or undergo a period of prolonged stress. Many staff and students are diagnosed whilst at the University.

The current average data for student disclosure on entry to BU is 61%, the remaining 39% being diagnosed whilst on degree programmes.

- 1.17 The Equality Act endorses the development of an inclusive, accessible learning environment where a range of support mechanisms are available to all staff and students.
- 1.18 Where the University does not comply with the duty to make reasonable adjustments, it will be committing an act of unlawful discrimination.

Disability equality is not about treating everyone the same. It is about making reasonable adjustments to level the playing field so that people with disabilities have equality of opportunity to demonstrate their potential for success

2.0 Disability Impacts and Reasonable Adjustments

- 2.1 The aim of reasonable adjustments for working, learning and assessment is to enable people with disabilities to demonstrate their potential for success. This does not change the purpose of working, learning and assessment but may alter the form of delivery and facilitation.
- 2.2 The impacts of disabilities vary with each person but there are common denominators that will impact to a greater or lesser degree. For example, specific learning differences (SpLDs) such as dyslexia, dyspraxia or ADHD, have memory, processing and organisation difficulties in common. People who are chronically ill will often demonstrate memory and organisation difficulties. People with autistic spectrum conditions (AS) can demonstrate difficulties with language processing and understanding especially if it is implicit rather than explicit in meaning.
- 2.3 Recommendations to Faculties for the adjustments that could reasonably be made to accommodate a declared disability are provided via the Student Adjustment Information (SAI) on the SITS reporting system. Due to the limited space on the SAI report, there is no room for expansive, detailed information on either the specific difficulties a student will be facing or the impact of the condition. Where this is likely to become complex, ALS will set up a case conference with the relevant Faculty staff. Notwithstanding, any explanations or further information required will always be available from the ALS Student Learning Manager who generated the SAI.
- 2.4 It should be noted that those with the disability are the ones best placed to know how specific adjustments will enable them to demonstrate their abilities. As such, they should always be included in any discussions with the Faculties or line managers, and in the case of prospectives, sometimes the parents or guardians. For example: timetable/room changes, word counts, coursework deadlines, types of alternative assessment, fieldwork/placement options, and work-scheduling for staff undergoing PhD study.
- 2.5 Whilst competence standards per se are not subject to reasonable adjustments, the assessment of them is and where applicable, it may be necessary to explore with students, or staff undergoing a PhD, alternative means of demonstrating that the required standards can be met.
- 2.6 ALS recommends general adjustments based on evidence of a condition and how it impacts on learning and assessment. These adjustments represent an inclusive approach but there must also be provision for more particular adjustments depending on the complexity of the disability and its specific impact. The Equality Act endorses a discussion between staff with a disability and the relevant Manager/Head/Dean to agree what would constitute reasonable adjustment(s) that would enable the person to carry out their role effectively.

- 2.7 The ALS Team offers workshops throughout the year on awareness and understanding of various disability impacts and the effects on learning and assessment. These are promoted via HROD and will be on the staff portal. Information is also available via ALS and Faculty ESMs.

3.0 Competence Standards

3.1 What Is a Competence Standard?

The Equality Act defines a competence standard as an academic, medical, or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability.

HEI provision will impose various requirements and conditions in respect of courses. However, any such requirement or condition only amounts to a competence standard if its purpose is to demonstrate a particular level of relevant competence or ability such as a requirement that a person has a particular level of relevant knowledge of a subject.

Example: The requirements for students studying for a law degree to demonstrate a particular standard of knowledge in certain areas of law in order to obtain the degree, is a competence standard.

On the other hand, a condition that a person can, for example, do something within a certain period of time will not be a competence standard if it does not determine a particular level of competence or ability.

Example: A requirement that a person completes a test in a certain time period is not a competence standard unless the competence being tested is the ability to do something within a limited time period (such as shorthand speed tests).

3.2 Competence Standards and Assessment Process

Sometimes the process of assessing whether a competence standard has been achieved is inextricably linked to the standard itself. The passing of an assessment may be conditional upon having a practical skill or ability which must be demonstrated by completing a practical test. Therefore in some circumstances, the ability to take the test may itself amount to a competence standard.

Example: An assessment for a practical course in clinical skills cannot be done solely as a written test, because the purpose of the test is to ascertain whether someone can carry out clinical skills.

3.3 What is the Significance of this Distinction?

A provision, criterion or practice does not include the application of a competence standard; therefore the duty to make reasonable adjustments does not include a duty to make reasonable adjustments to the application of a competence standard.

Although there is no duty to make reasonable adjustments to the application of a competence standard, such a duty does apply to the *process* by which competence is assessed. Therefore, although the University has no duty to alter a competence standard, it needs to consider whether or not a reasonable adjustment could be made to some aspect of the process by which it *assesses* a competence standard.

4.0 Examples of Unreasonable Adjustments

Deciding on what is reasonable must take into consideration the benefits and best interests of both the student and the environment. An adjustment is considered very reasonable if it serves others too as this is an inclusive adjustment. (See *Legal Context 1.0*)

Below are examples from cases that ALS has been involved with:

- 4.1 Breaks at any time during practice or placement are not reasonable whereas *scheduled* breaks which help to manage fatigue are reasonable.
- 4.2 100% extra time in an exam is an over-ambitious expectation of what can be achieved – and of the stamina needed for the student to survive to the end of the exam. An alternative assessment would be better.
- 4.3 Lip Speakers/Sign language interpreters not funded by the DSA for a course where the student has many contact hours constitutes a great expense to BU. Alternative adjustments such as digital recordings that also transcribe or visual recordings (Panopto) would be more reasonable.
- 4.4 Requesting adjustments at very short notice with no time to ensure that any arrangements can be put in place is not reasonable. A reasonable timescale is more practicable. Reasonableness is determined by considering all the factors.
- 4.5 Any requests for personal care are not reasonable. There are UK agencies via Social Services that already provide this support, which should be accessed. International students are required to ensure they have the finances to provide any personal care they need before they arrive at the University.
- 4.6 There was a student with depression who requested that arrangements were made for books to be collected from the Library and left outside his bedroom door in Talbot Village. This is not reasonable on the grounds that his request was not justified or directly disability-related.
- 4.7 A nursing student requested dispensation from doing long night shifts whilst on practice which would mean she would graduate without sufficient experience or completed hours. This is not reasonable on the grounds that competency standards for nursing registration would be compromised.

- 4.8 A lecture was due to start in 5 minutes with 120 students waiting. A student approached the lecturer to report that the hearing loop was broken and requested a move to another lecture theatre. Even if the other lecture theatre had been free, it was not practical to move 120 people with 5 minutes' notice, so this was not a reasonable request. Instead the lecturer gave the student his own detailed notes and arranged to meet after the lecture to answer any questions.
- 4.9 Any adjustment that does not mirror professional practice or demonstrate competency is not reasonable eg performing a task under normal day-to-day pressure in an A&E Dept or Operating Theatre as opposed to a simulation. The simulation in this example is not reasonable.
- 4.10 Any adjustment that may cause harm is not reasonable. In the NHS particularly, the needs of the patient come first before those of a student.
- 4.11 A disabled student wanted to take a performing arts degree that had an element of acrobatic competence within it. The student wanted this aspect of the degree to be changed. This is not reasonable as it alters the nature of the degree, so a different course was suggested.
- 4.12 If a student is recently diagnosed with a SpLD and requires the use of a PC in exams *but is used to handwriting*, then offering the use of a PC would not be deemed reasonable as the student would not be disadvantaged.
- 4.13 Too many adjustments can lead to exclusive, not inclusive, practice and is unreasonable. Even though the Law makes it 'permissible to treat a disabled person more favourably than a non-disabled person', the issue is about the reasonableness of what is deemed to be more favourable in a particular context.
- 4.14 Too many adjustments preclude the opportunities to learn appropriate techniques and employability skills and are thus unreasonable because the lack of learning opportunities is of no benefit to the student.
- 4.15 A blind student required an audio warning system on health and safety grounds when working alone in a lab. This technology is expensive so a more reasonable adjustment was to never have the student work alone in a lab. He was always in the lab with a fellow student, learning support assistant or lecturer.
- 4.16 A deaf student required the services of an American Sign Language interpreter. The lack of availability locally and the high cost of a national provider rendered this an unreasonable adjustment. A more reasonable adjustment was to use a digital recorder with transcriber and a visual presentation as in 3 above.
- 4.17 A student whose dyslexia was mild argued for an alternative assessment to an exam (he wanted to submit an extra essay). Alternative assessments can be considered reasonable for students with severe dyslexia but in this case it was not deemed reasonable as the mild dyslexia did not preclude the student from learning the appropriate exam techniques. He was offered extra time and more skills sessions instead.

- 4.18 A language student requested that he be exempted from oral examinations due to anxiety around presenting. This is a requirement of the course and a competence standard therefore this request was deemed to be unreasonable. Presentation techniques were taught to him.
- 4.19 A visiting prospective student requested a particular type of toileting facility two days before an Open Day. This facility is not available at BU and was thus deemed unreasonable.
- 4.20 A student with IBS requested an alternative form of assessment. This was unreasonable on the grounds that the request was not disability-related. Students with IBS receive rest breaks and sit near a door in all exams. IBS does not warrant an alternative form of assessment as it is a stress-related condition and not recognised as a disability in itself. IBD is considered a disability as it is a chronic disease affecting the digestive tract.
- 4.21 Law students are required to demonstrate a particular standard of knowledge in certain core areas of law before they can be awarded a qualifying law degree. These modules are deemed compulsory and they demonstrate a competence standard. Exemption from one of these modules is not a reasonable adjustment as it would contravene the agreed academic judgments made at the course validation stage.
- 4.22 A first year Physiotherapy student must be able to use palpation on a human subject to identify specific anatomical features in order to progress to the second year of the degree programme. It was considered an unreasonable adjustment to replace the directly observed practical skills test with writing an essay on anatomy.
- 4.23 A student whose arthritis slowed down his writing speed significantly asked for the pace of a lecture to be reduced. However, the slower pace would result in pertinent material not being covered within the time available so the adjustment was not reasonable as it would have disadvantaged the rest of the students. An agreed better adjustment was for the student to use a digital recorder.
- 4.24 A visually impaired postgrad was asked to read from an original text in an exam situation but the text was not supplied in electronic format. The adjustment suggested was that she should ask one of the others in the group to read it out loud to her. This is an unreasonable adjustment as the student herself is disadvantaged and so also is the student reading the text, given that no extra time was allocated for this exercise. Screen reader software was acquired from the Disabled Students' Allowances.
- 4.25 A hearing impaired student asks for a BSL interpreter to be available for every lecture over the duration of the degree programme. This is an unreasonable adjustment as the student is able to use a hearing loop system. On grounds of cost, it is more reasonable to use a hearing loop system than retain a BSL interpreter on staff.
- 4.26 Varying amounts of extra time has been allocated for several individual students, according to their respective disabilities, for an in-class test. It is not reasonable to cater for each individual extra time allocation. It is more reasonable to increase the overall time for all

the students as this is a more manageable solution and more cost effective in terms of staffing and rooms.

- 4.27 A student disclosed PTSD and was subsequently supported with reasonable adjustments. As time passed it became apparent that he has dyslexia and was screened and diagnosed as such. It was unreasonable to continue with the same adjustments as they did not take into account the recent extra diagnosis so there was a review of his adjustments and extra ones were added.
- 4.28 A student in Halls required BU to arrange for his groceries to be delivered to the door of his room as he had mobility difficulties. This was an unreasonable request as the student could have arranged with the shop itself to have the deliveries made.

5.0 Table of Disability Impacts and Reasonable Adjustments

Disability Impact on Learning and Assessment: *A generic overview of the most common disabilities at BU with how they impact, and with suggestions for reasonable adjustments. Further details on support for individual students are always available from ALS as each student's profile will be different.*

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
Agoraphobia: a fear of being away from a safe place. Linked to feelings of being trapped	Practice/Placement difficulties with the fear of unfamiliar routes and places, wide open spaces or crowded places, confined spaces, standing in queues or being left alone. Will suffer panic attacks with severe physical symptoms and become very anxious, even at the thought of being in the places above. Can affect mobility with difficulty attending lectures. The overriding fear can affect learning impacting on memory and the ability to concentrate or understand. The perception of the risk of physical danger is constant.	<ul style="list-style-type: none"> • Home-working • Online assessments • Providing familiarity orientation • Providing a suitable work space neither too confined nor open plan • Being given the control and freedom to go to places individually rather than in a group eg using own car on placements, visits, trips. <p>https://www.anxietyuk.org.uk/</p>
Arthritis: A condition	The impact on study is fatigue, lack of stamina, difficulty concentrating, accessing some buildings/lecture	<ul style="list-style-type: none"> • ALS can provide support to the Faculty when the condition manifests so badly that

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
causing pain and inflammation within a joint (osteo or rheumatoid)	theatres and difficulty with sitting for long periods. Students can experience depression, anxiety, feelings of helplessness and low-self-esteem.	<p>attendance at lectures is not possible</p> <ul style="list-style-type: none"> • Extra time in exams • ALS can provide an amanuensis • Support with timetabling to ensure there is minimum travel between campuses • Give plenty of notice for assignment deadlines • Provide suitable seating via DSE • Allow longer time for completing tasks. <p>www.arthritiscare.org.uk</p>
<p>Attention Deficit (Hyperactivity) Disorder AD(H)D</p> <p>Or just ADD if hyperactive-impulsivity diminishes</p>	<p>ADD students often show inattention when interest is not held, are disorganised, impulsive, don't listen when spoken to directly, fail to respond or follow through on instructions, zone out during lectures, experience thought displacements, have an inattention to detail making lots of mistakes, lose things necessary for tasks, and show reluctance to engage with tasks that involve sustained mental effort. Hyperactive ADD students will fidget, leave their seats, display feelings of restlessness, are on the go all the time, talk excessively and have difficulty in engaging in activities quietly. With impulsivity in the mix students will blurt out answers before questions have been completed, can often have difficulty waiting turn and will interrupt or intrude on others which can make group work challenging for other students.</p>	<ul style="list-style-type: none"> • ALS will support with study management techniques • Faculties can support with ensuring pre-sessional materials are always available to prepare key words • Regular summarising and paraphrasing in lectures or seminars can keep students on track • Using digital recorders • Using vibrating watches • Having coloured exam papers • Agreeing to and enforcing rules of engagement during seminars <p>As there is a neurodiverse causal link with dyspraxia, adjustments that support one will support the other.</p> <p>https://www.verywellmind.com/adult-adhd-4157275</p>
Autism	Wide-ranging impact affecting the	<ul style="list-style-type: none"> • Communication must be in

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
<p>Includes people with high functioning autism, Asperger's, semantic pragmatic disorder, pervasive developmental disorder</p> <p>Autism Spectrum Conditions (ASC)</p> <p>Associated Klinefelter's Syndrome</p>	<p>way people react with others and process information. Students can find it hard to think in the abstract, adapt to change, interpret face/body language and tone of voice, empathise with others and communicate socially. Some problems can be largely concealed but social interaction remains challenging which can affect practice/placements and group work.</p> <p>Taking phrases literally can lead to difficulty understanding instructions or following procedures. Impaired social skills make it difficult to understand socially acceptable behaviour. There can be an over-reliance on routine, inflexible thinking and sensory issues.</p> <p>It can be difficult to use the VLE eg to check exam results.</p>	<p>concrete non-ambiguous terms and requests to do something must be absolutely explicit as inferred language may not be understood as intended</p> <ul style="list-style-type: none"> • Keep sentences short, avoid idioms or metaphors and maintain a calm and controlled voice and posture • Give frequent feedback, following verbal instructions with written ones • Identify priorities and break down tasks into smaller tasks and stages • Give extra time to learn • Structure is important during the working day and when receiving information. • In lectures and seminars avoid abstract and multi-questions • Don't take offense; blunt comments from the student are not meant to be offensive. You can correct the student and set boundaries eg asking the student to mind his/her language • There will be patterns of behaviour and anxiety triggers so be mindful of setting up a routine from the outset and sticking to it. A change to routine is a common anxiety trigger. <p>The National Autistic Society www.nas.org.uk</p>
<p>Cerebral Palsy</p> <p>This is not an illness; it is a physical impairment</p>	<p>There are various types of cerebral palsy and the level of disability varies enormously with epilepsy co-occurring in some cases. Cognition is not impaired but some students will need practical assistance.</p>	<ul style="list-style-type: none"> • Always consult the student as to what s/he needs • ALS can provide study support to assist with physical activities such as using a computer, note taking or reading and scribing exam

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
with difficulties in movement, coordination, loss of posture control, eating, incontinence or fine motor control.	Wheelchair users can access most areas of the university but not all, whilst other more ambulant students can get around with assistance. There may be communication challenges.	<p>questions</p> <ul style="list-style-type: none"> • More ambulant students can be supported with practical assistance • Developing a relationship with the ALS staff is crucial in supporting a student with cerebral palsy because of the varying needs and possible communication difficulties, especially speech • Timetabling may have to be adjusted as not all lecture theatres have easy wheelchair access. • Never make assumptions that stairs and lavatories can be accessible and schedule important events on a ground floor
<p>Depression:</p> <p>A common mental health illness with depressed mood, fatigue and ideas of self-harm</p>	<p>Students will lose interest in their studies; reduced energy will lead to diminished activity in student life. Marked tiredness after only slight effort will reduce concentration and attention in lectures and seminars. Disturbed sleep, diminished appetite, reduced self-confidence and ideas of guilt and unworthiness will overwhelm learning. Not getting the most out of learning with poor results will compound their bleak views of any future success.</p>	<ul style="list-style-type: none"> • ALS provides study management techniques • Flexible attendance at lectures or seminars with opportunities for breaks • Audio-visual recorded lectures • Plenty of time to meet coursework deadlines. <p>www.mentalhealth.org.uk</p>
<p>Dyscalculia:</p> <p>An inability to conceptualize numbers as abstract concepts of comparative</p>	<p>The underdevelopment or lack of this foundational skill on which other mathematical abilities are built will have a proportionate impact with the level of difficulty diagnosed. Dyscalculia impacts specifically on the ability to understand, remember and manipulate numbers or number</p>	<ul style="list-style-type: none"> • On degree programmes that require mathematically complex competences, it is likely that they will never be demonstrated in the time available • Dyscalculic students may be able to mechanically follow learned procedures for routine

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
quantities	<p>facts. Making sense of numbers and estimating numbers, distance and time will be difficult to impossible. Students may be late for lectures or have difficulty with deadlines. They will have poor mental visualization skills, and general organisation and time management will be haphazard.</p> <p>Also, as there is a neurodiverse causal link with dyslexia and dyspraxia, many of the non-number impacts on learning will be co-occurring.</p> <p>Fortunately, dyscalculia is relatively rare as most people are dyslexic with number, which means they will not have the same degree of difficulty.</p>	<p>calculations eg drug formulae, depending on the severity of the condition.</p> <ul style="list-style-type: none"> • Students who are dyslexic in number will not necessarily share the same difficulties as those with dyscalculia. Extra time in exams and in-class tests is a reasonable adjustment for these students. • ALS can support dyscalculic students with taught strategies at a basic level. <p>For further information on dyscalculia: www.bdadyslexia.org.uk</p>
<p>Dyslexia:</p> <p>A neurological condition affecting the way the brain processes information</p>	<p>Academic writing will be impacted to a greater or lesser extent depending on whether the student's dyslexia is mild, moderate or severe. Reading for research, instructions or exam questions will all be difficult unless strategies are learned to assimilate and accommodate information.</p> <p>Organisation of time, schedules, content of dissertations and structuring of ideas will be very challenging. Short-term memory inefficiencies will impact greatly on remembering information for exams and other timed assessments, and remembering appointments or lecture times, unless specific strategies are learned and applied all the time. Some dyslexic students will have an increase in the capacity to think and perceive multi-</p>	<ul style="list-style-type: none"> • Depending on the severity of the dyslexia, an alternative assessment may be a reasonable adjustment. • Providing notes before a lecture allows a student to process information and be prepared for the lecture • Giving verbal and written instructions to back them up • Recording information • Using appropriate technology and support software • Providing written feedback on coursework, not just verbal feedback • Speaking and writing in simple English without using complex sentences or double negatives which can be challenging to interpret and understand

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
	<p>dimensionally and will demonstrate great creativity whilst others will have difficulties with visual perception, map reading and physical orientation. Other impacts include expressing ideas, word retrieval, verbal and listening skills, memory and concentration. Learnt coping skills and strategies will break down in times of stress, highlighting areas of weakness.</p>	<ul style="list-style-type: none"> Staff may wish to consider extensions or extra word count in severe cases where it is demonstrable that the student is not able to learn appropriate strategies in good time to comply with the course word count requirements. <p>ALS supports dyslexic students with all manner of taught strategies. PGR students in particular can be supported with their Vivas as well as their dissertations.</p> <p>The British Dyslexia Association</p> <p>www.bdadyslexia.org.uk www.abilitynet.org.uk</p>
<p>Dyspraxia/Developmental Co-ordination Disorder (DCD)</p>	<p>Dyspraxia is an impairment of the organisation of both gross and fine motor co-ordination skills including speech and language, and eye movements. There are problems with associated planning and executing tasks, emotions and behaviour, listening skills affecting group work, and learning, thinking and memory. Dyspraxia affects sensory integration with sensitivities towards noise, touch or light with an inability to screen out stimuli leading to sensory overload and feelings of being overwhelmed. As a result of the difficulties experienced, students tend to get stressed, depressed and anxious very easily and are prone to emotional outbursts and low self-esteem.</p> <p>Some students will manifest the Imposter Syndrome whereby they will doubt any progress or achievement they make. They will</p>	<ul style="list-style-type: none"> Same as above. 75% of students with dyslexia also have dyspraxia. It is difficult to separate one from the other as many characteristics overlap Structure is important and providing an outline of what to expect before a lecture starts is helpful. Support and reinforce spoken information with handouts and visual aids such as diagrams, models, videos, illustrations, OHTs and concrete examples Provide subject word lists, glossaries of terms and acronyms. These will need to be revisited many times to fully understand and remember their meaning Always invite feedback to check understanding. Students may say they understand but often do not. They feel that they should and will not be openly honest about their

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
	require constant reassurance that all is well.	<p>learning or memory lapses if they have low self-esteem</p> <ul style="list-style-type: none"> • Ask questions that don't need very lengthy or detailed responses • As far as is possible keep background noise to a minimum. <p>www.dyspraxiafoundation.org.uk</p>
<p>Epilepsy:</p> <p>Abnormal electrical activity in the brain causing seizures which range from momentary absences to convulsions and loss of consciousness</p>	<p>There are health and safety implications for students with particular kinds of epilepsy depending on where and when the seizure occurs. A risk assessment for campus and accommodation safety should be carried out. Certain workplaces may be subject to restrictions on the employment of people with epilepsy so placement opportunities could be restricted.</p> <p>If the sound of the Fire Alarm triggers a seizure, an arrangement will have to be made for a personal emergency evacuation plan (PEEP)</p>	<ul style="list-style-type: none"> • Lone working in a lab, studio, isolated room, field activity or placement should be avoided • Flexibility around attending lectures would be a reasonable adjustment when medication causes difficulty in waking • Lecture notes in absence • Rest breaks in exams and in-class tests • Ensure the student sits in a chair with arm rests and be mindful of a safe environment should a seizure occur <p>www.epilepsy.org.uk</p>
<p>Hearing Impairment:</p> <p>A partial or total inability to hear; an insensitivity to sound in the speech frequencies</p> <p>Tinnitus:</p> <p>A more or less permanent noise in the</p>	<p>Prelingual deafness impacts on the ability to acquire a spoken language and these students will need a permanent sign language interpreter. Postlingual deafness is more common and students can get by with adjustments according to their level of impairment.</p> <p>Tinnitus will impact on listening skills, concentration and decision-making. Students can get frustrated and irritated and often stress of any kind will exacerbate the condition.</p>	<ul style="list-style-type: none"> • Sign language interpreters and Lip Speakers may be required depending on what students are used to • Visual presentations with note takers or digital recordings and transcribers can be more cost effective adjustments • Where there are hearing/induction loops, either fixed in lecture theatres or being carried by the student, they should be used at all times. If anyone across BU does not know how to use them, ALS will offer

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
ears or head.		<p>training at any time.</p> <ul style="list-style-type: none"> • The use of a PC or laptop for students with Tinnitus is helpful as the mechanical process of typing can sometimes lessen the effects of the permanent buzzing in the head • Always communicate through writing and have pre-sessional materials available. • Deaf awareness training is available from ALS. Also, please refer to the Deaf and Hard of Hearing Guidelines (Section 8.0) <p>www.rnid.org.uk</p>
<p>Idiopathic Hypersomnia</p> <p>Narcolepsy</p> <p>Klein-Levin Syndrome</p> <p>These are neurological sleep disorders</p>	<p>Recurring episodes of excessive daytime sleepiness (EDS). Sleep paralysis and hypnogogic hallucinations may occur.</p> <p>Anxiety and depression can be increased as a response to these chronic illnesses.</p>	<ul style="list-style-type: none"> • Attending lectures could be problematic if in episode so arrangements for catching up will be required • Flexibility around deadlines will be a reasonable adjustment • As these are relatively rare conditions with a low level of public awareness, non-judgmental listening to students will itself be supportive • ALS can support Faculties with varying levels of student assistance depending on how long an episode lasts <p>https://sleepfoundation.org/sleepdisorders-problems</p> <p>https://klsfoundation.org</p>
<p>Inflammatory Bowel Disease (IBD):</p> <p>Crohn's and</p>	<p>Pain and the need for comfort breaks will interrupt a student's day and s/he will often miss lectures or seminars or have to exit from them</p>	<ul style="list-style-type: none"> • Rest breaks • Home working when the symptoms become severe • Extra time in exams or to meet coursework deadlines

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
ulcerative colitis are chronic diseases affecting the digestive tract	hurriedly. Irritable Bowel Syndrome (IBS) is not an IBD; it is a different condition altogether and although symptoms are similar it is more common but far less serious.	<ul style="list-style-type: none"> • Arrangements to allow food or medication during class sessions • Sitting near an exit.
<p>Myalgic encephalomyelitis (ME)</p> <p>Also known as Chronic Fatigue Syndrome (CFS) or Post Viral Fatigue Syndrome</p>	<p>Abnormalities in the nervous and immune systems causing muscle pain impacts on study as there is an inability to concentrate, a difficulty with organising thoughts, memory loss, sleep impairment, migraines, dizziness, increased sensory sensitivity and digestive problems.</p> <p>ME can also cause depression, poor temperature control and feelings of being unwell which will impact on the student's daily life.</p> <p>Practice/Placement/Employment will be problematic depending on the severity of the conditions.</p>	<ul style="list-style-type: none"> • Faculties can be supportive by being flexible with time and attendance at lectures • Allowing home working with a self-paced workload could be reasonable depending on the programme • Rest breaks eg in exams • Digital recordings of lectures eg use of Panopto and facilitating the use of memory aids eg organisers and digital recorders <p>Action for ME www.afme.org.uk</p> <p>The ME Association www.meassociation.org.uk</p>
<p>Mental Health conditions:</p> <p>Bi-Polar Affective Disorder</p> <p>Schizophrenia</p> <p>Post-Traumatic Stress Disorder (PTSD)</p> <p>Obsessive Compulsive Disorder (OCD)</p>	<p>Common impacts of mental health conditions are depression, mood swings from depression to euphoria, unrealistic plans, poor judgment, tiredness, lack of energy and loss of concentration, which all affect the student's ability to study. Severe anxiety, poor sleep with nightmares, compulsive behaviour to relieve anxiety, fear of making a mistake or behaving unacceptably will all affect the student's daily life and learning abilities.</p> <p>PPD may be a symptom of another mental health problem or of itself.</p>	<ul style="list-style-type: none"> • ALS provides study management techniques only. • Any therapeutic interventions are dealt with by Student Wellbeing • Any counselling requirements are dealt with via Student Wellbeing • Flexible attendance at lectures or seminars with opportunities for breaks • Using audio-visual recorded lectures • Plenty of time to meet coursework deadlines • Signposting to local supportive charities may help

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
<p>Paranoid Personality Disorder (PPD)</p> <p>Borderline Personality Disorder (BPD)</p> <p>Panic Disorder</p> <p>Agoraphobia (see above)</p> <p>Seasonal Affective Disorder (SAD)</p>	<p>Symptoms include being very suspicious, misconstruing friendly or neutral behaviour as hostile, belief in conspiracy theories, extreme sensitivity to rejection and holding grudges. This is not helpful for the student experience and can cause difficulties with group working and in practice or placement.</p> <p>Panic attacks causing unpleasant physical sensations including breathlessness, palpitations, dizziness and sweating will impact on both the student and others depending on where they take place. The student may be embarrassed and will not be able to take part in group activity.</p> <p>BPD is a serious illness that centres on an inability to manage emotions.</p>	<p>www.mentalhealthfoundation.org.uk</p> <p>The Shaw Trust has established a website at www.tacklementalhealth.org.uk for supporting staff who are dealing with mental health issues.</p>
<p>Mobility Impairment:</p> <p>Leg or foot impairment, general muscular weakness, illness or injury. Aids may be used some or all of the time.</p>	<p>There will be an inability to lift, carry or move everyday objects around campus, in seminars, field activities, studio work etc.</p> <p>Wheelchair users may find that not all areas of the university are easily accessible depending on the type and size of the wheelchair.</p>	<ul style="list-style-type: none"> • ALS can provide practical assistance and depending on circumstances, may carry light materials or equipment around campus. • A personal emergency evacuation procedure (PEEP) will be necessary • A general health and safety awareness to ensure obstruction-free accessibility for students in study areas, seminar rooms or lecture theatres. • Timetabling may have to be adjusted as not all lecture theatres have easy wheelchair access • Adjustable furniture and car parking permits are facilitated

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
		<p>through Estates.</p> <ul style="list-style-type: none"> Residential Services deal with specific accommodation requirements
<p>Stammering UK/Ireland/India Stuttering US/Australia:</p> <p>A neurological condition affecting fluency of speech but not intellectual capacity or intelligence</p>	<p>Significant impact due to misconceptions, prejudices, discrimination and bullying.</p> <p>Employability strengths – resilience, empathy, listening skills and creativity.</p> <p>Environmental, linguistic, physical and psychological factors can affect at any moment.</p>	<ul style="list-style-type: none"> A positive attitude above all else Preparation time before speaking Be patient. Do not finish a sentence or fill in words as this can be disempowering especially if the listener guesses wrongly Do not give advice such as slow down, take a breath or relax. Maintain natural eye contact, listen and wait patiently until the student has finished speaking <p>www.stammeringlaw.org.uk</p>
<p>Tourette’s Syndrome:</p> <p>A genetic neurological condition characterised by physical and vocal tics.</p>	<p>Tourette’s can be co-occurring with AD(H)D and OCD so the impact on a student’s learning can manifest in the same way as these conditions.</p> <p>Suppressing the tics can result in tension and mental exhaustion. Students may seek a secluded spot to release their symptoms and can become depressed, embarrassed; have low self-esteem and be socially isolated.</p>	<ul style="list-style-type: none"> ALS can support with study management techniques and Faculties can support with ensuring pre-sessional materials to prepare key words are always available. Regular summarising and paraphrasing in lectures or seminars can keep students on track. Using digital recorders, vibrating watches and coloured exam papers have all proved useful adjustments. Allow for students who are suppressing their tics to have rest breaks to release them. <p>www.tourettes-action.org.uk</p>
<p>Visual Impairment:</p> <p>A significant</p>	<p>Depending on the student’s particular impairment, the impact on studying, learning and practice or placement opportunities can vary</p>	<ul style="list-style-type: none"> Facilitating a working dog to accompany the student at all times Written materials in large fonts on

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
<p>limitation of visual capability</p>	<p>enormously. If the student's loss of vision has been sudden, s/he will have high anxieties which will impact on the student experience.</p> <p>A personal emergency evacuation plan (PEEP) will be required.</p>	<p>A3 paper</p> <ul style="list-style-type: none"> • Pre-sessional materials for preparation, lab or studio • Orientation support around campus • Partnering in group work • A general health and safety awareness to ensure obstruction free accessibility for students in study areas, seminar rooms or lecture theatres • Adapted software and other IT interventions to ensure compatibility of particular software with university technology • Exam reader and amanuensis • Please note the Guidance for Working with Students with Visual Impairments (Section 9.0) <p>www.rnib.org.uk</p> <p>www.abilitynet.org.uk</p>
<p>Visual Stress: Unpleasant visual symptoms when reading, especially for long periods</p>	<p>Meares-Irlen Syndrome or Scotopic Sensitivity impacts on a student's ability to read any printed material and using a computer can be particularly challenging. There will be distortions of shape, movement and colour in the text; a loss of clarity; visual irritation causing sore eyes and headaches; loss of place when reading and impaired comprehension. There is sensitivity to pixel movement on screens.</p> <p>Each student will manifest visual stress differently so use of particular colours will be highly personal</p>	<ul style="list-style-type: none"> • Plenty of time for reading in small chunks will be needed. • Coloured lenses and overlays (provided by the student) often help • Using coloured paper for exams • Changing a desktop for varying font sizes, background and colours according to individual student's personal preference • Listening to podcasts where possible <p>Visual stress may or may not be linked to dyslexia but when it is, it can be very debilitating. http://www.crossboweducation.com/articles/visual-stress-symptoms-and-solutions/</p>

6.0 Temporary Injuries and Pregnancy Guidelines

- 6.1 Sustaining a temporary injury or becoming pregnant should not be a barrier to applying for, starting and succeeding in, or completing a programme of study at BU. The University is committed to being as flexible as possible providing academic standards are upheld. The reasonable adjustments that will be made for individual students will vary according to the extant condition, the nature and circumstances of the programme of study, or the exam/assessment requirements.
- 6.2 There is a legal obligation to support students (and staff) with temporary conditions: injury, incapacity or pregnancy and a flexible approach should be adopted towards facilitating the continuing learning and assessment of a student with a temporary injury or who is pregnant, whilst maintaining a high quality and safe student experience.
- 6.3 When working with and supporting students in this category, staff should demonstrate an open-minded and non-judgmental approach. Mindful of data protection legislation, information provided by the student should be treated sensitively and only revealed to others on a need-to-know basis in the same way that students with disabilities or specific learning differences are treated. The issue is not the condition with which a student presents, but the *impact* of that condition on the student's learning and assessment. Reasonable adjustments can be put in place to mitigate the impact so that students are not disadvantaged.
- 6.4 Students will need consideration for an adjustment if the temporary injury or condition affects the ability to work or be assessed. This should be decided by the Faculty through the normal mitigating circumstances procedure or facilitated through ALS in the case of adjustments for exams.

Guidance

- It is the student's responsibility to disclose and evidence a temporary injury or pregnancy as early as possible in order to put support mechanisms in place, particularly where there are elements of the programme that might present health and safety issues.
- It is the student's responsibility to ensure that they have a clear idea of what will be expected on the course in order to understand the potential impact of a temporary injury or pregnancy-related absence.
- At peak times during the year such as exams, the volume of temporary injuries can be quite high. It is important that students get evidence of the injury or pregnancy *before* asking for support to ensure that timely and efficient adjustments are put in place.

- It is the student's responsibility to make arrangements for support by contacting the ALS office on 01202 965663 or calling in to DLG17 in The Sir Michael Cobham Library, Talbot Campus or B316 in Bournemouth House, Lansdowne Campus.
- If the student's temporary condition affects the ability to learn or be assessed, consideration for adjustments can be decided by the Faculty through the normal mitigating circumstances procedure or facilitated through ALS in the case of adjustments for exams or if there is a requirement for assistive technology or specific ALS support.
- As with reasonable adjustments for students with disabilities and those with specific learning differences, the notion of what is reasonable should be discussed with the student. Students should accept that some adjustments may be considered unreasonable and the final decision of what is reasonable or not will be based on academic judgement made by the respective Faculty.
- Once a student discloses a temporary injury to the Faculty and ALS support is required, ALS should be informed so that relevant support can be facilitated to enable the student to continue studying or take an exam.
- If a student approaches ALS with a temporary injury, the Faculty will be informed so that decisions can be made about either the mitigating circumstances route or arranging temporary support as above.
- The nature of any temporary support or adjustments made by ALS will be communicated to the Faculty via the student adjustment information (SAI) generated by SITS.

Pregnancy

- If a student's delivery date clashes with an assessment or exam, the Faculty will make decisions with the student regarding continuation or a temporary break.
- ALS can accommodate a pregnant student with rest breaks in exams but other decisions on adjustments to study, placement or field trips will be made by the Faculty.
- The Faculty will be responsible for risk assessments concerning a pregnant student.

Examples of Available Support

- Notes support in lectures and/or seminars
- The loan of assistive technology to record lectures and/or seminars
- Reading and scribing in exams
- Extra time and rest breaks in exams or in-class tests
- Reading and scribing or PC input from dictation
- Support with assistive technology programmes to complete dissertations

- **Last minute support in exams.** When there is no-one available from the Faculties to sanction support, ALS will use its judgment to apply exam adjustments in conjunction with Examinations

7.0 Marking Guidelines

These Guidelines are for consideration when marking the work of a deaf or hearing impaired student, a student with dyslexia, dyspraxia, semantic pragmatic disorder, acquired dyslexia or any other student with specific learning differences (SpLDs) whose disability affects language processing and written academic English.

Whilst language-based errors may not be a barrier to demonstrating knowledge, understanding and ideas, in certain subjects where assessment criteria include language expression, these Guidelines should not compromise competence standards or academic judgements on them.

These adjustments do not apply for group projects where it will be expected that component members of the group will engage with each other and work to their strengths. However, if there is an individually written piece within the group project by an ALS student who would normally receive MGs as a reasonable adjustment, then the MGs do apply.

Reading a student's work:

- Fast-read for content
- Try to overlook any grammar, punctuation or spelling mistakes
- Focus on the student's knowledge, understanding and ideas
- Try to see beyond the student's language-based mistakes in the text to the evidence of knowledge
- Do not actively penalise the student for language-based errors, only competency-based ones

Oral presentations:

- Consider the presentation environment to reduce distractions
- Mark for content rather than performance

Giving Feedback

- 7.1 Some students with language-based processing impairments will not be able to see their own errors in print and believe that what they have written is correct; therefore, the nature of feedback is important. Constructive feedback will be of greater benefit for reflection and

future learning than negative feedback, which can be difficult to understand especially when couched in innuendo, idiomatic English and metaphor, or used as part of complex sentence constructions.

- 7.2 SpLD students learn well from modelling, so giving a correct example is useful feedback.
- 7.3 Whilst some dyslexic and SpLD students have oral strengths and can do well in a Viva or presentation, there are those with spoken language difficulties who have problems with word retrieval, long hesitations, mispronunciations and speaking in incomplete sentences. They could also experience difficulties in sequential ordering of ideas for a presentation in exactly the same way as with their written work.
- 7.4 Some students who have experienced brain injuries can develop a form of acquired dyslexia whereby the injury affects cognitive processes and these could manifest in some of the ways described above.
- 7.5 Verbal feedback should always be followed up with written feedback using simple sentence constructions. Positive verbal feedback will often be forgotten whereas negative verbal feedback has a tendency to be remembered. The students will respond emotionally to negativity and this does not enable reflection or improvement. The ALS Tutor will help the student to focus on what *should* be done rather than what should *not* be done.
- 7.6 Constructive written feedback can help to develop academic writing and if the student shares this with the ALS Tutor, strategies can be worked on to improve future performance.
- 7.7 Avoid innuendo, double negatives or commenting on what should *not* be done. Plain English, using simple sentence constructions to say what *should* be done, is easier to process and understand. For example, rather than 'You should not leave out...' say 'Include'.
- 7.8 Double negatives particularly can be hard to process. Rather than 'That concept is not unfamiliar to me...' say 'That concept is familiar to me...'
- 7.9 Highlight some examples of common errors when marking coursework or dissertation drafts so that the student can work on strategies with the ALS Tutor to improve future work. *eg sentences may be too long, language too informal or expression too convoluted.*
- 7.10 Highlight a specific problem with sentence structure and provide an example that models good practice. For example, 'The OPMH team failed to retain engagement to provide timely preventative guidance which is a dilemma in using the least intrusive intervention approach...' is better written as 'The Old People's Mental Health (OPMH) team closed the case and so failed to provide timely preventative guidance. This is a dilemma in using the least intrusive intervention approach...'
- 7.11 Where possible, highlight instances where the student has used correct syntax for comparison.
- 7.12 Identify an example of organisation or structuring difficulty and specify how this could be improved. For example, 'Your paragraphs are too short to develop points adequately'; or

'links between paragraphs are not clear'. This can be worked on with the ALS Tutor to improve future work.

- 7.13 Where relevant, highlight some examples where references have been omitted or used wrongly and give a correct example to model good practice.
- 7.14 If the student seems to misinterpret assignment briefs or questions, or goes off at a tangent writing about irrelevant ideas, then specific mention of this in the feedback will benefit future learning. The ALS Tutor can focus on these SpLD characteristics and help the student to develop interpretation strategies such as using the SQ3R technique.
- 7.15 Postgraduate written papers that are to be published may need to be proof read and/or edited before publication. Editing software programmes are not infallible and ALS Tutors can help the student with proofing techniques, but in cases of severe language difficulties, the student will be responsible for sourcing and funding the appropriate proof reader services.

8.0 Guidance for Working with Deaf or Hard Of Hearing Students

8.1 Context

Deafness causes communication difficulties. Hearing people develop language from early in life through listening, copying, responding, questioning, exploring, overhearing etc. These activities all provide constant reinforcement of speech structure and vocabulary, which later transfers to the written word. This acquisition process is often not fully accessible to deaf people or it may be interrupted at crucial learning stages resulting in limited speaking, reading and writing skills. Students who develop later deafness may well have better skills as they managed to acquire them at the early crucial stages of their development before becoming deaf.

Students may use any or all of the following strategies:

- Amplification of sound through a hearing aid or radio hearing aid
- Sign language – British or American (BSL ASL). BU encourages using BSL as signers are easier to acquire. International students usually use ASL and in these cases, the cost of an external provider is met by the student.
- Sign Supported English (SSE) – lip-spoken English with sign language support
- Lip-Speaking – repeating words silently so the students can lip read their lip patterns
- Lip-Reading – a student may lip read to supplement residual hearing. **This is the most common strategy used by BU students and staff.**
- Gesture and body language

- Written language
- Cochlear implants
- Manual note taking or technical transcriptions from assistive software

Not all deaf students require the support of a signer or lip speaker. Modern hearing technology is such that they can carry out activities on their own with reasonable adjustments supporting their needs. The reasonable adjustments recommended are those that are beneficial for other disabled students ie a note taker, a mentor, a skills tutor, transcribing technology, extra time for assessment and the Marking Guidelines. A deaf student's first language is not always the mother tongue. For those who use sign language, either BSL or ASL, this is their first language.

Please note that ALS will ensure a full Health & Safety risk assessment is carried out, including a personal emergency evacuation plan (PEEP), and enable technology and other support where and when needed. Students on placements will need to liaise with their placement advisers, supervisors or mentors to ensure their requirements can be met and to discuss reasonable adjustments in the workplace.

8.2 General Communication

These are basic guidelines for communication. You may not be aware that there is a deaf or hard of hearing student in your group depending on the level of their independence or the circumstances of the lecture, so these are best practice guidelines for deaf students but also inclusive practice for all groups. Students with specific learning differences, language processing difficulties or who are on the autistic spectrum may share some of the same challenges that a deaf or hard of hearing student faces.

- 8.2.1 Ensure that background noise is at a minimum.
- 8.2.2 Ensure you have the student's attention and that they are looking at you.
- 8.2.3 Ideally be between 1 and 2 metres of the person you are speaking to.
- 8.2.4 Always look at the face of the student and do not walk around as you speak. Stop speaking when you turn around to face a whiteboard or operate a computer.
- 8.2.5 Make sure that the light is on your face and do not obscure your face or mouth or stand with your back to a window.
- 8.2.6 Speak slightly slower than you normally would do and more importantly, enunciate your words distinctly but do not shout.
- 8.2.7 Use facial expressions and hand gestures by all means to help with conveying meaning.
- 8.2.8 If a sentence is not heard or understood, do not keep repeating it. Re-phrase the sentence or write it down.
- 8.2.9 Write down important subject specific terminology on a board, PowerPoint or as a handout.
- 8.2.10 Have patience and respect the difficulties a deaf student may be having.

The main person you should ask about what works best is the student.

8.3 Room Layout

- 8.3.1 The best arrangement for seating is a semi-circle. This layout makes it easier for a student to spot whoever is speaking and thus follow a session. This is not always possible of course but the point is to arrange students so that the deaf person can see their faces.
- 8.3.2 The majority of deaf students will choose the best place to sit. However, please be aware that ideally they should be in a position where the light is behind them, falling onto the faces of the lecturer and the support worker who should be relatively close to both the lecturer and student. This helps with lip reading.
- 8.3.3 Carpets, curtains and blinds help to deaden reverberation making hearing aids work better. All BU lecture theatres are fitted with hearing systems so as long as the student can switch on to the system all should be well. Seminar rooms do not have fitted systems so the student's own equipment can be used. Equipment varies technically but if there are difficulties, ALS has modern digital equipment that can be borrowed at any time.
- 8.3.4 Seminar rooms are generally not acoustically treated and sound may not be evenly heard throughout them. Encourage a student who relies on hearing aids to move if they have difficulties or contact ALS if there are still problems. Some less confident students will struggle to hear but may not like to say anything, so creating an atmosphere whereby it's OK to check and move is always best.

8.4 Lecturing/Teaching

- 8.4.1 Try to break up a long session with varied sections. A long uninterrupted spell of straight talking is a strain on lip readers and sign language interpreters.
- 8.4.2 It helps a lot if you can summarise each section in writing as you talk; notes or bullet points will do on a board or PowerPoint.
- 8.4.3 Setting the students a problem to be solved individually provides a break for the deaf student from lip reading or watching a signer.
- 8.4.4 It helps if you can summarise questions or statements made by other members of the group. This helps particularly when the questioner is seated behind the deaf student and is therefore impossible to lip read. Similarly, when requesting information from students, it helps if the lecturer then gives a summary of the reply.
- 8.4.5 If a lip speaker or sign language interpreter is joining your lectures to support a deaf student, you will be informed beforehand and they will have full identification. They will be externally contracted, not BU or ALS staff.
- 8.4.6 Remember that dictation is impossible for deaf students. You must use an alternative teaching method.

- 8.4.7 Ensure there are written/visual clues when you change a topic. Write the headings on a board or PowerPoint.
- 8.4.8 Research has shown that using PowerPoint presentations can cause communication breakdown if not enough reading time is given before moving on to the next slide. How much reading time will be required is a moot point because it depends on so many factors. A deaf student cannot read and watch the signer/lip speaker at the same time so it is essential to have sight of the material up front in downloadable formats so that referrals can be made by the student following the lecture.
- 8.4.9 Any guest speakers should be informed that there is a deaf student in the group and these guidelines offered beforehand so that they can read them and be prepared.
- 8.4.10 Please ensure your writing is legible. Poor readers cannot predict when they get to an illegible word.

8.5 Practical Strategies

- 8.5.1 Discussion groups can be very difficult for deaf students to join in. Conversation jumps rapidly from one person to another and students inevitably talk over each other. Group rules of engagement help regarding who speaks and when, but these are not always easy to enforce. The ALS Mentor can take notes, however the activity is passive for the student.
- 8.5.2 Having a note taker or a lip speaker/signer means that the student will experience a delay in receiving information making joining in a discussion extremely challenging. It's important that the group is aware and understands that sometimes a deaf student may comment on a subject that has subsequently changed.
- 8.5.3 When in practical sessions, if you want to speak to the student you should get their attention either by standing directly in front of them or touching their shoulder. Agree with the student the best way to draw their attention.
- 8.5.4 In a practical session you will probably be walking around to speak to individuals and stopping now and again to make a general comment to the group. The deaf student needs to be made aware of this. Usually the support worker will relay any comments but it will benefit the student if you can ensure you have their attention.
- 8.5.5 During a practical demonstration, make sure the student can both see what you are doing and see what you are saying.
- 8.5.6 When a student is embarking on research, please provide a written list of references so that they know exactly where to find extra information. This will help them to get started and they will be able to carry on from this point.

- 8.5.7 Be specific about page references that are recommended reading and where possible, refer to texts that are written in plain English.
- 8.5.8 Try to use visual aids as often as you can. Use plenty of colour and when you draw diagrams, incorporate a written key rather than relying on a verbal explanation of each part of the diagram.
- 8.5.9 Do not give out important information when the students are writing notes or carrying out an activity. Wait for one activity to finish before starting another. It is impossible for a deaf person to watch a signer/lip speaker at the same time as taking notes and this often leads to frustration. Even though every deaf student will have a note taker, the students are encouraged to write their own notes so that they are actively involved in their learning. When a student gets frustrated, they will just turn off and let the note taker take over thus allowing for a very passive learning experience.
- 8.5.10 Be prepared to supplement spoken instructions with written or drawn handouts. Exam information, assignment deadlines, in-class test dates, exam entry dates, visits, field work, placements etc are all vital pieces of information that a student could get from the support worker but it's better if they can act independently and be in control of their time and task management strategies.
- 8.5.11 If a deaf student uses a radio hearing aid, make sure you switch it on and off at the right times. Either the student or ALS will advise on this.
- 8.5.12 Use simple diagrams, sketches, charts, tables and graphs to clarify wordy descriptions.
- 8.5.13 Lip reading is often used to supplement residual hearing. You must stand with your face and hands in clear view, avoid moving around and articulate clearly.
- 8.5.14 Keep your sentences short and clear. Avoid tangential speech, using jargon, abstract words and concepts that are not relevant to the subject matter. Please avoid using double negatives and complex grammatical structures. Syntax of this kind forms barriers to learning for deaf students as well as other students with disabilities related to language processing.
- 8.5.15 Make sure the deaf student has book lists and VLE references well in advance of the course or session. Student preparation of the context is essential. Pre-material is also helpful for the note taker, signer or lip speaker.
- 8.5.16 Language acquisition will vary from student to student but as an inclusive gesture, a glossary of technical and specialist vocabulary will be most helpful and in some cases essential.

8.6 Group Work

Research shows that deaf and hard of hearing students find group work and discussions the most difficult of all learning situations. The following can help:

- 8.6.1 Make sure that a deaf student is included in a group.
- 8.6.2 The group should be seated around a table or in a circle so that all faces can be seen.
- 8.6.3 Encourage group discipline. For example, have a chairperson, ensure only one person speaks at a time, suggest that each person indicates when they are going to speak. This is quite challenging when not used to it.
- 8.6.4 The group should actively involve the deaf student and allow enough time for their contributions.
- 8.6.5 Summarising contributions from other students by the chairperson will enable the deaf student to follow the discussion.
- 8.6.6 Be aware that background noise can cause difficulties for hearing aid users.
- 8.6.7 The deaf student may need their communicator to speak for them so the communicator will need to be part of the group. Sometimes the ALS Mentor will need to be part of the group too.
- 8.6.8 If a deaf or hard of hearing student uses a radio microphone or loop system, all contributors to the discussion will need to speak into the microphone. Some students may have directional microphones that will pick up sound from all directions within a range but it is a good habit to speak towards or into the microphone to be sure.

8.7 Videos

- 8.7.1 If possible use a subtitled video. Alternatively, try to make any transcript or booklet available to the student so that pre-reading can take place.
- 8.7.2 The speech diction may not be audible at all with hearing aids depending on the quality of the transmission so pre-reading is essential.
- 8.7.3 It may not be possible to separate speech from background music or other voices so a sense of what the video is about is essential via pre-reading.
- 8.7.4 The face of the speaker in a video may not be visible which will cause difficulties.
- 8.7.5 Watching a non-subtitled video is a very difficult task. The action can be fast and speakers may be difficult to lip read if their faces are not seen. Music can also be distracting.
- 8.7.6 Ideally all videos should be subtitled.
- 8.7.7 Written transcripts may be provided by a support worker but this can take some time.

8.7.8 A combination of support will be needed if videos are part of your teaching so preparation for any eventuality must be shared with ALS so that the appropriate support for the student is available.

8.7.9 Depending on the type of video, Library and Learning Support may be able to source subtitled versions or accompanying transcripts.

8.8 Handouts and Assignment Briefs

Many deaf and hard of hearing students will have weak reading skills. It is important that all handouts and assignment briefs are written in such a way that they are easily understood. ALS supports students to understand their assignment briefs as they can be written in too complex a language for those with language processing difficulties. Please note the following:

- Use clear and concise English
- Construct simple sentence constructions
- Please avoid using double negatives
- Do not use highly complex grammatical constructions
- Use subject headings and sub-headings where appropriate
- Try to avoid jargon but where this is unavoidable, and you also need to include technical vocabulary, please provide a glossary

Presenting assignments in different forms is a reasonable adjustment and consideration should be given for the deaf student to be able to do this. Any way that allows a student to clarify their knowledge should be considered when straightforward writing may not allow for the student to demonstrate their potential fully.

ALS will support deaf students to learn how to understand assignment briefs and how to structure the assignment. It may sometimes be necessary to check with a deaf student that they have understood the assignment and know what it is they should be writing.

Learning Materials in Brightspace

In addition to the above advice for Videos, Handouts and Assignment Briefs, Brightspace offers a number of ways to improve the accessibility of learning materials provided through it.

Further information can be found here:

https://documentation.brightspace.com/EN/accessibility/-/learner/accessibility_and_navigation_intro.htm?tocpath=Getting Started|Accessibility and navigation

8.9 Assessment

8.9.1 The Marking Guidelines make allowances for lack of scholarship as the finer points of syntax and grammar may not have been learned by the deaf student depending on when the deafness began.

- 8.9.2 Please mark for content not the accuracy of language.
- 8.9.3 Deaf students often lack opportunities to absorb general knowledge. For example, they will not be able to gather background information about how society works by overhearing conversations or from the radio, and they may avoid reading. This can result in gaps in subject knowledge, which is why deaf students often need additional support to build their technical concepts. Degree competences should not be compromised. The student has to have knowledge but how you assess this knowledge can be reasonably adjusted to consider the impact of deafness on learning.
- 8.9.4 All deaf and hard of hearing students, as with other disabled students, have exam adjustments to ensure a level playing field for them to fulfil their potential. The student adjustment information (SAI) on SITS will explain what these are. They may be extra time, having a scribe or using a lip speaker.
- 8.9.5 Adjustments for formal exams should also apply to any in-class tests.
- 8.9.6 Alternative assessment opportunities should be considered depending on the impact of the deafness on a student's learning. As with the suggestions for different assignment formats, it may be possible to consider these for assessments and tests.

9.0 Guidance for Working With Students With Visual Impairments

9.1 Context

Visual impairment can be total, low vision, partial sight or severely sight impaired (which is legally blind where vision is under 10%). Access for visually impaired students, staff or visitors to BU will vary widely and although a student may have difficulty identifying detail or reading print, this will not always affect mobility around campus. Vision may fluctuate or be influenced by factors such as inappropriate lighting, light glare or fatigue. Managing a visual impairment has to be as effective as possible and is inevitably time-consuming requiring good organisation skills on the part of the student, staff or visitor to BU.

Students will have developed strategies so that they can be mobile and learn effectively and the best guide to the visual impairment and how it affects them is the student, so regardless of any recommended adjustments on the Student Adjustment Information (SAI) in SITS, you should always discuss with the student what will support them best.

Please note that ALS will ensure a full Health & Safety risk assessment is carried out, including a personal emergency evacuation plan (PEEP), and will facilitate technology and other support where and when needed. Students on placements will need to liaise with their placement advisers,

supervisors or mentors to ensure their requirements can be met and to discuss accessibility and reasonable adjustments in the workplace.

As soon as a visually impaired student contacts ALS, we will contact the Faculty and arrange a meeting to highlight adjustments and health and safety considerations.

Any guest speakers should be informed that there is a visually impaired student in the group and these guidelines offered beforehand so that they can read them and be prepared.

9.2 Practical Strategies

- 9.2.1 Organisation before the start of any learning may mean challenges with finding rooms, finding people in a crowd, recognising people, using pigeon holes, finding information on notice boards etc.
- 9.2.2 Provide reading lists or course outlines well in advance to allow time for arrangements for taping or Braille of texts. Some students may have to obtain core reading from the RNIB library or have it accessibly formatted as a recording, Braille or large print and this can take a few weeks.
- 9.2.3 If a Guide Dog is used, there is a legal obligation for entry to buildings and rooms. The dog will be highly disciplined and require little space.
- 9.2.4 Be mindful when imparting any organisational changes and ensure blind/partially sighted students are notified verbally or online. If lecture rooms are changed at the last minute, this will present difficulties unless accompanied by an ALS mentor. If you pin notices, ensure you make a verbal announcement also.
- 9.2.5 Some issues, such as finding a place in a busy lecture theatre or opening a door, can be a source of great embarrassment and other students do not always offer assistance. This is usually through a lack of confidence about how they should react. If you deal with these situations confidently and sensitively, it will be helpful for everyone.
- 9.2.6 Always provide lecture materials in advance so that the student can prepare. It is crucial that Word docs are used, not PDFs, because some screen readers generally cannot read a PDF. Converting a PDF document to Word through Adobe requires the original Word document so it is easier not to use a PDF in the first place.
- 9.2.7 Doors should be kept closed or open, not partly open, and wherever possible, objects should not be moved from their usual places without letting the student know.
- 9.2.8 All walkways should be clear and not be obstructed.
- 9.2.9 Do not presume that help is needed or that it will be requested; ask if assistance is required.

9.3 Personal Delivery

- 9.3.1 Indicate verbally when you are entering or leaving a room, group or personal space.
- 9.3.2 Identify yourself by name in case your voice is not recognised.
- 9.3.3 When speaking, face the group, use clear diction and don't obstruct your mouth.
- 9.3.4 Try to stay in the same place and not move around whilst talking. This helps the student to focus and listen.
- 9.3.5 For low vision students stand where glare is minimalised ie not with your back to the window.
- 9.3.6 Always convey orally what you have presented on screen or board, particularly charts and diagrams.
- 9.3.7 If possible, eliminate background noise so that visually impaired students, staff or visitors can concentrate on what is being said.
- 9.3.8 Be mindful to think about how to communicate information to people who cannot see what you are doing.

9.4 Reading

- 9.4.1 Students can access information in different ways eg Braille, audio, enlarged print.
- 9.4.2 Braille readers cannot skim read and could take up to three times longer than other students to read a text.
- 9.4.3 Skim reading may be very difficult to impossible for non-Braille users too so reading has to be paced to avoid fatigue or eye strain. Study time will be reduced if headaches result from the effort of reading.
- 9.4.4 Students with some vision could use large-print readers or they may not be able to read at all without using software or equipment.
- 9.4.5 Many blind students use a screen reader - JAWS. Some will want material formatted into alternative formats, so extra time will be needed for this as the student has to wait for the material to be produced for them.
- 9.4.6 Finding books in the library will be impossible without assistance.
- 9.4.7 Core reading must be identified well before the start of a semester so that arrangements can be made for students to access it. The Library has direct contact with the RNIB library and can advise.

- 9.4.8 Indicate compulsory texts in reading lists and key chapters if the whole book is not needed. Where the reading list is lengthy, it helps if this can be prioritised. The Library will be able to obtain electronic versions (epub) or liaise with the publisher.
(See <http://idpf.org/epub> and <https://www.lifewire.com/what-is-an-epub-file-2621084>)
- 9.4.9 To support the reading of examination questions, ALS can provide a reader to read both the examination questions and the student's responses when answering questions.
- 9.4.10 Extra time will be needed to carry out tasks such as locating words in a text when shifting from one reading medium to another.
- 9.4.11 If there is reading required during a seminar or tutorial, students with visual impairments may feel excluded. Provide any textual material in an accessible format in *advance* of the seminar or tutorial. This is challenging for students especially when diagrams have to be re-formatted before starting any assignment work so time is of the essence.
- 9.4.12 If learning on the course involves using particular software, it is helpful to know about this beforehand so the student can get access to it and get used to using it.

It cannot be emphasised enough that time is a crucial factor in the preparation of resources and learning how to use them. Assistive technology is getting better and better but there is software that is not compatible with the apps that students with visual impairments have to use, so alternative ways round this has to be thought about and then worked with.

9.5 Lectures

- 9.5.1 It may take longer for some students to write down lecture notes and they may not be able to see PowerPoint slides, Panopto or board work. Diagrams and new vocabulary will be problematic so an oral description or additional clarification will be needed.
- 9.5.2 Documentation given out during a lecture may not be accessible to the student. TV and Video are generally less problematic but students must be informed when they are going to be used so that any preparations can be made. Some students who are very sensitive to light or screen glare will struggle with TV and video conferencing.
- 9.5.3 An ALS mentor will assist and can provide notes if required.
- 9.5.4 Recording lectures is the most often used adjustment either via Panopto or Sonocent.
- 9.5.5 If new terms/words are written down, an oral explanation and spelling should be given.
- 9.5.6 Always talk through any calculations as they are made or procedures as they are carried out. Read out what you write, describe any charts or graphs being used and explain fully any diagrams, illustrations, acronyms or videos you use.

9.6 Written Work

- 9.6.1 The effort required for reading will delay the start of any written work so as much notice as possible will be required to time manage this activity.
- 9.6.2 It will take longer to proof read written work and to put a reference list together.
- 9.6.3 Presentation requirements will not be met unless the student has support in preparing and doing this. An ALS Mentor can support the student.
- 9.6.4 When a student is embarking on research, please provide a written list of references so that they know exactly where to find extra information. This will help them to get started and they will be able to carry on from this point.
- 9.6.5 Be specific about page references that are recommended reading and where possible, refer to texts that are written in plain English.

9.7 Presentations

- 9.7.1 Always express written information verbally.
- 9.7.2 Follow a logical structure for your session as this makes notes and recordings easier to follow when the student is revisiting the content.
- 9.7.3 Allow plenty of time for information to be assimilated and any responses to be made before moving on.
- 9.7.4 If there is any group work in your session, try to ensure only one person at a time speaks so that the visually impaired student can follow the thread of the conversation.
- 9.7.5 Questioners from the room should be asked to identify their names verbally as the visually impaired student may not recognise their voices.
- 9.7.6 Consider the format of slides: use sans serif fonts, clear contrast between text and background, large enough font and simple design with not too much text (See Using PowerPoint with Diverse Learners Section 11.0).
- 9.7.7 Visually impaired students may experience difficulties with face to face communication if they are unable to read facial expressions or body language
- 9.7.8 It can take some time to get used to the voices of other students so speakers should always say who they are before speaking so that the student can identify who is speaking by their voice.
- 9.7.9 Prepare handouts in advance so that students/staff/visitors can have diagrams etc to hand and include this in guidance for student-led presentations.

9.8 Group Work

- 9.8.1 Get in the habit of verbalising everything by being more explicit in the choice of language. For example, replace comments like *'over there'* with *'directly behind you'*; *'it's on the side'* with *'it's to your left'*; *'look at that'* with *'we're looking at...'*
- 9.8.2 Get others in the group to focus on their use of language to verbalise what we take for granted in visual references.
- 9.8.3 It is perfectly possible for a visually impaired student to chair a discussion as long as the rules of engagement are stated and understood. Raising a hand to speak won't be seen as easily as using a sound that is likely to be heard.
- 9.8.4 Speak in words not gestures. Verbally express feelings rather than relying on facial and body expressions and only allow one person to speak at a time.
- 9.8.5 Do not single out a visually impaired student or discuss their requirements in front of a group. Decide together what is best beforehand so that the student can feel part of the group and not the focus of it.

9.9 Videos

- 9.9.1 Inform the student beforehand if you plan to use a film, video, slides etc. and discuss alternative ways of supplementing the necessary information.
- 9.9.2 Supply visual material beforehand so that the student can prepare. If the material is pre-viewed, an ALS mentor can sit next to the student and explain what's happening. The student then uses the previous memory plus the current explanations to reinforce what is being shown.
- 9.9.4 Get into the habit of pausing at important points to reinforce the message.
- 9.9.5 If visual material is being used on a regular basis, send copies to the student so that s/he can go through them with an ALS Mentor on a regular basis.

9.10 Handouts and Assignment Briefs

- 9.10.1 If using handouts or PowerPoint presentations, prepare them in numbered, primacy order.
- 9.10.2 Along with pre-release materials, prepare resources in electronic format as this makes it easier to access using assistive software or to reformat in Braille. **NB Some formats are not compatible with the available software when in PDF so please use Word.**
- 9.10.3 As with using PowerPoint, consider the format of handouts and briefs: use sans serif fonts, clear contrast between text and background, large enough font and simple design with not too much text (See Using PowerPoint with Diverse Learners Section 11.0).

LEARNING MATERIALS IN BRIGHTSPACE

In addition to the above advice for Presentations, Videos, Handouts and Assignment Briefs, Brightspace offers a number of ways to improve the accessibility of learning materials provided through it. In particular, materials authored within Brightspace itself can take advantage of features such as the Brightspace Accessibility Checker – which can highlight issues with text/background context and compatibility with assisted technologies such as screen readers – and are more responsive to any personal settings made by students within their Brightspace profile.

Further information can be found here:

[https://documentation.brightspace.com/EN/accessibility/-/learner/accessibility_and_navigation_intro.htm?tocpath=Getting Started|Accessibility and navigation](https://documentation.brightspace.com/EN/accessibility/-/learner/accessibility_and_navigation_intro.htm?tocpath=Getting+Started|Accessibility+and+navigation)

9.11 Practicals, Lab & Studio Work, Field Work and Placements

9.11.1 It is important to provide a pre-course orientation to minimise anxiety in unfamiliar environments. This can be a joint exercise with ALS depending on the level of visual impairment.

9.11.2 A health and safety risk assessment should be undertaken and obvious things like obstructions, mobility and accessibility should be considered.

9.11.3 Some equipment or activities may need to be adapted to allow participation in practical work. For example: auditory displays of visual information such as talking thermometers; tactile displays of visual information such as beakers with raised markers, clamps and other devices for holding items of equipment; hand-held illuminated magnifiers; electronic microscopes that can be linked to a computer with large print or speech output and embossing film with geometry mats.

9.11.4 Discussions around reasonable adjustments can be held between the student, the Faculty and ALS to arrive at the best solutions. Some specific special materials may be provided by ALS.

9.11.5 Consider supplementing laboratory practicals, experiments or field trips with audio taping commentaries. ALS staff will be available for practical assistance.

9.11.6 It is important to talk through the possible options with the student well in advance to avoid issues down the line and to be as fully prepared as possible. ALS will contact the Faculty as soon as the student is registered on SITS.

9.12 Examination and Assessment

Alternative examination and assessments will be required for students with sight impairments. The usual assessment format may need to be modified to achieve the assessment objectives and these will be different for different types of assessment, or for parts thereof. For example, a student may be considerably disadvantaged by part of an exam paper with a heavy concentration of text, such as multiple choice questions, but have no difficulty in reading and understanding brief essay titles.

9.13 Assessed Coursework

- 9.13.1 All visual impairments increase the time and effort that students must expend in activities of daily living as well as activities related to their studies. Requests for extra time for the completion of essays are a normal adjustment but the circumstances of each individual student, once factored in, may render this request unreasonable so an alternative solution should be considered instead.
- 9.13.2 Extensive reading can be disadvantageous in reality as it takes so much time. Consider setting alternative assignments whereby students have the opportunity to work intensively on a few selected texts rather than having to read more widely.
- 9.13.3 If presentation requirements are part of the marking criteria this should be discussed with the student because s/he may not use the standard word processing package and so would have difficulty with this. Extra IT support may be needed for accessibility.
- 9.13.4 Guidance on writing development is no different for a visually impaired student than for any other student. However, any formative comments made on written work must be accessible to the student. For example, e-mail feedback can be read by screen readers.
- 9.13.5 Always negotiate appropriate feedback mechanisms with the student at the start of the course/unit.
- 9.13.6 Proof-reading is very challenging but it is important that the student is aware that there are many errors that are not acceptable. ALS can help with finding ways to improve accuracy so feeding back to the ALS mentor as well as to the student will help in supporting the student to get things right.
- 9.13.7 It is important for examination material to be identified in good time. Students may have to arrange for accessibility.
- 9.13.8 Many blind students use the screen reader JAWS. Some will want material formatted into alternative formats so extra time will be needed for this as the student has to wait for the material to be produced for them.
- 9.13.9 To support the reading of examination questions, ALS can provide a reader to read both the examination questions and the student's responses when answering questions.
- 9.13.10 An ALS scribe can be provided if required for both in-class tests and formal exams.

10.0 Online Course Delivery: Good Practice Guidelines

- 10.1 The concept of additional learning support and reasonable adjustments as espoused by the UK under the Equality Act 2010 is not recognised in many countries around the world; therefore what BU can offer may not be taken up by students who would not expect any support or adjustments.
- 10.2 Course literature should be very explicit and the disability text quite prominent to ensure it is noticed because a BU student studying on or offline from anywhere in the world has an entitlement under British Law and BU has legal duties that should be observed.
- 10.3 Course documentation should include details of ALS support if required, which can be offered remotely via Skype or email. Sometimes students will disclose a disability or illness but do not necessarily require any extra support. This should be clarified. If support is required, the disability must be evidenced. ALS can advise on the kinds of acceptable evidence.
- 10.4 Any documentation received from a prospective student needs to ascertain the nature of the disability and specifically the impact on the student's learning and assessment. This will mean that appropriate information is disclosed up front.
- 10.5 ALS can advise on the nature of the disability and look into its impact thoroughly so that academic staff have an understanding when it comes to decisions on assessment and any adjustments that could be offered.
- 10.6 ALS has online resources that can be emailed out to students who may need them. These resources vary from learning strategies, study skills techniques, tips and methods on processing text etc. Some are on the ALS webpage and links can be sent.
- 10.7 Depending on the nature of the disclosed disability, an ALS Tutor can be assigned to support the student throughout the duration of the course. Support will be via Skype or email using distance learning techniques.
- 10.8 The Marking Guidelines can be applied if appropriate to online marking and assessment. 25% extra time for assessment is a common adjustment and can be added to an online Time Constrained assessment or built in inclusively for all students to the overall duration of the assessment.
- 10.9 From an inclusivity perspective when posting materials online, regardless of any disability, consistency and clarity of font, size, text-density and colour should be considered. If students do not disclose for whatever reason, by considering general accessibility they may well be supported in any case. See Using PowerPoint with Diverse Learners (see Section 11.0), the principles of which can be adapted to any online presentation.

- 10.10 Students studying online can change their desktops to accommodate personal preferences in font size, colour and background. Students can also change some user preferences within Brightspace to adjust font size, and change dialogue and html editor settings to modes that work more easily with assistive technology.
- 10.11 Any slides should not be over-dense with text; and the use of colour to break up black and white will ensure that words are not missed out when being read and processed by those with dyslexia or dyspraxia. Learning materials developed as content items within Brightspace itself should follow the same advice. Brightspace provides a content validator to assist in improving the accessibility of such materials.
- 10.12 Sensory impaired students should be asked what adjustments they would prefer as this can vary so much. There is software available for support and details of what is on the market including costs, shipping and training manuals/videos are available from ALS.
- 10.13 If animated and voiceover presentations are going online, please consider signed accompaniment for deaf students. ALS has details of a local BSL signer but please note: some countries will use the American Sign Language; in which case we would not be able to help so the particular student would have to make personal arrangements for the ASL to support them.
- 10.14 In lieu of having notes up front before lectures and seminars, consideration for webinars or pod cast deliveries would be helpful. Briefing in advance of watching a podcast or webinar will enable the student to prepare and thus be ready to participate and make the most of their learning.
- 10.15 Videos that can be watched again and again are the best resource you could offer.
- 10.16 Structure is very important for any student with a specific learning difference such as dyspraxia, dyslexia, ADHD or anything on the autistic spectrum. Receiving information at the same time every week, watching online videos or taking part in conferencing at the same time, every time (time zones permissible) will keep a student on track.
- 10.17 Organisation and time management are crucial so however the course is delivered, always be consistent with the when, how, where etc. otherwise students will get extremely disorganised and will not be able to manage their time effectively. This will give rise to anxiety and stress that will have a knock-on effect with their learning.
- 10.18 The ultimate advice on what will work as a reasonable adjustment must come from the students themselves. The Faculty is responsible for liaising with the student to discuss what would be a reasonable adjustment and ALS is always available to advise on any aspect of supporting a disabled student online.

- 10.19 Most students will be pleased to receive information that is presented in a way that makes it easier to comprehend and to be allowed extra time to complete assignments or assessments.
- 10.20 If students do not want distance learning from ALS then they must make local arrangements for their support at their own cost. This should be clarified in the course literature before enrolment and again after enrolment so that expectations are well-managed.

11.0 Using PowerPoint with Diverse Learners

Visual processing for many students can be problematic and a particular challenge for students with dyslexia, dyspraxia, sensory impairments, certain AS conditions and those with severe anxieties as well as medically diagnosed visual processing conditions.

Many students who do not have visual processing difficulties per se will have an inefficient working memory condition and the impact of this will have a bearing on what is read on a PowerPoint slide.

The language used on PowerPoints is an important aspect to focus on. Many students process language visually or explicitly and generally conceptually different from what you may expect.

Numbering slides is really important not only for students using Sonocent audio note taker so that they can be matched to the recording in the speech to text process but also so that ALS Mentors can match up notes from the lecture to the particular slide being presented.

Text

- Use a sans serif font such as Tahoma, Arial, Verdana, Calibri, Albertus etc
- Use a large font – 20 absolute minimum but 22 is best. Depending on how much text there is per slide, the font could be larger. Words are easier to decipher if they are clear and simple
- Small fonts with fussy designs and poor contrast between text and background can make life difficult for many students
- Avoid too much variation in font style and size. It may look more interesting from a design perspective but the aim is minimalism
- Minimalism is a design style in which the simplest and fewest elements are used to create the maximum effect. This approach works best for students who have challenges with processing words and who need space to see the words in order to visualise their meaning

- Use **bold** for emphasis rather than **highlighting**, underlining or *italicising*. The tonal appearance of **bold** and not bold fonts is easier to process than the clutter of a mixed use of **highlighting**, underlining and *italicising*
- Using italics for large chunks of text makes reading difficult for students with visual stress, processing issues or a visual impairment. Using italics for emphasis on the odd word or phrase is fine but overuse is not recommended
- Whilst colour and imagery can be used to highlight key points or important details, be advised that this is not an advantage when Brailleing so try to ascertain if Brailleing will be required
- Never justify both sides of text. Align text to the left or centrally
- Avoid text that is angled or uses special effects such as shadows. Again, this may make the slide more interesting from a design perspective but the visual clutter will impede on the processing activity for many students
- If students need the slides to be converted to Braille, the original fonts must be clear with no adornments or else this cannot be done.

Colour

- Complementary colours are those opposite each other on the colour circle. The high contrast creates a vibrancy and can be easily seen by most students
- Analogous colours are next to each other on the colour circle and are harmonious together because they share a basic colour. For example blue and green. These combinations are the easiest to read for many students who have visual processing issues as the contrast is not as high as in complementary colours
- Avoid white writing on a dark background unless it's in a heading and therefore in a larger font. Sometimes the white font can disappear and thus not be read or the words processed. There should be a clear contrast between text and background
- Using different coloured fonts with alternating bullet points can work very well, especially for those with SpLDs as important points are separated out visually and can aid memory as well as processing

Visuals

- Present information diagrammatically using SmartArt. Many students can process ideas via diagrams or pictures easier than through words alone

- Reinforce your presentation with audio-visuals such as You Tube videos. A multi-sensory presentation is helpful for all students as each learning style will be covered
- Avoid slide designs with patterned backgrounds
- Place images alongside text rather than behind it
- Some visually impaired and colour blind students can see certain fonts and images so if you know you have students with these disabilities in your group, check to see what would work best for them

Effects

- It is best if you stagger the release of complex information by using the appear function to gradually reveal bullet points or elements in SmartArt
- Avoid overuse of complex visual effects. Moving, flashing or dissolving images and graphics can be extremely distracting and in some cases cause visual distortions. However, the odd judicious use of an effect can make its mark in getting information across effectively
- Keep slide transitions consistent and simple to cut down on distractibility
- The point to remember with any effect is that it may be entertaining and capture attention, but the communication of your message will get lost in the medium if not used wisely

Language

- Students with AS, Asperger's and certain SpLDs will find language processing quite challenging. It is important to keep your language and syntax very clear and simple with no double negatives and no use of idioms unless contextual and thus explainable
- Text and the information it portrays must be logically ordered otherwise it will not be perceived as important; it will just look like meaningless words and thus ignored
- Use language effectively so that it can be internally visualised. Conceptually, words have no meaning unless they can be visualised in context. For example, '*important*' as a bullet point means nothing unless the context is clear, so add a relevant verb '*important to remember*'. This makes it clear and explicit
- If you are using a PowerPoint as a springboard for students to read further or to carry through to research, you must make this explicit. Clear direction will be needed as implicitness is not an understood concept with many AS/SpLD students and they will miss the point

Key Points

- Keep slides simple using minimal text and explicit language. Please number them.
- Be consistent in your use of font, colour and design and ensure a clear contrast between text and background
- Make the presentation as multi-sensory as possible; use audio-visual elements to reinforce information
- Be explicit. Never rely on implicit meaning
- Dim the lighting in the room to reduce glare
- Ensure lecture slides are available 48 hours before needed so that students can prepare
- In your presentation, leave slides up long enough for all students to process the content

12.0 Examples of Alternative Assessments

The following examples are taken from the listed universities who have shared their practice through the National Association of Disability Practitioners (NADP): Nottingham, Edinburgh, Liverpool Hope, Plymouth, York, UMIST, Reading, Nottingham Trent, Sheffield Hallam, Southampton Solent, Worcester, Oxford Brookes, Edge Hill, **Bournemouth**, Royal Central School of Speech and Drama

Viva Voce	Practical Project	Radio Broadcast with Listener Support Pack	Video Presentation with BSL and Voiceover
Video Portfolio	Essay, Viva and Cloze	Presentation	Audio Submission
Oral Assessment	Video Submission	Coursework Supplements – audio, video, project	Two oral presentations and two short essays instead of a 12,000 word dissertation
Portfolio Evidence	Multi-Media Assessment	Articles for different audiences – book, journal, audio programme, visual programme	Practical Assessment Stations
Critical Incidents accounts/journals/blogs	Learning Logs	Make or design	Open Book Exam
Timed on-line Assessment	Observation of Performance	Short-Answer Questions	Simulations
Question Blanks	Reflective Diaries	Research Project	Role Play
Seen Exams	Selective Report/Sampling	Group Project	e-Portfolio

13.0 Guidance for Supervisors & Examiners of PGRs with Disabilities

13.1 Scope and Purpose

- 13.1.1 This guidance document is for Bournemouth University (BU) Supervisors and Examiners of Postgraduate Research students (PGRs) with disabilities. It is also appropriate for Research Administrators (RAs).
- 13.1.2 This guidance relates to all PGRs including members of BU staff undertaking a research degree at BU who have a declared diagnosed disability, described in the Equality Act 2010 Section 6 as a physical or neurological impairment that has a substantial and long-term impact on daily working, studying or activities. NB All diagnosed disabilities must be evidenced either by an Educational Psychologist, Consultant Medical Practitioner or Psychiatrist. When prospective or current PGRs register with ALS, any evidence presented will be scrutinised to ensure it is appropriate. However, it should be noted that it is the *impact* of a condition on learning and assessment for which reasonable adjustments are given.
- 13.1.3 The guidance summarises the collective responsibilities of BU Supervisors and RAs in supporting PGRs with disabilities. It is intended to support the Supervisors in their discussions with PGRs when considering specific adjustments to the learning and assessment throughout the research degree journey.
- 13.1.4 It is also intended to provide guidance for Examiners or Chairs when considering adjustments to the assessment of a Thesis and Viva Voce examination.
- 13.1.5 The term 'disabled' is an umbrella term and includes: sensory, physical or medical impairments, specific learning differences, autistic spectrum conditions and mental health difficulties. Temporary injury, temporary incapacity and pregnancy are also included as BU has a legal duty to support staff and students with temporary conditions as well as permanent ones. Temporary conditions are not usually considered as disabilities; nevertheless, it is important that the *impact* of a temporary condition is considered.
- 13.1.6 Under the Equality Act 2010, BU has a legal duty to offer reasonable adjustments to disabled staff, students and visitors who work, study or are visiting any University premises. **Please note:** the Equality Act does not require adjustments to be made that would compromise academic standards and appropriate core competencies. Reasonable adjustments enable a PGR with disabilities to participate in research training on the same basis as a PGR without a disability. The underlying philosophy is inclusion; adjustments should level the playing field so that disabled PGRs are included. However, too many adjustments can lead to an exclusive practice, which is not inclusive for PGRs without a disability and offers an unfair advantage. Adjustments should be mutually agreed through discussion with individual

PGRs, who are the best people to know about and explain the impacts of their disability, and they can be considered reasonable if they are based on the following:

- Documented evidence
- The most integrated experience possible
- Not compromising the essential academic requirements
- Not posing a threat to personal or public safety
- Not imposing an undue financial or administrative burden
- The potential benefit to other staff/ students

13.1.7 Core competences of a qualification do not require adjustments, however, the assessment of them does. Supervisors and RAs need to be aware that where BU does not comply with the duty to make reasonable adjustments, it will be committing an act of unlawful discrimination. A PGR student with a disability may have grounds for litigation based on this.

13.1.8 General adjustments will remove barriers for all PGRs with disabilities and may even support PGR without disabilities. In supporting BU2025, embedding these routinely as inclusive practices will eliminate the need for further considerations. There will always be additional individual adjustments that are appropriate for specific disabilities and the Equality Act 2010 makes a provision to positively discriminate against those who are not disabled in certain circumstances.

13.1.9 This document provides information for the Supervisors, RAs and Examiners to:

- Raise awareness of the disclosure process
- Signpost to appropriate information to assist in supporting PGRs
- Assist in correctly advising PGRs who require reasonable adjustments to successfully undertake their research degree
- Provide guidance for reasonable adjustments during the examination process

13.2 Key Responsibilities

13.2.1 Supervisors are responsible for leading discussions with the PGRs to consider reasonable adjustments to the learning and assessment throughout the research degree journey so that appropriate support can be mutually agreed.

The Supervisors should discuss the issues with the PGR and also signpost to ALS if they are not already registered. ALS can not only provide non-subject specific, disability-based learning support but also advise on potential funding.

Supervisors should note that the Student Support and Engagement Co-ordinators based in each Faculty can support PGRs if they have wellbeing issues; and Student Wellbeing based in Talbot House can also be a useful point of contact for any external mental health services provided by Dorset Healthcare Trust.

Supervisors are the key contact for PGRs, so they need to understand disability duties under the Equality Act 2010. As part of Supervisory training, the impacts of varying disabilities on learning and assessment will be available. It is also important to understand about what is reasonable around academic standards and concerns.

It is advisable that any PGRs who are also members of BU staff should meet with their line manager or Head of Department as they will need to be included in the discussions around reasonable adjustment. The Employment Act guidelines are the same as those in the Equality Act in respect of agreement being reached as to what constitutes 'reasonable'.

13.2.2 Research Administrators are responsible for disseminating information from ALS about the PGR's disability and impacts. This information will be online via the SITS reporting process that generates student adjustment information (SAI).

Research Administrators are responsible for informing the relevant examiner about any agreed adjustments and the impacts of a disclosed disability.

13.2.3 Examiners are responsible for considering the individual disability impact when independently assessing a Thesis and when conducting a Viva Voce examination.

13.2.4 PGRs are individually responsible for ensuring that disclosure is made. There is no legal requirement to disclose a disability but if no disclosure is made then adjustments cannot be considered. PGRs with a disability who do not disclose are putting themselves at considerable disadvantage.

13.2.5 The Doctoral College is responsible for working collaboratively with ALS to ensure that the guidance in this document remains current with respect to the appropriate legislation.

13.2.6 ALS is responsible for working with students, supervisors, and where appropriate, examiners, to verify evidence of a disability and advise on reasonable adjustments. ALS is also responsible for providing 1:1 study skills support or mentoring that is non-subject specific. The provision is disability-specific and is provided by well-qualified, experienced teachers who are cognisant of the academic skills required at Doctoral level.

13.3 Disclosure

Supervisors and RAs should be aware of the disclosure process and be able to advise PGRs who require reasonable adjustments to undertake their research degrees.

PGRs would normally make a disclosure as part of the application procedures and adjustments can be explored as part of the interview process. However, in some circumstances, a PGR may receive a diagnosis after enrolment, in which case adjustments would need to be explored at this point.

Registering with ALS would constitute disclosure. The ALS registration process will inform the Research Administrators in the first instance who should then disseminate to the relevant staff so that discussions on adjustments can begin straightaway.

13.4 Supervisors' Responsibilities

When a PGR makes a disclosure, either pre- or post-enrolment, Supervisors are required to lead a discussion with the PGR to consider any adjustments, and the reasonableness of them, for learning and assessment throughout the research degree journey; also to consider any presentations that the PGR is likely to make either internally or externally at conferences. These adjustments will be different per PGR as they are individualized. Where necessary, ALS can support PGRs with presentations. Agreements from these discussions should be formally recorded and the following carried out:

- Signpost to ALS support if not already being accessed
- Signpost to funding information: Disabled Students' Allowances or Access to Work
- Signpost to Student Wellbeing if appropriate
- Signpost to the Faculty Student Support and Engagement Co-ordinator if appropriate
- Arrange for accessibility to be checked via ALS (physical environment, resources, assistive technology or personal emergency evacuation plan (PEEP))
- If there is an ALS Mentor supporting a complex sensory or physically impaired PGR, ensure s/he is part of any discussions on adjustments so that all agreements are transparent and clarified from the beginning and if appropriate, the Mentor can translate or otherwise ensure the PGR understands completely
- Contact the relevant Examiner at the appropriate time to appraise of any adjustments being made and give an overview of any anticipated behaviours that could occur during the Viva. NB ALS staff can be brought into these discussions if required

There is an anticipatory duty to provide adjustments which should include planning ahead and taking a strategic approach to addressing any barriers that could potentially impede progression. PGRs must be fully aware of key processes and expectations and not be unduly affected by unplanned events that would be detrimental to their progression.

Supervisors will need to review the proposed research project to ensure total transparency about the requirements of the research. The PGR must fully understand the need to fulfil the academic requirements of their area of study regardless of any disability.

Supervisors will need to ensure that the PGR is fully aware of the requirements of the process for each of the key progression milestones, as set out in *8a Code of Practice for Research Degrees*, towards the final *Viva Voce* examination.

It is important that, where appropriate, Supervisors attend relevant training to ensure their knowledge and understanding of issues facing PGRs with a disability is current.

Supervisors should also check during the course of the PhD for any changes to the status of the PGR.

13.5 Examiners' Responsibilities

- Examiners will be given briefings on the disclosure and adjustments for a PGR in good time so that s/he has the opportunity to raise any concerns or clarifications
- Where appropriate, Examiners or Chairs should attend any relevant disability awareness training to ensure their knowledge and understanding of issues facing PGRs with disabilities is current
- Where appropriate, Examiners or Chairs should avail themselves of briefing notes with links to explanatory materials or research
- The Examiners will have access to the relevant BU Guidelines, which should be acknowledged particularly with regard to interrogative syntax and sensory impairment
- Examiners or Chairs should be familiar with the recommended general and specific adjustments that would fulfil legal duties on supporting disabled students

13.6 Reasonable Adjustments

General Adjustments

These will help to remove barriers and if embedded in routine practice will eliminate the need to specially request them. As mentioned in 13.1.8 above, general adjustments will remove barriers for all PGRs with disabilities and may even support PGRs without disabilities. In supporting the BU2025 Value of Inclusivity, embedding these routinely as inclusive practices will eliminate the need for further consideration:

- Ensure the examination takes place in an accessible building with level access, automatic doors, available accessible toilet facilities and that the sensory impact of the room is minimal (in terms of hearing, lighting and noise distractions)
- Ensure that the schedule for the day is clear and written instructions as to how the Viva Voce will be conducted are provided in a timely way to allow candidates sufficient time to prepare
- Give advance notification of, and access to, the venue so that PGRs can familiarise themselves with the route and the environment
- Provide the PGR with the opportunity to prepare for the Viva Voce examination. This may include:
 - Provision of general areas for questioning
 - Mock Viva
 - Discussion of requirements in terms of access

- Provide all written information in an accessible format
- Explain clearly the procedure and method of the examination at the start of the Viva and also provide this in written format
- Allow the PGR to take in written notes and a copy of the Thesis, and to jot down notes to refer to as necessary or colour-tab the Thesis in appropriate places
- Provide flip charts and other materials to enable a PGR to explain ideas visually in writing or diagrammatically when verbal explanations become challenging
- Present one question at a time avoiding multi-faceted questions, and be prepared to re-phrase questions if the PGR appears to have misunderstood
- Allow PGRs brief pauses to compose answers
- Monitor fatigue and schedule breaks as necessary
- Avoid changes to the schedule or change of venue. If unavoidable, provide as much notice as possible
- Allow extra time to read and assimilate any new material, collect thoughts, compose answers and locate details in a section of the Thesis. Reassure the PGR that this is acceptable
- Structure questions into shorter sections, repeating and rephrasing if necessary. Allow intermediate responses
- Allow the use of a digital recorder for the part of the Viva where corrections are discussed to ensure accuracy for any subsequent actions that need to be taken
- Provide a clear written summary in the Examiner's report of any formal feedback, corrections required and actions to take
- Consider the risk of an emergency and whether a personal emergency evacuation plan (PEEP) would be required.
- On the day of the Viva Voce, RAs should check all arrangements with the PGRs to ensure that they have everything required

13.6.1 PGRs with Autistic Spectrum Conditions (AS) or Asperger's Syndrome

- Provide an opportunity to meet with the Examiner beforehand, possibly by Skype if this is more convenient, as there could be extreme anxieties about meeting new people. It should be made clear that this would not be part of the examination and the conversation would not address academic matters but be limited to an introduction to the Examiner and the likely conduct of the Viva
- The Supervisor could provide a more detailed explanation of the process and structure of a Viva in advance, particularly in terms of any social conventions. PGRs with AS may find it helpful to rehearse greetings, or requests for clarification of a question etc. depending on the level of their social anxieties. This is an adjustment for which ALS autism specialists can help
- Ask Examiners to avoid the use of metaphorical and idiomatic language and to be prepared to re-phrase or ask questions in more explicit concrete terms if the PGR appears not to understand. For example, if the question is asked: '*Would you like to look at...?*' - this will be taken literally and may elicit the response, '*No*'. A better way would be to state explicitly: '*Look at the section on....*'
- Ensure Examiners are aware of the potential for unusual behaviour and social communication challenges
- Sometimes, short breaks are advisable for PGRs with extremely high anxieties that can manifest physically

13.6.2 PGRs with Hearing Impairment

- Ensure the Examiners follow the appropriate communication guidelines
- Facilitate the PGR's use of communication aids: infra-red or loop systems installed in the room or portable technology or a British Sign Language (BSL) interpreter
- Ensure in advance that any BU Hearing equipment is available and fully operational
- If required, ensure the Examiner wears or uses a microphone and instruct on its use if necessary

13.6.3 PGRs with Medical Conditions eg Cerebral Palsy, MS, Cancer, Cystic Fibrosis

- Ensure consideration is given to scheduling for either a morning or afternoon start according to any symptoms or side effects of any medication that may be worse at a particular time of day

- Allow the PGR to bring in any food, drink, medication or equipment that helps them to manage their condition
- Where appropriate, and depending on the severity of the medical condition, consider extended rest breaks to accommodate the impact of extreme fatigue or chronic pain

13.6.4 PGRs with Mental Health Conditions eg Bi-polar, Schizophrenia, PTSD

- Be aware of the potential for more severe anxiety than would typically be expected. Adopt a calm, understanding approach and suggest short breaks if necessary
- Ensure consideration is given to scheduling for either a morning or afternoon start according to any symptoms or side effects of any medication that may be worse at a particular time of day
- Depending on the severity and impact of the mental health condition, give permission for an appropriate person to attend in a supportive capacity. It should be made clear that this person is not permitted to participate in the Viva by, for example, interpreting the Examiner's questions for the PGR

13.6.5 PGRs with Physical or Mobility Impairments or Wheelchair Users with Medical Conditions

- Ensure the examination takes place in an accessible building with level access, automatic doors, available accessible toilet facilities and that the sensory impact of the room is minimal (in terms of hearing, lighting and noise distractions)
- Allow the PGR to stand or move around as required if they are managing pain
- Allow the PGR to use their ergonomic chair if necessary
- Permit a personal carer or ALS Mentor to attend. It should be made clear that this person is not permitted to participate in the Viva by, for example, interpreting the Examiner's questions for the PGR
- Schedule frequent or extended rest breaks according to the impact of the impairment

13.6.6 PGRs with Specific Learning Differences (SpLDs) eg Dyslexia, Dyspraxia, ADD, OCD, Tourette's syndrome

- Allow the PGR to clarify what is being asked at any time to ensure they have understood the question

- Ask Examiners to avoid the use of metaphorical and idiomatic language and to be prepared to re-phrase or ask questions in more explicit concrete terms
- Ask Examiners to keep questions simply constructed with no double negatives or multiple parts
- If PGRs are having difficulty interpreting what is being asked or expressing their knowledge falteringly, the Examiner should re-direct or re-phrase a question or prompt the PGR to get back on track
- Allow the PGR to use their previously colour-tabbed Thesis at appropriate places as prompts to assist in answering questions

13.6.7 PGRs with a Visual Impairment either Partially Sighted or Blind

- Ensure the Examiners follow the appropriate communication guidelines
- The PGR will need to use assistive technology for reading, writing and note taking if required. The PGR will have this and the Doctoral College does not have to provide it.
- Provide written information in an accessible format that the PGR will have already established as appropriate for their needs
- The PGR may require a sighted guide or a registered assistance dog. It should be made clear that the guide is not permitted to participate in the Viva by, for example, interpreting the Examiner's questions for the PGR

14.0 Staff Disabilities: Advice on Reasonable Adjustments

The purpose of this advice is to support the Faculties/Professional Services in their discussions with staff when considering specific adjustments in the working environment. There is a duty on BU to make reasonable adjustments for staff in relation to:

- A provision, criteria or practice *eg work scheduling*
- Physical features *eg accessibility*
- Auxiliary aids *eg assistive technology software*

Under the Equality Act, reasonable adjustments are required where disabled staff personally experience substantial disadvantage in comparison with non-disabled staff. Creative solutions that support the social model of inclusion (ie the development of an inclusive,

accessible environment where a range of support mechanisms are available to all staff) would lessen the need for individual requests. Furthermore, anticipatory adjustments of this nature can support staff who have not disclosed their disability for whatever reason.

ALS can advise on general adjustments but more specific ones should be **as a result of a discussion** between the individual staff and the respective Faculty or Professional Service management. Agreement should be reached on what is *reasonable* and is usually a balance between the needs of the staff and the needs of the organisation.

Where an employer does not comply with the duty to make reasonable adjustments it will be committing an act of unlawful discrimination. Disabled staff will be able to make a claim based on this.

Competence Standards

The Act defines a competence standard as an academic, medical, or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability.

- 14.1 **A competence standard in respect of staff would be the overall purpose of their current job description. If staff undergo a qualification programme the competence standard would refer to the overall objectives that are being assessed.**
- 14.2 Whilst competence standards per se are not subject to reasonable adjustments, the *assessment* of them is and where applicable it may be necessary to explore with staff alternative means of demonstrating that the required standards can be met.
- 14.3 The Equality Act 2010 identifies a general entitlement for disabled staff to reasonable adjustments. However, there is no need to compromise competence standards. Eg if staff are contracted to teach, an adjustment can be made on the number of hours dedicated to teaching but the overall competence of teaching itself cannot be compromised. In effect, some teaching must take place to the defined level of competence or ability; the adjustment would be for the number of hours. Similarly, if a frontline person is contracted to deliver advice, then asking for an adjustment that means the person doesn't have to deliver advice because of a disability is not reasonable as the job requires the particular competency of giving advice.

Disclosure

- 14.4 Whilst there is no legal requirement to disclose a disability it is important to note that under Health and Safety legislation, any person working with children, vulnerable people, chemicals, dangerous equipment or where there are specific health and safety implications, there is an obligation to disclose a disability.

- 14.5 Any BU staff likely to or actually working with disabled students will come under this Health and Safety legislation as some disabled students are classed as vulnerable and there is no way of knowing which staff will be in contact with which student. Therefore it is crucial that a partnership approach is nurtured between ALS, Faculties, Professional Services and HR so that any risks when known can be communicated, managed and the staff supported if appropriate.
- 14.6 ALS has the competence and expertise to diagnose a SpLD for the purposes of a reasonable adjustment. The ALS diagnosis will evidence a disability with regard to BU's duties under the Equality Act 2010. This diagnosis will also be acceptable for Access to Work and for other funding applications, such as the DSA if staff are undertaking a programme of further study.

Temporary Injuries

- 14.7 Staff may need consideration for an adjustment if the impact of their temporary condition affects their ability to work in the normal way or access specific environments as they usually would do.
- 14.8 Staff undergoing qualifications may need consideration for an adjustment if the temporary injury or condition affects the ability to be assessed. ALS can provide information, advice and guidance should this be the case.

15.0 Funding Sources for Reasonable Adjustments

The main external source of funding for individual adjustments for disabled employees is Access to Work <http://www.nidirect.gov.uk/access-to-work-practical-help-at-work>

Grants can be provided towards additional costs in the workplace that arise because of the employee's impairment. It can fund assistive aids and equipment, adaptations to premises and support worker assistance. A grant can be obtained for up to 100% of the additional costs for new employees within the first six weeks of starting work.

For those already in work beyond the first six weeks, there is a cost-share element for two parts of this funding: special aids and equipment, and adaptation to premises and equipment.

Since April 2010, the employers share threshold contribution has depended on the number of employees. BU is in the category of employers with 250 employees and above so will pay the first £1,000 and 20% of the costs up to £10,000 (at the time of writing).

Access to Work will pay 100% of additional costs above £10,000 and will continue to meet 100% of costs under the Travel to Work, Communicator Support for Interview, and Support Worker elements of this scheme.

Although the disabled employee has to make the application, it makes financial sense for BU to support disabled staff to apply for Access to Work funding as soon as possible after starting work to

minimise the contribution BU is asked to make. It also enables BU to put in place provisions to allow disabled staff to work to their full potential.

NB – Access to Work has expressed concerns that not all disabled staff in HEIs are aware of the support they may receive from Access to Work, and have asked that its availability is publicised. (ASET conference 2016 Birmingham)

The cost of diagnosis is *not* met by Access to Work so **BU is obliged to identify and allocate any resources needed to make reasonable adjustments to working practices.** This may include allocating some of the disabled person’s duties to another person, providing additional supervision particularly at the start of employment or ensuring that assistive technology is in place.

The main source of funding for staff undertaking a qualification is:

<https://www.gov.uk/disabled-students-allowances-dsas/overview>

ALS is able to broker Educational Psychology Assessments with either in-house staff or contracted staff, and DSA Assessments using local DSA Assessment Centres

NB Evidence of a disability will have to be presented prior to any reasonable adjustments being considered. Staff should contact HR in the first instance.

16.0 Staff Disability Impacts and Suggested Reasonable Adjustments

Disability Impact: A generic overview of the most common disabilities presented by staff at BU with how they generally impact and suggestions for reasonable adjustments. Staff themselves will know what adjustment will help them best as all conditions impact individually and differently.

NB. The measure of what is reasonable depends on:

- *Documented evidence*
- *The most integrated experience possible*
- *Not compromising the essential academic requirements*
- *Not posing a threat to personal or public safety*
- *Not imposing an undue financial or administrative burden*
- *The potential benefit to other staff/ students*

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
Arthritis: A condition	The impact on work is fatigue, lack of stamina, difficulty concentrating, accessing some buildings/lecture	<ul style="list-style-type: none"> • Faculties and Professional Services can support with timetabling to ensure there is minimum travel

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
causing pain and inflammation within a joint (osteo or rheumatoid)	theatres/offices and difficulty with sitting for long periods. Staff can experience depression, anxiety, feelings of helplessness and low-self-esteem.	<p>between sites</p> <ul style="list-style-type: none"> • DSE assessment will provide suitable seating and aids • Consideration by line managers to allow longer time for completing tasks is reasonable. <p>www.arthritiscare.org.uk</p>
<p>Attention Deficit (Hyperactivity) Disorder AD(H)D</p> <p>Or just ADD if hyperactive-impulsivity diminishes</p>	<p>ADD people can show inattention when interest is not held, are disorganised, impulsive, don't listen when spoken to directly, fail to respond or follow through on instructions, zone out, experience thought displacements, can have an inattention to detail making lots of mistakes, lose things necessary for tasks, and show reluctance to engage with tasks that involve sustained mental effort. Hyperactive ADD people will display feelings of restlessness, are on the go all the time, talk excessively and have difficulty in engaging quietly. With impulsivity in the mix, people will blurt out comments, can often have difficulty waiting turn in conversations and will interrupt or intrude on others which can make meetings challenging for other staff.</p>	<ul style="list-style-type: none"> • Faculties and Professional Services can support with ensuring materials for meetings or events are always available beforehand to prepare key words eg minutes and reports • Regular summarising and paraphrasing in meetings can keep people on track • Using digital recorders • Using vibrating watches • Working with coloured papers • Agreeing to and enforcing protocols of engagement during meetings (ALS can advise on these) <p>Staff undergoing training or a further qualification can be supported by ALS to acquire learning strategies</p> <p>www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/</p>
<p>Autism Spectrum Condition (ASC)</p> <p>Includes people with high functioning autism and Asperger's</p>	<p>Wide-ranging impact affecting the way people react with others and process information. Staff can find it hard to think in the abstract, adapt to change, interpret face/body language and tone of voice, empathise with others and communicate socially. Some problems can be largely concealed</p>	<ul style="list-style-type: none"> • Communication must be in concrete non-ambiguous terms and requests to do something must be absolutely explicit as inferred language may not be understood as intended • Keep sentences short, avoid idioms or metaphors and maintain a calm and controlled voice and

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
	<p>but social interaction remains challenging.</p> <p>Taking phrases literally can lead to difficulties in understanding conversations. Impaired social skills make it difficult to understand socially acceptable behaviour. There can be an over-reliance on routine, inflexible thinking and sensory issues.</p> <p>It can be difficult to use Brightspace.</p>	<p>posture</p> <ul style="list-style-type: none"> • Give frequent feedback, following verbal instructions with written ones • Identify priorities and break down tasks into smaller tasks and stages • Give extra time for staff to piece things together • Structure is important during the working day and when receiving information. In meetings, avoid abstract conversation and multi-questions. • Don't take offence; blunt comments from people with ASD are not meant to be offensive • You can correct people and set boundaries eg asking the staff member to mind his/her language • There will be patterns of behaviour and anxiety triggers so be mindful of setting up a routine from the outset and sticking to it. A change to routine is a common anxiety trigger <p>The National Autistic Society www.nas.org.uk</p>
<p>Cerebral Palsy</p> <p>This is not an illness; it is a physical impairment with difficulties in movement, coordination, loss of posture control, eating, incontinence or fine motor</p>	<p>There are various types of cerebral palsy and the level of disability varies enormously with epilepsy co-occurring in some cases. Cognition is not impaired but some people may need practical assistance.</p> <p>Wheelchair users can access most areas of the university but not all, whilst other more ambulant people can get around with assistance.</p> <p>There may be communication problems if speech is affected.</p>	<ul style="list-style-type: none"> • Always be mindful to consult the person as to what s/he needs. Speech can be affected but do not ignore the person and ask someone else! • Faculty timetabling may have to be adjusted as not all lecture theatres have easy wheelchair access. • Some of the disability facilities are not very accessible in that the handles on the doors can be knobs as opposed to levers. It

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
control.		<p>depends where the person is working so should be checked out.</p> <ul style="list-style-type: none"> • Also, the various lifts around the campuses are not always in working order which may affect working practices. Some of them have small housing and staff may have to wait to use them. A Plan B should always be available in case one or other of the above is not working. • Never make assumptions that stairs and lavatories can be accessible and schedule important events on a ground floor.
<p>Depression:</p> <p>A common mental health illness with depressed mood, fatigue and ideas of self-harm</p>	<p>Staff will lose interest in their work; reduced energy will lead to diminished activity. Marked tiredness after only slight effort will reduce concentration and attention. Disturbed sleep, diminished appetite, reduced self-confidence and ideas of guilt and unworthiness can be overwhelming. Not getting the most out of work with poor results will compound their bleak views of any future success.</p>	<ul style="list-style-type: none"> • Accessing Staff Wellbeing can be helpful on a general basis • A reduced workload may help for a time but if job competence becomes impacted, serious medical intervention will be required. <p>www.mentalhealth.org.uk</p>
<p>Dyscalculia:</p> <p>An inability to conceptualize numbers as abstract concepts of comparative quantities; a foundational skill on which other mathematical</p>	<p>As there is a neurodiverse causal link with dyslexia and dyspraxia, many of the impacts on work are co-occurring.</p> <p>Dyscalculia impacts specifically on the ability to understand remember and manipulate numbers or number facts. Making sense of numbers and estimating numbers, distance and time will be difficult. Staff may be late for lectures or have difficulty with marking deadlines. They will</p>	<ul style="list-style-type: none"> • For any work requiring mathematically complex competences, it will not be possible to apply a reasonable adjustment as competences will never be demonstrated. • Dyscalculic staff may be able to mechanically follow learned procedures for routine calculations but will struggle with interrogating spreadsheets for budgeting or any financial aspect of their work, depending on the

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
abilities are built.	have poor mental visualization skills, and general organisation and time management will be haphazard.	<p>severity of the condition. Support for any financial aspect of their job will be required.</p> <ul style="list-style-type: none"> • Staff who are dyslexic in number will not necessarily share the same difficulties as those with dyscalculia. Extra time or support is a reasonable adjustment for any numerical work that is not the main purpose of the job. <p>For further information on dyscalculia: www.bdadyslexia.org.uk</p>
<p>Dyslexia:</p> <p>A neurological condition affecting the way the brain processes information</p>	<p>Academic writing will be impacted to a greater or lesser extent depending on whether the dyslexia is mild, moderate or severe. Reading for research, preparation or instructional reading such as technical manuals will all be difficult unless strategies are learned.</p> <p>Organisation of time, schedules, content of writing and structuring of ideas will be very challenging. Short-term memory inefficiencies will impact greatly on remembering information, appointments or meeting times, unless specific strategies are learned and applied all the time.</p> <p>Some dyslexic staff will have an increase in the capacity to think and perceive multi-dimensionally and will demonstrate great creativity whilst others will have difficulties with visual perception and physical orientation.</p> <p>Other impacts include difficulties in expressing ideas, word retrieval,</p>	<ul style="list-style-type: none"> • Providing material well before a meeting allows a person to process information and be prepared for the meeting • Give both verbal and written instructions together • Using voicemail and recording information is helpful as is using appropriate technology and support software. (ALS can advise on available software) • Provide written feedback or notes on any meetings, appraisals or any important conversations. • Speak and write in clear English without using complex sentences or double negatives, which are challenging to understand • Depending on the severity of the dyslexia, staff may well require administrative support on a permanent basis • From a time and task organisational management perspective, it is a common reasonable adjustment to lessen the load in work scheduling. A work overload will lead to stress

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
	<p>verbal and listening skills, memory and concentration. Learnt coping skills and strategies will break down in times of stress, highlighting areas of weakness.</p>	<p>with all its manifestations</p> <ul style="list-style-type: none"> • Meetings and e-mail protocols may need to be adjusted so that time is available between receiving notifications and the actual event for preparation of any information or input <p>The British Dyslexia Association www.bdadyslexia.org.uk www.abilitynet.org.uk</p>
<p>Dyspraxia</p> <p>An impairment of the organisation of gross and fine motor co-ordination skills including speech and language, and eye movements</p>	<p>There are problems with associated planning and executing tasks, emotions and behaviour, listening skills affecting team work and conversations, thinking and memory.</p> <p>Dyspraxia affects sensory integration with sensitivities towards noise, touch or light with an inability to screen out stimuli leading to sensory overload and feelings of being overwhelmed.</p> <p>As a result of the difficulties experienced, staff can get stressed, depressed and anxious very easily and are prone to emotional outbursts and low self-esteem.</p> <p>The Imposter Syndrome is prevalent and staff will doubt their accomplishments. This is important to understand at an appraisal.</p>	<ul style="list-style-type: none"> • Same as above. 75-80% of people with dyslexia also have dyspraxia. It is difficult to separate one from the other as many conditions overlap. • Structure is important and providing an outline of what to expect before a meeting starts is helpful. • Always support and reinforce spoken information with handouts and anything visual such as diagrams, models, videos, illustrations, OHTs etc. • Use concrete examples that contextualise what you're saying so that the inference can be related to personal frameworks. • Provide important glossaries of terms and acronyms. These have to be revisited often to fully understand and remember their meaning. • Ask questions that don't need very lengthy or detailed responses • Be prepared to receive implicit information rather than explicit. You will need to draw out further information by questioning. • As far as is possible keep

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
		<p>background noise to a minimum as this can be extremely distracting.</p> <p>www.dyspraxiafoundation.org.uk</p>
<p>Epilepsy:</p> <p>Abnormal electrical activity in the brain causing seizures which range from momentary absences to convulsions and loss of consciousness</p>	<p>There are health and safety implications for people with particular kinds of epilepsy depending on where and when the seizure occurs. A risk assessment for campus and accommodation safety (where appropriate) should be carried out. If the sound of the fire alarm sets off a seizure, you will need to arrange for a personal emergency evacuation plan (PEEP) to be carried out.</p>	<ul style="list-style-type: none"> • Lone working in a lab, studio, isolated room or field activity should be avoided. • Flexibility around the timing of lectures or starting the working day would be a reasonable adjustment when medication causes difficulty in waking. • Ensure that staff sit in chairs with arm rests and be mindful of a safe environment should a seizure occur. <p>www.epilepsy.org.uk</p>
<p>Hearing Impairment:</p> <p>A partial or total inability to hear; an insensitivity to sound in the speech frequencies</p> <p>Tinnitus:</p> <p>A more or less permanent noise in the ears or head.</p>	<p>Prelingual deafness impacts on the ability to acquire a spoken language and staff will need a permanent sign language interpreter. Postlingual deafness is more common and staff could get by with adjustments according to their level of impairment.</p> <p>Tinnitus will impact on listening skills, concentration and decision-making. Staff can get frustrated and irritated and often stress of any kind will exacerbate the condition.</p>	<ul style="list-style-type: none"> • Sign language interpreters and Lip Speakers may be required depending on what people are used to. • Where there are hearing or induction loops, either fixed in lecture theatres or being carried by the staff, they should be used at all times. If anyone across BU does not know how to use them, ALS will offer training at any time. • The use of a permanent i-pad with Tinnitus can be helpful as the mechanical process of typing can sometimes lessen the effects of the permanent buzzing in the head. • Always communicate through writing and have pre-meetings materials available. • Always gain eye contact before

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
		<p>communicating by tapping on the shoulder or gaining attention in some other discreet way</p> <ul style="list-style-type: none"> • Deaf awareness training manuals are available through ALS • Provide an amplified phone through the DSE assessment <p>www.rnid.org.uk</p>
<p>Idiopathic Hypersomnia:</p> <p>A neurological sleep disorder akin to narcolepsy and Klein-Levin syndrome</p>	<p>Recurring episodes of excessive daytime sleepiness (EDS). Sleep paralysis and hypnagogic hallucinations may occur.</p> <p>Anxiety and depression can be increased as a response to this chronic illness.</p>	<ul style="list-style-type: none"> • An adjustment to work scheduling will be required • Flexibility with job-related deadlines would be reasonable • As this is a relatively rare condition with a low level of public awareness, non-judgmental listening to staff will itself be supportive <p>https://sleepfoundation.org/sleepdisorders-problems</p> <p>https://klsfoundation.org</p>
<p>Inflammatory Bowel Disease (IBD):</p> <p>Crohn's and ulcerative colitis are chronic diseases affecting the digestive tract</p>	<p>Pain and the need for comfort breaks will interrupt a person's day and s/he will often have to exit the office or seminar/lecture room hurriedly.</p> <p>Irritable Bowel Syndrome (IBS) is not an IBD; it is a different condition altogether and although symptoms are similar it is more common but far less serious.</p>	<ul style="list-style-type: none"> • Rest breaks • Home working when the symptoms become severe • Extra time to meet deadlines • Flexibility around work scheduling.
<p>Myalgic encephalomyelitis (ME)</p> <p>Also known as Chronic Fatigue Syndrome (CFS) or Post Viral</p>	<p>Abnormalities in the nervous and immune systems causing muscle pain impacts on work as there is an inability to concentrate, a difficulty with organising thoughts, memory loss, sleep impairment, migraines, dizziness, increased sensory</p>	<ul style="list-style-type: none"> • Faculties and Professional Services can be supportive by being flexible with time and work scheduling • Allowing home working with a self-paced workload could be reasonable depending on the

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
Fatigue Syndrome	<p>sensitivity and digestive problems.</p> <p>ME can also cause depression, poor temperature control and feelings of being unwell which will impact on the person's daily life.</p>	<p>work/job description</p> <ul style="list-style-type: none"> • Rest breaks • Assistive technology software can be helpful – ALS can advise. <p>Action for ME www.afme.org.uk The ME Association www.meassociation.org.uk</p>
<p>Mental Health conditions:</p> <p>Bi-Polar Affective Disorder</p> <p>Schizophrenia</p> <p>Post-Traumatic Stress Disorder (PTSD)</p> <p>Obsessive Compulsive Disorder (OCD)</p> <p>Paranoid Personality Disorder</p> <p>Panic Disorder</p> <p>Seasonal Affective Disorder (SAD)</p>	<p>Common impacts of mental health conditions are depression, moods swings from depression to euphoria, unrealistic plans, poor judgment, tiredness, lack of energy and loss of concentration, which all affect the person's ability to work. Severe anxiety, poor sleep with nightmares, compulsive behaviour to relieve anxiety, fear of making a mistake or behaving unacceptably will all affect the person's daily life. PPD may be a symptom of another mental health problem or of itself. Symptoms include being very suspicious, misconstruing friendly or neutral behaviour as hostile, belief in conspiracy theories, extreme sensitivity to rejection and holding grudges. This is not helpful and can cause difficulties in the working environment. Panic attacks causing unpleasant physical sensations including breathlessness, palpitations, dizziness and sweating will impact on both the person and others depending on where they take place. Staff may be embarrassed and will temporarily not be able to take part in any team work or present lectures.</p>	<ul style="list-style-type: none"> • Flexible work patterns with opportunities for breaks • Allow plenty of time to meet any deadlines • Encourage staff to access Staff Wellbeing opportunities <p>www.mentalhealthfoundation.org.uk</p> <p>The Shaw Trust has established a website at www.tacklementalhealth.org.uk for supporting staff who are dealing with mental health issues.</p>

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
<p>Mobility Impairment:</p> <p>Leg or foot impairment, general muscular weakness, illness or injury. Aids may be used some or all of the time.</p>	<p>There will be an inability to lift, carry or move everyday objects around campus, in the office or studio.</p> <p>Wheelchair users may find some areas of the university inaccessible depending on where the person works.</p>	<ul style="list-style-type: none"> • Practical assistance will be needed when things have to be carried or lifted. • Obstruction-free accessibility will be required. • Adjustable furniture, specific accommodation (if appropriate) and car parking permits are all facilitated via Estates.
<p>Tourette's Syndrome:</p> <p>A genetic neurological condition characterised by physical and vocal tics.</p>	<p>Tourette's can be co-occurring with AD(H)D and OCD so the impact of this condition can manifest in the same way.</p> <p>Suppressing the tics can result in tension and mental exhaustion. Staff may seek a secluded spot to release their symptoms and can become depressed, embarrassed, have low self-esteem and be socially isolated.</p>	<ul style="list-style-type: none"> • Faculties and Professional Services can support by always ensuring that materials are available in advance of meetings so that key words are available and the context can be assimilated. • Regular summarising and paraphrasing in meetings or conversations can keep things on track. • Using digital recorders, vibrating watches and coloured paper are all helpful adjustments. • Allow for rest breaks for staff who are suppressing their tics so that they can release them.
<p>Visual Impairment:</p> <p>A significant limitation of visual capability</p>	<p>Depending on the person's particular impairment, the impact on work can vary enormously.</p> <p>If the loss of vision has been sudden, s/he will have high anxieties which will impact on the working environment.</p>	<ul style="list-style-type: none"> • Facilitating the use of a working dog to accompany the person at all times • Written materials in large fonts on A3 paper • Pre-materials for preparation for meetings etc. • Orientation support around campus • Obstruction-free accessibility in all areas • Adapted software and other IT

DISABILITY	IMPACT	REASONABLE ADJUSTMENTS
		<p>interventions to ensure compatibility of particular software with university technology eg currently BU Turnitin is not compatible with screen readers causing great difficulties for academic staff who are marking students' work.</p> <p>www.rnib.org.uk www.abilitynet.org.uk</p>
<p>Visual Stress: Unpleasant visual symptoms when reading, especially for long periods and particularly on-screen reading.</p>	<p>Mearns-Irlen Syndrome or Scotopic Sensitivity impacts on a person's ability to read any printed material and using a computer can be challenging sometimes. There will be distortions of shape, movement and colour in the text; a loss of clarity; visual irritation causing sore eyes and headaches; loss of place when reading and impaired comprehension. There is sensitivity to pixel movement on screens.</p>	<ul style="list-style-type: none"> • Plenty of time will be needed for any reading as it will have to be done in small chunks. • Coloured lenses and overlays often help with daily paperwork • Use coloured backgrounds on PC desktops. • Font sizes will have to be varied according to personal preference. <p>Visual stress may or may not be linked to dyslexia.</p> <p>www.lucid-research.com/visualstress.htm</p>

17.0 Examples of Research that Evidences the Impacts of Disabilities

Babb, K. and Ross, C. (2009). The timing of online lecture slides availability and its effect on attendance, participation and exam performance. *Computers and Education*, Volume 52, Issue 4, May 2009, pages 868-881

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Christopherson, Kimberley (2005) Evaluating the Advantages and Disadvantages of Providing Lecture Notes: The Role of Internet Technology as a Delivery System and Research Tool. *Internet and Higher Education*, v8 n4 p291-298

Draffen, E.A. Evans, D.G. and Blenkhorn, P. (2007) Use of assistive technology by students with dyslexia in post-secondary education, *Disability and Rehabilitation: Assistive Technology*, March 2007; 2(2): 105-116

Extracts from the *Equality Act 2010: Technical Guidance, EHRC 2012*

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Huemer, S.V. and Mann, V. (2010) A comprehensive profile of decoding and comprehension in autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 40 (4): 485-493

Lesaux N, Pearson M, Siegal L (2000) The Effect of Timed and Untimed Testing Conditions on the Reading Comprehension Performance of Adults with Reading Disabilities.

Lundberg, I. (2002) Second language learning and reading with the additional load of dyslexia. Also, Lundberg, I. and Smythe et al (2011) Students with dyslexia for whom English is a second language are likely to be multiply disadvantaged. *Annals of dyslexia* 52(1) January 02.

Maguire, E.A. Frith, C.D. and Morris, R.G.M. The functional neuroanatomy of comprehension and memory: the importance of prior knowledge, *Brain*, Vol.122, No.10, 1839-1850, October 1999. Oxford University Press

<http://brain.oxfordjournals.org/cgi/content/full/122/10/1839?ijkey=2ece42ed63a8f4218d76bfc5e24e7f4281928a85>

Martin, N. (2006) Strategies which increase the Likelihood of Success of University Students who have Asperger Syndrome. *Good Autism Practice*, 8 (1)

Martin, N. Beardon, L. Hodge, H. Goodley, D and Madriaga, M. (2008) Towards an inclusive environment for university students who have Asperger Syndrome (AS). *The Journal of Inclusive Practice in Further and Higher Education*, 1(1): pp.3-14

Nation, K. and Norbury, C.F. (2005) Why reading comprehension fails: insights from developmental disorders. *Topics in Language Disorders*, 25 21-32

Ofeish N and Hughes C (2003) How much extended test time: An Analysis of Research and Recommendations for Students with Learning Disabilities.

PhD Study with a Disability, Chronic Illness or Learning Difficulty

<https://www.findaphd.com/advice/doing/phd-with-disability.aspx>

Smythe I, Salter R, Everett J (2011). *The International Book of Dyslexia*

18.0 FAQs

These questions have been asked by BU staff over time and the responses given are noted here for general awareness.

1 How far in advance is it necessary to put notes up on the VLE?

Ideally 48 hours to give students time to download and prepare the material ready for the lecture. If an academic is concerned that changes or refinements to a lecture might be made right up to the point of delivery, then an overview is acceptable. There is no need to make copious notes available. All that is required is some kind of framework/overview that will act as a structure to keep a student focused.

2 What if I do not usually disseminate lecture materials?

A lecture outline would be a reasonable adjustment so that students can anticipate how the flow of the lecture will proceed. A simple bullet point list of key topics would suffice, possibly accompanied by some recommended reading or further sources of references that students can access to explore the topics under discussion.

3 Will I be expected to issue a full transcript of the lecture or copies of my own notes upon which the lecture is based?

No. 'Lecture materials' is taken to mean the materials that would ordinarily be disseminated to students during the course of the lecture.

4 I like to make lecture notes available *after* my lecture. Will this be acceptable?

Students with short-term working memory problems or who have difficulty listening and writing at the same time will be disadvantaged if they cannot access and prepare beforehand. ALS Mentors supporting physically and sensory impaired students are not subject specific and they take down notes as they hear them using the Cornell system. This system relies on some kind of preparatory framework to be made available before the lecture starts.

5 Will this increase the administrative burden of lecturers?

The administrative and financial burden of producing amounts of course materials in paper form for distribution during a lecture can be considerably reduced by uploading beforehand. The responsibility is placed on the student to access the materials in advance and prepare accordingly. This encourages and promotes independent learning and supports both disabled and non-disabled students inclusively.

6 Do I have to make materials available in a special format?

As long as the student can work with the material in a format which is most accessible to them, then no special formats need be used. Most students can change a font, size or colour and make whatever is on the screen work for them. The only exception to this is the pdf format which is not compatible with some screen reading software that reads and

translates verbally for students. In order for the screen reading technology to work, the original word document is required so it is easier to use word in the first place or be prepared to provide the original word document to the student exceptionally so that the software can be used.

7 Why is it important that students receive notes before a lecture?

Students make connections as they read: text to self, text to world and text to text. ALS promotes metacognition through strategies that make connections from experience to the text currently being read. This scaffolding technique whereby new facts, ideas and concepts picked up during lectures can be built upon the schema already developed, is part of active learning. By providing pre-lecture notes you are enabling an ALS student to make connections in a lecture – and after it – thus increasing the student’s comprehension.

8 If I give out notes before a lecture, what’s to stop the student from not attending?

Results of research, particularly by Babb and Ross 2009, show that mean attendance was higher when slides were available before lectures; and for students who participated in class, participation was more frequent when slides were available before a lecture. SpLD students with an understanding of how they learn will always want to attend lectures and it is a myth to think that all students won’t attend if they get their notes. Of course there will be exceptions but as explained previously, students need to scaffold and structure the content to make it meaningful and memorable. The relationships among patterns of access to online notes, exam performance and student absenteeism have been researched, particularly by Christopherson and Kimberley (2005). They concluded that students who made the most frequent use of online notes performed at a higher level on course exams. They also found that students who attended lectures most consistently made greater use of online notes, and patterns of online notes use were different for students with low and high rates of absenteeism.

9 Does offering ALS students extra time in exams give an unfair advantage?

No. There are many reasons why it is a reasonable adjustment to offer extra time including the need for SpLDs to re-read and re-check, to use the techniques of answer planning, to have time to process the question and re-write it if necessary so that it is fully understood, and to deploy learned strategies to overcome anxieties. The research of Lesaux, Pearson and Siegal (2000) particularly found that whilst dyslexics benefitted from extra time, those without dyslexia performed the same under timed and untimed conditions, concluding that there was no unfair advantage.

10 Giving notes up front gives students prior information whereas I want the students to be thinking in the moment during the session. Am I not therefore giving them an advantage over other students who don’t get the notes beforehand?

Neurocognitive research has shown how receiving prior information actually serves to improve comprehension and recall. (Frith 1999) By working with the learning styles of ALS students you are enabling them to learn more effectively whereas **restricting their ability to learn in a way that works for them is disadvantageous.**

19.0 Information for Supporting Students on Placements

Access to Work	https://www.gov.uk/access-to-work/overview
Action on Hearing Loss	https://www.actiononhearingloss.org.uk
British Dyslexia Association	https://www.bdadyslexia.org.uk/
Business Disability Forum	https://www.businessdisabilityforum.org.uk/
Disability Confident Campaign	https://www.gov.uk/government/collections/disability-confident-campaign
Employ Ability	https://www.employ-ability.org.uk/
Employment and Support Allowance	https://www.gov.uk/employment-support-allowance/overview
Equality Challenge Unit	https://www.ecu.ac.uk/ and unconscious bias information https://www.ecu.ac.uk/guidance-resources/employment-and-careers/staff-recruitment/unconscious-bias/
Even Break	https://www.evenbreak.co.uk/
Ouch	https://ouchuk.org/
Institute for Employment Studies Report: Models of support for students with Disabilities 2017. Report to HEFCE by Williams et al	https://www.employment-studies.co.uk/resource/models-support-students-disabilities
Shaw Trust	https://www.shaw-trust.org.uk/
Sight and Sound Technology	https://www.sightandsound.co.uk/
Target Jobs Guide for Students	https://www.targetjobs.co.uk/careers-advice/equality-and-diversity/320153-disability-and-mental-health-diversity-matters
The British Stammering Association	https://www.stammering.org/
The Equality Act 2010	https://www.gov.uk/guidance/equality-act-2010-guidance
The National Autistic Society	https://www.autism.org.uk/

NB Information and links are correct as of August 2018

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