

Improving Disability Equality, Improving Practice: Meeting the needs of disabled learners



Delegates' notes



Dr Christine Rose

Christine is a highly experienced and respected E&D consultant, nationally recognised as an expert in equality legislation and improving equality and diversity practice. A former senior manager, she has worked as an independent consultant with over 200 providers, supporting a significant number to achieve outstanding status for E&D at inspection.

Christine is the author of a range of national guidance publications, briefings and toolkits. In relation to disability equality, for example, she has published:

- a suite of materials on implementing the Disability Equality Duty, on behalf of LSDA
- 'Disclosure, passing on of information and confidentiality' and 'Do you have a disability, yes or no, or is there a better way of asking', on behalf of the Learning and Skills Council
- national guidance on carrying out risk assessments with disabled students, on behalf of LSDA ('I don't want to sue anyone, I just want to get a life')
- 'Understanding the Disability Discrimination Act', a guide for colleges, universities and adult and community learning providers, on behalf of the Disability Rights Commission (DRC). This was published just before the DRC merged to become the Equality and Human Rights Commission.
- She wrote the answers to frequently asked questions on the DRC website.

Want to know more about Christine? Visit her website at www.christinerose.org

Case Studies – Disability Discrimination

For the case study below, discuss:

- a) Has discrimination occurred? What issues does this case study raise?
- b) what action does the organisation need to take to address these issues? (Consider both short-term and long-term responses)

Case Study One

Anne has dyslexia. This was recognised when Anne was at secondary school, and she received considerable support. Teachers at the school are confident that Anne will achieve reasonably well at GCSE as she is a hard working student

She applies for a course but does not tick the 'do you have a disability' tick box on the application form, because she is extremely embarrassed by her condition and she does not want other students to know about her dyslexia. She is also worried that it might affect her chances of being offered a place. Because she has not ticked the disability box on the application form, she is not asked if she has any additional support requirements at her interview. She is offered a place on condition that she achieves the GCSE requirements of the course.

Anne meets the conditions of her offer and turns up to enroll. During enrolment, the tutor does not ask if she has a disability or learning difficulty.

In the first week of her course, her group are told that they will be sitting on-line tests in literacy and numeracy, to assess any support needs. Anne is worried that she will be 'found out'. She decides to not turn up for her tests, and tells her tutor that she has been unwell.

Three weeks into the course, Anne sees someone from advice and guidance and says that she is worried about how she will cope with her course as she has dyslexia, but she does not want the other students to know. He tells her that she has good GCSE results so she should be OK and to see how things go. One week later, one of her subject tutors returns a piece of work and says, in front of the class, 'do you have dyslexia?' Anne is very upset. The subject tutor claims she did not know that Anne had dyslexia and that Anne should have told her at the beginning of the course.

The following week, Anne starts a work placement. On her second day, she is asked to take a telephone message at the reception desk. Her supervisor makes fun of her spelling mistakes and Anne leaves in tears. Her supervisor said that he was only joking and meant no offense.

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Case Study Two

Aisha is 16 years old and has a formal diagnosis of ADHD (Attention Deficit Hyperactivity Disorder) and takes prescribed medication, which is categorised as a Class A drug. Aisha also has dyslexia. Aisha applies and is offered a place on a Hair and Beauty course. Aisha did not disclose she has ADHD as she wants a 'fresh start'. The school does not notify the organisation of Aisha's support requirements.

Aisha and her mother do not have a great relationship – Mum can be extremely negative about Aisha, even in meetings with staff in front of Aisha. Mum has alerted staff that Aisha's behaviour is erratic and she tells lies. Curriculum staff are not sure that they can manage Mum's demands and constant attempts to contact them.

A meeting was arranged with Aisha to discuss her support needs. A support plan was agreed and consent given to share with all relevant staff. This was then circulated. Part of the support involved tutors reminding Aisha to take her medication at lunch-time. The tutors immediately said that they were not prepared to do this, as they are not 'trained nurses'. And since she has a history of telling lies, she might accuse the staff of giving her too much medication. They also questioned whether Aisha should be allowed to carry her medication in view of the fact that it is a Class A drug. Tutors have reported that they can only support Aisha if they have an LSA in class

Since starting the course, Aisha has reported that other students have stolen or hidden her equipment but her tutor has said that Aisha has not been believed as the other students are 'sensible and trustworthy' and do not have a history of telling lies.

For the first few weeks, Aisha coped really well and behaved appropriately, but there were then a few reports that her behaviour started to deteriorate. During one teaching session, Aisha asks to leave the class to take a break, as she is having trouble keeping still, but her tutor tells her she may miss important information and must wait. Aisha gets disruptive and the tutor asks her to leave the room.

Aisha goes down the stairs visibly upset as she feels that she has let herself down but doesn't know what to do. She hangs around reception randomly picking up leaflets until the reception manager asks her to stop. Aisha tells the manager that it's not fair as she is trying hard but ADHD is difficult to control. The manager gets a phone call and walks off.

Meanwhile, after class the tutor emails other teaching staff using the header – XXXXX3065 Aisha Khan behaviour issues today. Over the next few weeks, Aisha moves from informal warnings to a formal disciplinary hearing that results in exclusion for poor behaviour in class. No one reviewed Aisha's support plan at any point in these weeks.

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Case Study Three

Rashid is a wheel chair user who has enrolled onto a business course. Rashid also has a visual impairment. He has discussed this with staff and tutors have agreed to let him use a tape recorder to record their lectures, and to give him handouts in electronic form. However, one tutor is uncomfortable with having his sessions 'taped'.

Rashid's first assignment involves getting two articles from the learning resource centre. He has been informed that the centre has two floors but a lift has recently been installed that will allow him access to both floors. However, some books and three PCs are on a mezzanine floor that has no lift access. He goes to the centre at lunchtime and asks a member of staff if she can help him locate the articles and scan them for him. The member of staff has had no prior information about Rashid's support requirements. The member of staff says she is the only one on duty and can't help him immediately – can he come back later in the afternoon when she is less busy. The student says he only has an hour for lunch and can't come back later as he has specialist transport that picks him up straight after his afternoon class.

Rashid then finds his way to the canteen. The canteen service is contracted out to a local supplier. Rashid's visual impairment means that he is unable to read the menu, and he also requires help in carrying his tray. He asks a member of the canteen staff for help, which is given, but in a very grudging way. He overhears a member of the canteen staff muttering, 'I know it's not his fault but if they are going to enrol disabled students they need to provide proper support for them because we are busy enough as it is'.

Many of Rashid's lessons are on the second floor and for the first six weeks this has not caused a problem. The building has a lift. Evac chairs are situated at the top of the first and second floor. But Rashid then has surgery and the consequence of the surgery means that he is now unable to transfer himself independently from his wheelchair into an evac chair, and will not be able to do this for the foreseeable future. Some of Rashid's tutors have said that it is ok to leave Rashid in a 'fire refuge' at the top of the stairs as this is what refuge points are for. Other staff have said that they have no intention of leaving Rashid in a refuge in the event of an emergency evacuation, and would hoist him over their shoulders rather than 'leave him to burn'. Some tutors have said that Rashid needs to leave, as his adjustments are not, now, reasonable.

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Case Study Four

James has Aspergers, and applies to do a course in engineering. Tutors have said that they will invite James in to do a ‘taster’ course, but learning support staff have a suspicion that tutors are going to do this to try and put James off applying. Learning support staff overhear one of the tutors saying ‘this is a waste of time because he will not get a job in this industry’.

The organisation is contacted by the school on two occasions to express concern that James has not heard anything. The learning support manager contacts the programme lead to ask him to sort things out

James enrolls but only attends theory lessons. Staff raise concern that James poses a health and safety risk in practical sessions. Examples that have been given that have caused staff concern are:

- He was unable to decipher his name when it was written backwards
- He has been carrying around a 20 year old book and does not seem to accept that he must not use this as a reference book as the information is out of date
- He asks lots of questions and asks for repeated explanations during lessons, which annoy the other students

Tutors have not discussed these concerns directly with James; instead they spoke to the curriculum manager who called and spoke at length with James’ parents.

A meeting was arranged which James and his parents attended. James was not aware of the purpose of the meeting as neither the curriculum manager or his parents had told him. At the meeting, James is told that there are concerns about his ability to complete the course and that he may be a risk to health and safety if he is allowed to continue. No specific examples were shared with James as to why staff had come to this conclusion. James pointed out that he had not, as yet, attended any practical sessions, and therefore did not understand how he would be unsafe. The curriculum manager said that this was about his ability to understand tasks and follow instructions.

James asks if it would be possible for him to undertake an assessment of his practical ability before he is withdrawn from the course. The curriculum manager agrees to this but said that it would not be easy due to teaching commitments, time and the fact that they have not covered the theory required to assess him fully. As yet a date is to be set for this assessment. Throughout the meeting, James behaved politely, asked valid questions and took notes.

Additional Learning Support (ALS) review

Three key areas to consider

- Identification
- Communication and Delivery
- Monitoring impact

Identification.

For example, review

- Are there multiple opportunities for disclosure with effective marketing / advertising?
- Is the stigma surrounding ALS largely gone and are there effective strategies in place to ensure that most students who are offered ALS take it up? How does ILR 14/15/16 tie in with ALS fields in ILR?
- If all 16- 19 / adult on full time /substantive part time courses receive robust diagnostic assessments for literacy, numeracy and where appropriate language (LNL support), and how robust are these (eg free writing, who marks etc)
- Are there trained staff who carry out initial assessments, once a disability or learning difficulty has been disclosed? Are the support plans produced during initial assessment monitored?
- Are processes for passing on information robust (to relevant staff, with appropriate consent, in line with Data Protection Act 1998 requirements)?
- If a learner on an apprenticeship programme discloses a disability, learning difficulty, medical condition or support need, does this information inform the learner's ILP?

Communication and Delivery

For example, review

- When support is identified is it provided quickly and reviewed regularly? By whom?
- Do staff with expertise in LS / SfL and functional skills work closely together? How?
- Do LS tutors work closely with subject tutors to ensure LNL support is contextualised, and made relevant to a learner's course and interest?
- Is support (type, time, place etc) matched carefully to learners needs?
- Does support focus on developing underlying skills rather than merely helping learner complete assignments?
- Do tutors have appropriate qualifications or are actively supported to work towards these?
- What are the different modes of LNL support? For example, in class support, out of class support, drop in workshops etc. Is there a move away from in-class support to targeted support for individual learners, to ensure more effective use of finance available?
- Is there a good range of resources and approaches including learning technology? How comfortable and knowledgeable are staff in working with assistive technology?

Monitoring and evaluating impact, improving efficiency

For example review

- Is there comprehensive monitoring of performance to assess the impact and improve the provision of learning support? Does this include, for example, analysis of stats (for example attendance, retention, achievement, success), gathering of learner views on their support, outcomes from Learning Support observations, stats of learners declining support etc. Do programme leaders regularly review disability equality data to inform self-assessment and development planning? Do staff 'drill down' to look at outcomes by impairment type?
- Are outcomes for disabled learners disaggregated by gender and by ethnicity, to see if there are any equality gaps?
- Have performance indicators and targets been established? For example average cost of additional learning support per learner? Are these monitored and tracked on a regular basis?
- Does effective ALS improve retention and success rates in line with national benchmarks or above?

**From Ofsted – ‘Direct learning support in colleges:
a survey of current practice’**

Good support for ESOL

X, a recent arrival to the UK, joined a business studies course. Her written English was very good, but her course tutor at the college referred her for language support as she found it difficult to understand other learners in her class who spoke with strong local accents. As a result, she was reluctant to answer questions or join in class discussions and this hampered her progress.

X received individual language support which focused on her listening and speaking skills. Each session included a range of activities, such as:

- watching and discussing video clips from TV programmes and films in which the characters spoke with local accents
- X’s dictation of a passage to the tutor from behind a screen to develop her confidence in speaking loudly and clearly
- speaking exercises using a tape recorder to improve her intonation and pronunciation.

All the learning materials were relevant to X’s main course or her personal interests. Support sessions were relaxed and X found them very enjoyable and useful.

The support tutor also liaised closely with the course tutor to identify future demands of the main course. She used part of the language support session to prepare X for specific forthcoming activity such as making a presentation, and previewed any specialist vocabulary X would need in the following week. The tutor regularly asked X if there were any topics or aspects with which she would like additional help.

X’s speaking skills improved rapidly and her confidence increased. During the survey, she volunteered to be part of the group of learners who met the inspector. She joined in the discussion, making her points confidently and clearly. X also reported that she was more confident when talking to people from outside the college.

Weak support for ESOL

The following illustration of ineffective support highlights the importance of identifying the learner’s needs and relating the support to the main areas of study Y was studying A-level mathematics and physics. Her tutor had referred her for support as she struggled in key skills and general studies lessons. Y coped quite well in mathematics and physics because she got help from another learner with the same first language who had much better skills in English. Y rarely asked or answered questions in class.

In her support sessions, Y worked through generic worksheets with her tutor on different aspects of grammar. The work was not related to Y’s other studies and nor was the content of particular interest to her. She did not receive any help to improve her confidence in speaking English. There was no liaison between the support tutor and Y’s other teachers.

