



Reasonable adjustments: Improving Access and Quality of Experience

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Definitions of Disability

UK Equality

- Equality Act 2010: a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.
- 'substantial' is more than minor or trivial e.g.it takes much longer than it usually would to complete a daily task like getting dressed
- '*long-term*' means 12 months or more e.g. a breathing condition that develops as a result of a lung infection
- Special rules about recurring or fluctuating conditions, for example, arthritis.
- Progressive conditions that get worse over time classed disabled
- HIV infection, cancer or multiple sclerosis automatically meet the disability definition from day of diagnosis
- **What isn't counted as a disability** addiction to non–prescribed drugs or alcohol.

Definitions of Disability

USA Civil Rights

- The Americans with Disabilities Act Amendments Act of 2008 (Amendments Act), effective January 1, 2009...... affects the meaning of the term disability in Section 504 of the Rehabilitation Act (Section 504)......but emphasizes that the definition should be interpreted broadly.
- Among other things, the Amendments Act directs that the ameliorating effects of mitigating measures (other than ordinary eyeglasses or contact lenses) not be considered in determining whether an individual has a disability; expands the scope of "major life activities" by providing a non-exhaustive list of general activities and a non-exhaustive list of major bodily functions; clarifies that an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active; and clarifies the meaning of "regarded as" having a disability, including that individuals "regarded as" having a disability are not entitled to reasonable accommodations or reasonable modifications......

Differences.....

USA: Learning Disabilities

Most common is ADHD

....trouble paying attention, controlling impulsive behaviours (may act without thinking about what the result will be), or be overly active....'

Dyslexia: developmental reading disorder (DRD)

Dyspraxia: follows UK model

Differences

> UK: Learning Differences

- Most common is: '... Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling...' (BDA)
- '...Dyspraxia: an impairment or immaturity of the organisation of movement. Associated with this may be problems of language, perception and thought. Other names: include Clumsy Child Syndrome; Developmental Co-ordination Disorder (DCD); Minimal Brain Dysfunction: Motor learning Difficulty; and Pereceptuo-motor Dysfunction.
- > Others: ADD, ADHD

Figures

Declaration of disabilities/Splds at the RVC

2007 about 3.5% 2012 about 20%

Percentage always been there: creation of 'comfort' climate has meant better declaration rates, especially of Mental Health issues. Students are realising that to achieve their true potential, it's worth putting aside prejudices. Whatever their issues, disclosure helps rather than hinders.

Left hand/right hand thinking?

If dyslexia/dyspraxia/ADHD are just 'differences' why do we need medics and Ed Psychs to certify them?

ADHD something to think about



What are the issues

- DiVersity Matters
- College Climate Survey
- Gap in provision ambivalence about accommodations, possible advantages accommodations may give
- Anne Tynan's 2001 'At the Portal of the Profession, A North American perspective' highlights issues around diversity in general but in particular these concerns

The Fear Factor

> Quotes from Anne Tynan's work:

'the fear of this faculty is that this system will not let anyone fail exams'

'....there was a very high level of intolerance towards students with LD. Staff...physical disabilities...were ready to bend over backwards...but not prepared to give an inch when it was...LD....' (2 things wrong with this comment!)

The Fear Factor

- Staff and students are equally fearful of disclosure and consequences. Attitudes.
- UK: 'accommodations' are 'reasonable adjustments' – in the context of the particular disability/health condition and the Day One Skills.
- If it's 'reasonable' it's not an issue. Is it?

Overcoming the Fear Factor - staff and students

Disclosure, Disclosure!

First we need to know – then we can agree/disagree reasonable adjustments

Students

Staff

Disclosure: students

- Equality Act (DDA) requires us to give students opportunity to disclose in as many different ways as possible throughout their studies. Advice Centre plays a key role:
- Before: Website, Open Days, Offer letters, Welcome pack, Induction/Orientation
- During: Posters, Cards, Emails, Website, public Screens, APC, Road Shows, Students (Transitions pre-clinical to clinical years workshop), Events (e.g. Dr Temple Grandin), easy Drop-in appts, Intranet, Tutor groups, in-house screenings for Splds
- > After: Careers Fair, Careers Guidance, rights at work
- All ignored, until it's needed, then everyone claims they never heard of you/your service!

Disclosure: staff

Help academics understand the legislation and concept of reasonable adjustments

- Annual Programme of awareness workshops throughout the year (day/half day) run by HR department
- Collaborations with Learning Development and Advice Centre e.g. July last year day dedicated to Resources available, Leaning Differences, Mental Health – support by the Vice Principal for Teaching & Learning
- Advertise workshops/websites of interest outside RVC to staff, 'target' interested individuals!
- Training for Senior Tutors, Tutor Handbook

After Disclosure – support

UK

Disabled Students Allowance (DSA) extensive package RVC International Student Allowance RVC Learning Support Agreement

USA

Individual universities, financial aid packages

It's this colour for a reason. What's wrong with 'colour' Inclusivity! Vive la difference!

Role of the Advice Centre

- RVC is part of the University of London, but remains independent, unique among UK vet schools
- The service is tailor-made for vet students
- On-site at both campuses
- Range of 'specialist' staff working part-time supported by 'generalist' student advisers at both campuses – some 'bought-in' services
- Service is used by students and staff
- > 12 staff working directly + range of free-lancers working on site each week: dyslexia tutors, Educational Psychologist, Mentoring service
- www.rvc.ac.uk/advice

Collaborate!

The Advice Centre has a working relationship with practically everyone

Security/receptionists/cleaners - valuable sometimes underestimated resources

Admissions, Course Co-ordinators, Records officers, Finance Academics, Senior Management

Collaborate regularly with
Learning Development
Library – e.g. longer loans, assistive software
E media – e.g. Echo 360
Halls of Residence – training for student co-ordinators
Clinical Skills Practice Centre – highlight it to students
STUDENTS – arguably the most important!

Student feedback - Deaf

In terms of prejudice, it usually works in my favour, to be honest, in that vets don't say anything to my face but then comment later on about how initially they had reservations but how impressed they've been by me having seen me 'at work'

Students tend to be much more accepting, usually, we'll have a conversation about something nonveterinary to start with and so they figure out quite quickly that I can communicate fine. As for practices outside the RVC, people are curious more than dismissive, asking how the stethoscope works.

- I do frequently have confidence crises and worry about my hearing on the stethoscope compared to hearing people and that's quite hard sometimes. I've not got a vet job yet and so I don't know how the deafness is going to affect applications - it might be that there's more of a issue with prejudice when practices are looking to hire, rather than just having me for 2 weeks. I have to hope I will get a job and hopefully I will, but I'm not taking it for granted! That's not to shine a negative light on things, it's just something to mention (i.e. that the staff shouldn't expect that if they solve all the disability issues then that's it - the student may still need support in terms of tackling confidence or job applications).

Students helping us help them

Blogs by students:

http://jumpmag.co.uk/vet-against-the-odds/

http://www.106jack.com/news/localnews/audio-potters-bar-student-aims-toinspire-deaf-youngsters/

Death by the promenade

The Fear Factor – Mental ill health Learning to manage it

Good local connections:

Doctors
Mental Health Services, CMHT
Local psychiatrists
Eating Disorder Clinics
Occupational Health

Wellbeing strategy: educating everyone take care of mental health, notice and take action when it's not good. Removing the stigma like LDs

- Staff training lots, offered often
- Our mentoring & counselling service train around boundaries
- RVC recently hosted a national 'FITNESS to PRACTICE' day workshop
- The Law vs. Assumptions based on lack of knowledge

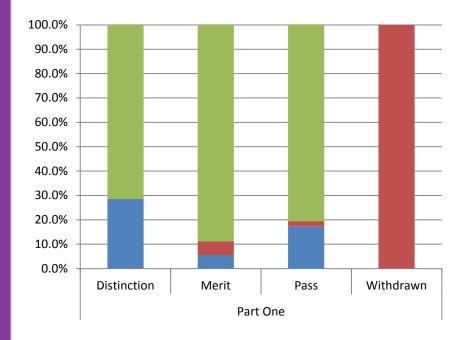
Things 'out there'

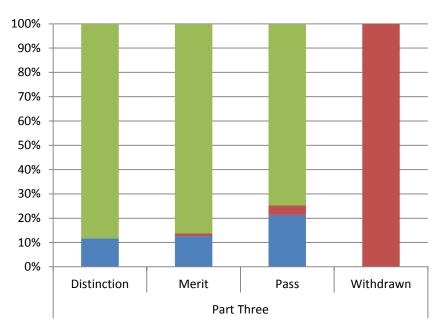
Suicide is unusually high in the veterinary profession Yes

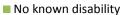
AND it's not unusually high, or statistically significant in vet schools

In the UK, about 30% vet students show signs of depression at any one time. AND – this figure is the same for all students on all courses in the UK.

Fear that mentally unwell students /staff are a danger to themselves if they have access to drugs. In fact, most vet-related suicides in the UK are by hanging or some other means

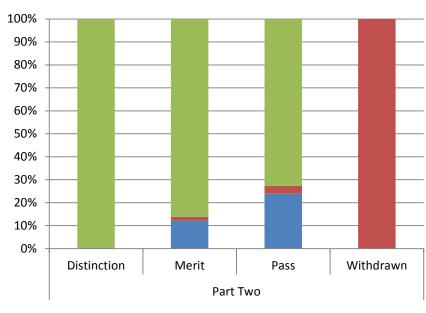






Other declared disbility

■ A specific learning difficulty



The FUTURE

At the RVC

- We are updating and improving the Advice Centre site to include lots of videos/podcasts made by/with students
- Less writing, more visuals
- Augmented reality! (anatomy 4D aurasma)
- Considering 'pre-course' and 'post course' transition weekends/days
- Forefront of teaching practice: LIVE

What do you see for your college's future?
What can *you* do?
Who are you going to collaborate with to make it happen?
Who benefits?

You do

The student does

The profession does