



Access to Practice

Overcoming the barriers
to practice learning for
disabled social work students

Bob Sapey, Rosemary Turner, Lancaster University and Sue Orton, SWAPltsn

Commissioned and edited by **swapltsn**

Acknowledgements

In planning how to undertake this project, we decided that it would be essential to consult with and involve a number of other people. This number grew so we have grouped them as follows, first the core editorial group who have read through the draft of this guide and made suggestions for alterations, second a wider reference group who have read the final draft. We would also like to acknowledge those people who have provided us with case studies that are used within this document. They will remain anonymous so as to ensure anonymity in the vignettes, but many thanks for your help.

We have used all the vignettes supplied and while many are more negative than we may have hoped for, they nevertheless represent the stories people wished to tell.

Editorial group

Mike Adams, National Disability Team

Simon Ball, TechDis

Hilary Burgess, SWAPItsn

Rhoda Castle, Staffordshire University

Janet Read, University of Warwick

Nicky Stanley, University of Hull, on behalf of the PEdDS Project

This guide is dedicated to the life and work of Alex Gladstone
1979-2004

Wider reference group

John Dixon, Chair of ADSS Disabilities Committee

Jenni Dyer, HE Policy Director, Skill

Pat Nicholls, Department of Health

Steve Trevillion, GSCC

Fiona Waddington, Practice Learning Taskforce

SWAPItsn editors

Melanie Ashford and Julia Phillips

ISBN No. 1-904190-57-X

©LTSN 2004

All rights reserved. Apart from any fair dealing for the purposes of research or private study, criticism or review, no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, graphic, electronic, mechanical, photocopying, recording, taping or otherwise, without the prior permission in writing from the publishers.

Contents

Foreward	1
Chapter 1: Introduction	2
Background information on SENDA	4
Language	4
Aims and philosophy of the guide	4
Professional education and disability support (PEdDS)	5
Academic standards and benchmark descriptors: strategies for Inclusivity	6
Structure of the rest of the guide	6
Social work placements	7
Chapter 2: Scene setting	8
Key stakeholders in social work education and their relationship to higher education institutions Regulatory framework	10
Department of Health (DH)	11
General Social Care Council (GSCC)	12
Quality Assurance Agency for higher education	13
Training Organisation for Personal Social Services (TOPSS)	15
Colleagues not clients: a literature review	15
Revisiting the social model of disability	19
Distinction between impairment and disability	19
Models language and the Disability Discrimination Act 1995	20
Chapter 3: Access and barriers to practice	22
Rules and regulations	24
Spoken and written English	25
Health	28
Occupational standards for social work	29
Unimaginative interpretation of rules and regulations by universities or placement providers	32
Attitudes and assumptions	34
Occupational health and safety	34
Treating disabled students as clients not colleagues	35
Universities failing to be imaginative about careers of disabled applicants to social work courses	35
Disablist attitudes and role modelling	38
Self-censorship and non-declaration of disability by students	39
Discussing impairment issues	41
The 'us and them' divide	42
Disability equality training	42

Practicalities	
Personal assistants	42
Planning and time	43
Equipment issues	44
Flexibility over daily work patterns and timetabling	45
Inaccessible physical environment: transport issues	46
Funding issues	47
Who is responsible for funding adjustments on work placements?	48
Chapter 4: Checklist for university departments	50
General issues	51
University department's policy development and planning	51
Planning with placement providers	51
Issues with practice teachers	52
Admissions and placements	52
Planning individual placements	53
Disclosure	53
Preparation	53
During placement	54
Monitor and review	54
Chapter 5: Changing practice with stakeholders	56
Consciousness raising: Introduction to SENDA legislation	58
Training courses in specific skills or aspects of SENDA implementation	58
Problem solving	58
Planning events	59
Events checklist	59
Workshops	59
Case studies	60
Chapter 6: Issues requiring national strategies	62
Regulations	64
Scarcity of British Sign Language interpreters	64
Mismatch between Disabled Students Allowance and Department of Health requirements for social work	65
Enriching social work	66
Further resources	67
Bibliography	67

Foreword

The higher education landscape is changing. The introduction of the Disability Discrimination Act Part 4 requires institutions to ensure that learning and teaching practices are accessible to disabled students. Under the Act there is also a responsibility to make anticipatory adjustments and this will lead to the development of proactive practices, not merely responding to issues as they arise. There will be a need for the academic community, in conjunction with partners, to ensure an equality of opportunity for disabled students.

For social work, and other subject disciplines, it is vital that the profession reflects the wider composition of the communities it serves. This guide has been produced at an opportune time as it will support a drive to increase the number of disabled students undertaking the new degree in social work. The guide will significantly enhance understanding and knowledge concerned with learning, teaching and disability recognising the current paucity of practical materials and resources in this key area.

The guide will be of interest to all stakeholder organisations involved in the development and assessment of practice learning. It provides a compendium of advice, guidance and practical checklists to address current, and potential, issues, drawing on theoretical paradigms combined with experience of applied practice. The vignettes bring to life actual case studies and provide a framework for supporting stakeholders to develop practice that works. The guide highlights strongly the need for inter-organisational partnerships to ensure disabled students receive an equivalent learning experience.

Although the primary aim is to support staff concerned with social work it has a high degree of transferability to other subject areas. I am delighted to have been involved in such a development and feel it will make a significant contribution to improving support for academic staff, practitioners and disabled students.

Mike Adams

Director

National Disability Team

This helpful guide provides practical advice on the implications of the Disability Discrimination Act for all those involved with the education and training of social workers. It shows how a positive practice can be developed that is line with both the spirit and the letter of the legislation. Such an approach should be seen as an integral component of the commitment to diversity and equality which lie at the heart of social work education and social work practice and which are embedded in the new regulations governing the degree in social work.

Professor Steve Trevillion

Head of Social Work Education, General Social Care Council



1. Introduction

1. Introduction

Background information on SENDA

The Disability Discrimination Act 1995 (DDA), as amended by the Special Educational Needs and Disability Act 2001 (SENDA), makes it illegal for education institutions to discriminate against disabled students and other disabled people. The provision and arrangements for compulsory work placements, which are an integral part of an academic course, are covered by this legislation.

Discrimination can occur either when a responsible body treats a disabled person less favourably on grounds of their disability than they would treat a non-disabled person, or when a responsible body fails to make a reasonable adjustment so that a disabled student is placed at a substantial disadvantage compared with a non-disabled person.

An important duty identified by the DRC (para 1b) Code of Practice is that of planning ahead, anticipating:

Responsible bodies (i.e. HE institutions) should not wait until a disabled person applies to a course ... before thinking about what reasonable adjustments they could make. Instead they should continually be anticipating the requirements of disabled people or students and the adjustments they could be making for them. Failure to anticipate the need for an adjustment may mean it is too late to comply with the duty to make the adjustment when it is required.

(Disability Rights Commission, 2002)

At the time of writing, the DDA, part 2, on employment, has been amended in a way which will place new responsibilities on placement providers and qualifications bodies not to discriminate against disabled students. These new duties will come into force in October 2004. The Disability Rights Commission published two new draft codes of practice in September 2003, which covered these issues, amongst other new employment responsibilities. The implication of this guidance is discussed in chapter 3, particularly in the first part of that chapter which deals with rules and regulations from the Department of Health (DH) and the General Social Care Council (GSCC).

Language

In keeping with the social model of disability we use the terms **disabled people** or **disabled students** and **people with impairments** or **students with impairments**. We are at a time where language within this context is changing e.g. the term 'placement' is now 'a practice learning opportunity' and the term 'client' has been replaced by the term 'service user'. For further discussion of terminology, see the section on models, Language and the Disability Discrimination Act 1995 at the end of chapter 2.

The Act

What is discrimination?

Anticipatory duty

Placement providers and qualification bodies

Guide Objectives **Aims and philosophy of the guide**

When commissioning this guide, SWAPItSn's objective was to provide practice learning co-ordinators and their colleagues from all stakeholder organisations involved in the development and assessment of practice learning, with a resource and discussion tool for clarifying the legislative power of SENDA and placing it within the new context of 'practice learning' for social work.

The intention of the writers, therefore, is to help social work education providers to improve their ability in practice learning and increase the numbers of disabled people undertaking the new degree in social work.

This guide has been produced during the period of transition from the Diploma in Social Work (DipSW) to the new degree in social work. The latter has been introduced from autumn 2003 in England and will be rolled out from autumn 2004 in Scotland, Northern Ireland and Wales. The changes in training and the need for social workers to register with the GSCC are aimed at raising the standards of care for service users and the status of social workers, and at recognising the professionalism of social work. The regulations for the degree vary across the UK, with some common elements. This guide has focussed primarily on issues in the regulations for England, which raise particular issues for disabled students; some of this will be transferable to the other countries. Two points should be noted here the interpretation of the regulations in relation to SENDA is yet to be developed and tested, so it is likely that practice and guidance will evolve in the coming years; many of the examples of both good practice and questionable practice that are provided are taken from experiences of the DipSW.

Good practice not defensive practice

This guide is intended to promote good practice in meeting the spirit of the legislation rather than helping HEIs to become defensive of their liability under the law. Its style is intended to be both accessible to people seeking guidance and academically informative. We do not intend to be specific in terms of rules and regulations, as these may change; rather we wish to guide institutions on areas where they need to keep up-to-date. Finally we are attempting to identify a range of barriers disabled people have and may continue to face in placements, though we acknowledge that our lists are not exhaustive.

In producing this guide, we have tried to draw on:

- previous guidance relating to social work education and practice placements
- research into social work placements, particularly that related to disabled students
- guidance developed within other subject areas on practice placements
- the personal experience of social work educators, practice teachers and disabled students

This guide is one of a number being produced. Two are of particular interest.

Professional Education and Disability Support (PEdDS)

PEdDS is developing a best practice guide in learning and placement support for disabled students undertaking professional education. This two year HEFCE- funded project at the University of Hull is currently consulting with key stakeholders in Social Work education and practice to explore the barriers and opportunities for disabled students on placement. The project is also developing support mechanisms and procedures through the newly established role of Disability Coordinator (social work placements). The Coordinator acts as a link person between student, University and placement provider and negotiating adjustments. A Best Practice guide will provide information, advice and guidance to students, academic staff, placement coordinators, practice teachers and disability support staff. For more information please visit the project at <http://www.hull.ac.uk/pedds>.

Academic standards and benchmark descriptors:

Developing strategies for inclusivity

This project aims to develop a framework and subject specific information resource base to be used as a reference point during the review of Subject Benchmark Statements and the interpretation of Statements when creating programme specifications. <http://www.worc.ac.uk/services/equalopps/benchmark/aims.html>

Structure of the rest of the guide

Chapter 2: Scene setting

This provides some introductory information about how social work education will be regulated in the future. It draws attention to aspects of this framework which may act as barriers to disabled people either being accepted onto courses or being able to complete those courses once accepted.

There follows a review of the research undertaken into disabled peoples' participation in social work education and social work. The issue that dominates is that disabled people are often treated as clients rather than as colleagues. This acts as a significant career barrier.

The chapter finishes with an explanation of the relevance of the social model of disability to the task of enabling access to practice learning for disabled social work students.

Chapter 3: Access and barriers to practice

This chapter is the main part of this guide in which we discuss a wide range of barriers which disabled social work students and applicants face, and attempt where possible to describe positive actions that have been taken by HEIs and agencies to overcome these. Where this has not been possible, we discuss the complexities of the problem in the hope of informing others how they might work towards finding solutions.

The first section of this chapter focuses on rules and regulations that either need to be changed or to be interpreted within an understanding of the requirements of the Disability Discrimination Act 1995. This is followed by a description and consideration of the role of attitudes and assumptions in preventing disabled students from gaining access to social work as an occupation. Finally, chapter 3 ends with a section focussing on the practical issues that arise for disabled students, HEIs and placement providers.

Chapter 4: Checklist for university departments

This is a list of issues which form a checklist for HEIs and agencies. This list is compiled in part from the issues raised in chapter 3, but also from those highlighted in a number of other guides on making education accessible. It can be used on its own or in conjunction with other resources.

Chapter 5: Changing practice with stakeholders

Draws on the experience of some HEIs which have tried to make their courses more accessible and offers ideas on raising the knowledge and awareness of various people involved in social work education.

Chapter 6: Issues requiring national strategies

This chapter raises a couple of issues which require national rather than local strategies for change.

Social work placements

All social work students in the UK are required to undertake at least 200 days of practice and an unspecified period in preparation for practice including shadowing qualified social workers in their workplace. In England and Wales all 200 days are to be assessed whilst in Scotland, 30 days need not be assessed.

Course providers in England are required by the Department of Health to ensure that each student has experience:

- in at least two practice settings,
- of statutory social work tasks involving legal interventions,
- of providing services to at least two user groups (e.g. child care and mental health)

(Department of Health, 2002a, p. 3).

In comparison to the Diploma in Social Work there is a substantial increase in the length of practice, but some relaxation in terms of how this is structured. This potentially allows for greater innovation by course providers which in turn provides the opportunity to ensure greater accessibility to disabled students.



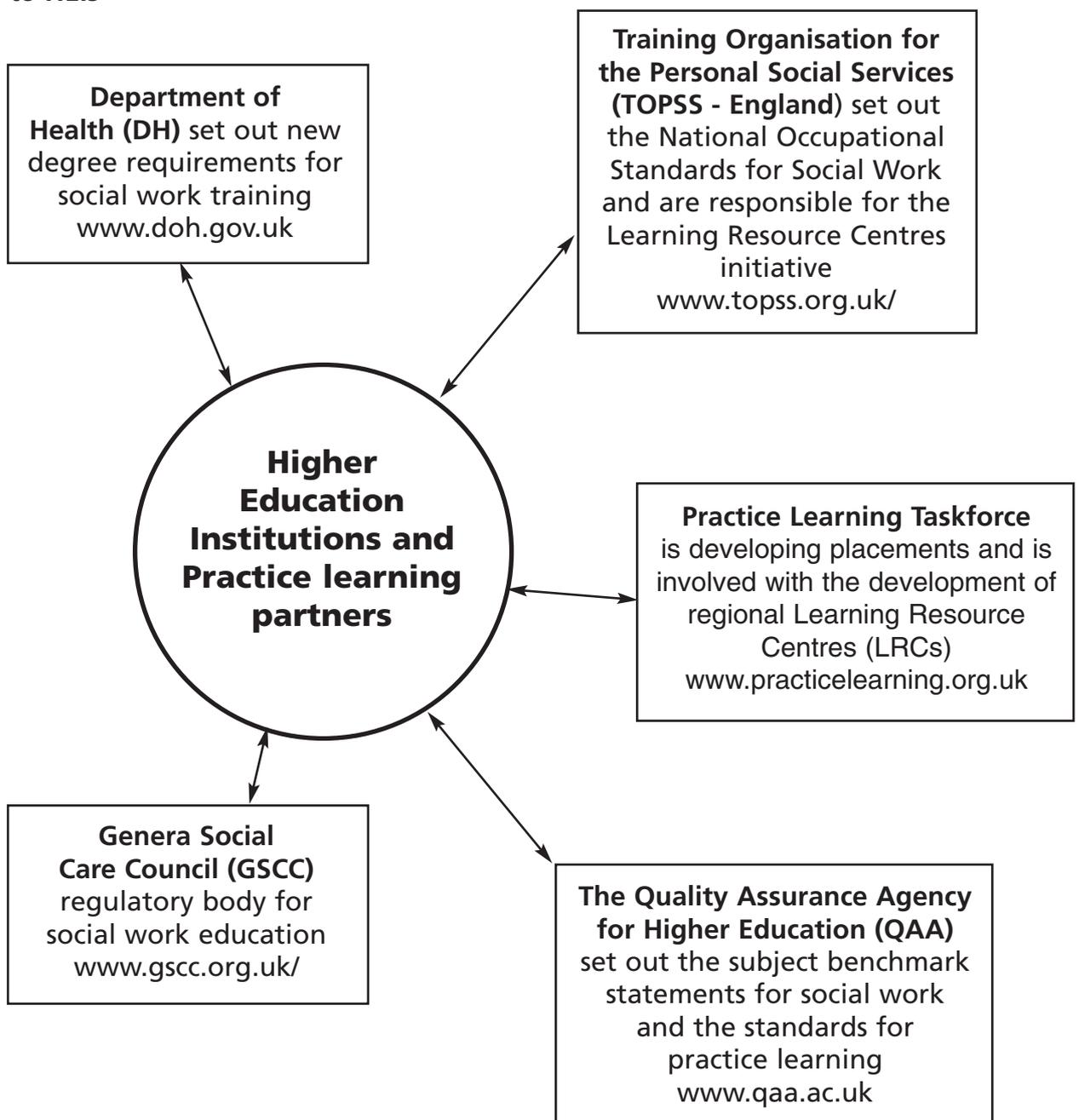
2. Scene Setting

2. Scene Setting

Regulatory Framework for Social Work Education

This section provides some introductory information about social work education and its regulatory framework. The intention of the Department of Health is that social work should be enriched by recruitment of students from a diversity of backgrounds and experiences, and our intention is to focus on those aspects which may unintentionally act as barriers to disabled people either being accepted onto courses or being able to complete those courses once accepted. The barriers are identified and discussed more fully in chapter 3. Whilst the detail of the framework is based on the regulations for England, similar issues will pertain in other UK countries.

Key stake holders in Social Work Education and their relationship to HEIs



The new degree in social work is regulated in quite a different way to the DipSW. Universities now have the responsibility for validating and awarding this professional qualification. Graduates of approved courses will be eligible to register as social workers with the General Social Care Council (GSCC). Universities will validate their own courses and those franchised to other HEIs in accordance with regulations laid down by the Department of Health (DH).

These **Requirements for Social Work Training** (DH, 2002a), together with the **Social Work Subject Benchmarks** produced by the Quality Assurance Agency (QAA, 2000) and the **National Occupational Standards for Social Work** produced by the Training Organisation for the Personal Social Services (TOPSS, 2002) form the prescribed curriculum.

Further regulations and interpretation of the requirements are found in the **Accreditation of universities to grant degrees in social work** (GSCC, 2002) while the QAA's (undated) **Code of practice for the assurance of academic quality and standards in higher education: Placement learning** and the **Code of Practice – quality and standards in HE: Students with disabilities** (QAA, 1999) govern issues of assuring quality in practice placements.

Department of Health (DH)

The DH has set out the new degree requirements for social work training in England, within which are issues that affect both the provision of placements and possibly the inclusion of disabled people. First, it refers to the National Occupational Standards which were produced by TOPSS.

The National Occupational Standards for Social Work set out what employers require social workers to be able to do on entering employment. These standards form the basis of the assessment of competence in practice. **Social workers will be required to demonstrate competence across the full range of standards before being awarded the degree.** Practice is central to the new degree, with academic learning supporting practice, rather than the other way round.

(**emphasis added.** Department of Health, 2002a, p. 1)

While setting out the minimum requirements for entering an occupational group may be common practice, it is also potentially discriminatory to disabled people if those requirements are unreasonably exclusive.

As with the Diploma in Social Work, there remains a strong commitment to promoting equality within the new degree and this is strengthened by the requirement to involve service users at all levels.

The inclusion of service users in all aspects of the training of others is welcomed. However, in other ways, the DH may appear to be creating barriers for some entrants, e.g. those people for whom BSL may be their first language, those with speech impairments and people with dyslexia. HEIs are expected to:

satisfy themselves that all entrants can understand and make use of written material and are able to communicate clearly and accurately in spoken and written English.
(Department of Health, 2002a, p. 2)

General Social Care Council (GSCC)

The GSCC, which has responsibility for inspecting and approving the new degree, also promote the idea of an inclusive and anti-oppressive approach to social work training:

Providers of social work education and training will be expected to: prevent unjustifiable discrimination and disadvantage in all aspects of their work that we regulate.
(General Social Care Council, 2002, p. 10)

One of the commitments that HEIs had to make in order to become accredited to award the social work degree was to,

use broad access and recruitment policies which make sure that they select students from all sections of the community.
(General Social Care Council, 2002, p.21)

This should be taken to include disabled people. The GSCC make it clear that HEIs are ultimately responsible for practice learning and they had to make certain commitments in this respect:

Appoint in sufficient numbers academic staff and practice assessors with appropriate values, academic and professional qualifications, and experience.
(General Social Care Council, 2002, p. 22)

Secure, approve, allocate and audit appropriate practice learning opportunities in line with the curriculum.
(General Social Care Council, 2002, p. 23)

However, the GSCC code for employers also requires that they must:

... contribute to providing social care and social work education and training which is properly resourced and managed. Workplace assessments and opportunities for practice learning must be available
(General Social Care Council, 2002, p. 15)

HEIs are required to make the commitment that they will,

carry out ... health checks on applicants for social work degrees ... [and] make sure that all graduates are fit for social work practice.

(General Social Care Council, 2002, p. 21)

See chapter 3 for further discussion of these issues.

Quality Assurance Agency for Higher Education (QAA) Placement Learning

The DH refer programme providers to the QAA's (undated) Code of Practice on the provision of 'Placement Learning.' This gives some general guidance as follows:

The criteria to be used when approving placements should address placement providers' ability to:

- provide learning opportunities that enable the intended learning outcomes to be achieved;
- support students on placement;
- fulfil their responsibilities under health and safety legislation in the workplace;

All having regard to the level of skill and experience of placement students.

(Quality Assurance Agency, undated, p. 6)

The QAA Code of Practice on students with disabilities states in Precept 11:

Institutions should ensure that, wherever possible, disabled students have access to academic and vocational placements including field trips and study abroad.

Where placements, including international placements, are a formal requirement or standard component of the programme, institutions should consider ways of ensuring that the specified learning opportunities are available to disabled students by:

- seeking placements in accessible contexts;
- providing specialist guidance on international placements;
- re-locating field trips to alternative sites or providing alternative experiences where comparable opportunities are available which satisfy the learning outcomes;
- working with placement providers to ensure accessibility;
- providing support before, during and after placements that takes account of the needs of any disabled students, including transport needs.

Where a placement is an optional but desirable element of the programme, institutions should consider making similar arrangements to support access for disabled students.

(Quality Assurance Agency, 1999, precept 11)

Experience from USA

Pardeck (1999) in the US suggests that in relation to competencies, if a person is otherwise qualified to perform the requisite professional skills of social work, it needs to be determined if it is reasonable to make accommodations for those areas they are unable to perform due to impairment. This challenges the idea that membership of any particular occupational group is dependent on performing to set norms.

It should however be noted, that there is a distinction between the UK legislation and US legislation, as one is about anti-discrimination and the other about civil rights and the implications for practice may therefore be different.

Subject Benchmarks

The QAA (2000) have also produced the subject benchmark statements for social work. These:

provide a means for the academic community to describe the nature and characteristics of programmes in specific subjects. They also represent general expectations about the standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

(QAA, 2000, preface)

Some may present as barriers to people with certain impairments, for example 3.2.3 requires the use of verbal communication skills.

Accessibility of a subject is an issue for the QAA and as such it is undertaking a joint project with University College Worcester, Academic Standards and Benchmark Descriptors: Developing Strategies for Inclusivity.

Laugharne (2003) argues that:

the key challenge for institutions is to balance the need to protect the integrity of their academic standards against the argument to make reasonable accommodation and adjustments in learning, teaching and academic standards.

Benchmark statements are:

not blueprints. Higher Education institutions design their own programmes with particular purposes, aims and outcomes.

Consideration of how to facilitate and demonstrate these outcomes will need to articulate the adjustments required for those students with disabilities.

(Laugharne, 2003)

See Academic Standards and Benchmark Descriptors: Developing Strategies for Inclusivity in Chapter 1. The project is due to report at the end of 2004 and its findings and recommendations are likely to prove useful in helping HEI's ensure accessibility to their degrees.

Training Organisation for the Personal Social Services (TOPSS)

TOPSS has developed the National Occupational Standards for social work. It is a requirement that social work students are assessed in relation to these standards, which consist of 6 Key Roles, 21 Units, 77 elements and approximately 329 performance criteria. The same issue arises here as with the benchmark statements.

From a cursory inspection, none of the standards appear to present insurmountable barriers. However, as they predate the guidance provided by the Disability Rights Commission (2003), they should be re-examined by TOPSS to ensure they are barrier free. This would be a similar exercise to that being undertaken by HEFCE with the subject benchmarks. The interpretation of the standards by social work tutors and practice assessors may create the barriers, but this would contradict the standards themselves. Unit 17, which is concerned with working within multi-disciplinary and multi-organisational teams, networks and systems requires not just students, but all social workers to 'develop and maintain effective working relationships' and in doing so to 'ensure that differences in power and authority are addressed'. Hopefully this guide will assist in identifying some of the ways those differences operate in relation to disability.

Colleagues, not clients: a literature review

A review of the research that has been undertaken into people with disabilities' participation in social work education and social work indicates that the issue that dominates this area is that disabled people are often treated as clients rather than as colleagues. This may act as a significant career barrier for social workers with disabilities.

It is important to review the research literature that exists about disabled people and social work as an occupation. This issue concerns people's reluctance and inability to see disabled people as having a legitimate professional identity in a context where they are more usually characterised as service users.

One of the clear messages to come from several writers (Stevens, 1991; Chinnery and Bate, 1996; Baron, Phillips and Stalker, 1996; Phillips, 1998; Rooke-Matthews and Lindow, 1998; Cooley and Salvaggio, 2002; Crawshaw, 2002) is that significant difficulties are created by some social workers and people in other caring occupations who are unable or unwilling to see disabled people as their colleagues, rather they see them as their clients. While the actual terminology may vary – consumer, service-user, patient – the sentiment is the same. Disabled people are at times expected to remain in the position of being helped, rather than becoming a helper.

Davis (1994) sees the use of the term 'client' as little more than an attempt by social workers and others to 'elevate their second-hand knowledge about disability into a 'profession' (p. 200) and it would seem that despite social work's claim to be concerned with

empowerment, the presence of disabled social work students represents a threat. Stevens (1991) argues that this attitude becomes apparent when disabled social workers are valued and consulted for their experience rather than their knowledge. However, this is only possible when someone's impairment is known. Rooke-Matthews and Lindow (1998) point out that in the case of people with mental health difficulties, they may have to keep this experience hidden in order to survive within certain organisations. This then permits prejudice to go unchallenged. Rather than seeing the prejudice as dangerous, Walker (1999) raises the question of whether others are put in danger by non-disclosure and argues that this may be an important health and safety issue in the workplace. Rooke-Matthews and Lindow (1998) are critical of this approach, particularly the way in which the 1994 Clothier and 1997 Bullock reports required people to be free of treatment for psychiatric illness for two years before they could be considered safe to work in health settings. This guidance was later rescinded (Department of Health, 2002b) and the NHS are now expected to treat people fairly, whether or not they are disabled under the definitions within the Disability Discrimination Act.

Crawshaw (2002), writing about the University of York's project to expand opportunities of disabled people to train as social workers, describes it as being based on the need to challenge the 'us and them' divisions in social work. She challenges social work to begin to 'encompass the values of inclusivity it espouses'. Baron et al. (1996) saw the consequences of this role inversion as a justification for studying and identifying the barriers disabled people faced and they also contextualised this within social work's claim to be empowering. Chinnery and Bate agree:

An increase in the number of disabled people in the welfare professions is, in some respects, the most effective way of combating discrimination.

(Chinnery and Bate, 1996, p. 66)

However, while the separation of 'client' and 'colleague' roles may be useful in highlighting barriers to practice for students with disabilities, these roles come together with social service authorities' responsibility to promote disabled people's employment through the provision of community care services. The third national objective of **Modernising Social Services** is,

to ensure that people of working age, who have been assessed as requiring community care services, are provided with these services in ways which take account of and, as far as possible, maximise their and their carers' capacity to take up, remain in or return to employment.

(Department of Health, 1997)

The Social Services Inspectorate found progress to be poor in this respect (Griffiths, 2001). In terms of the 'us and them' division, this objective suggests that social workers should be able to reconcile a disabled person being both their client and their colleague, and maybe their manager or student. The following case study highlights inclusion. Where inclusion is modelled, positive results follow.

Farida is a young woman in her early 20s. She has multiple impairments which include mobility difficulties and also sight loss. She has worked as a social work assistant and this was actually in the team who had previously worked with her when she had been in care during a period in her life when her family had found it hard to care for her.

Farida applied for a place on the BA Social Work degree for the first year that it was due to run. The interview process at the HEI comprises a written test and then an interview with a member of the teaching staff and a practice teacher followed by an interview with service users. Both interviews carry equal weight. On the day of the interview the HEI ensured Farida's support needs were met. She came through both interviews with flying colours and all interviewers decided she was an ideal candidate and had the makings of an excellent social worker. She had clearly reflected on and learned from her own experiences and had great insight and maturity and the clear ability to empathise with others.

While inclusion as a principle cannot be denied, McLean also argues the case on pragmatic grounds, that it makes little sense to ignore a substantial and experienced group of people when recruitment and retention of staff is so difficult for many social work employers.

He says:

There is a great deal of commitment amongst employees with long term illnesses and disabilities. It is even more important for social care employers to build on this by assessing the needs of this substantial proportion of the workforce and by developing strategies to support them. Long term illnesses and disabilities which affect daily lives do not necessarily have a deleterious effect on an individual's work skills. In the context of social care, workers with disabilities should be seen as a resource, with the potential to provide specialist knowledge and experience in the planning and provision of services for the large number of service users with disabilities.

(McLean, 2003, p. 67)

Baron et al. (1996) and Phillips (1998), reporting on research carried out at the University of Stirling, have listed five barriers to students with disabilities training to be social workers:

- the disabling environment,
- problems of typification,
- the failure of equal opportunities policies,
- equality as a barrier (i.e. treating people the same and therefore failing to provide support),
- self censorship.

The first of these encompasses physical issues such as ramps, acoustics and transport, but also lack of information. Agencies might simply fail to consider access issues other than for clients and this may be typified by staff areas remaining inaccessible.

A circular from the Chief Executive's department was tabled for discussion at the meeting of senior managers of the disability service. This asked all managers to review their access to people with disabilities as the authority wished to improve its provision and to be able to claim to be an equal opportunity employer. After a very brief discussion all the managers agreed that this did not apply to their department as people with disabilities were their clients, not their employees.

This case study links to both the failure to implement equal opportunity policies and the tendency sometimes to think that doing so means treating all people the same. Not only is this an inflexible approach, it fails to make any accommodation for difference. Baron et al. (1996) argue that we need different routes to same destination, a point supported by McLean (2003) and Cooley and Salvaggio (2002) who argue that the impact of impairments must be recognised. James and Thomas (1996) add to this list the difficulties students have in getting pre-course experience which may then prevent them from being accepted for social work training. At this stage it may well be that despite Stevens' (1991) concern that disabled social workers tend to be valued for their experience rather than their other knowledge, their experience as service users is devalued.

While there are many practical and procedural barriers to be removed, several writers have argued that the attitudinal barriers, without which the others might not exist, can only be effectively tackled through disability equality training and the adoption of a social model approach (Stevens, 1991; Gillespie-Sells and Campbell, 1991; Reeve, 2000). It is important therefore to understand the implications of the social model of disability.

Revisiting the Social Model of Disability

Since the publication of **Social Work with Disabled People** (Oliver, 1983), the social model of disability has become the most important challenge to the way in which disability is understood by social workers, and social services departments respond to the problems of disablement. This section presents an overview of the development of this model as it is fundamental to the issues in this guide.

The social model of disability is not static, it is a way of understanding the relationship between disabled people and contemporary society, and the disadvantages they face. In the past twenty years the model has been criticised from within and without the disability movement and it has developed into a range of quite sophisticated ideas that help to understand the social position of disabled people. The social model of disability is both an academic concept and the basis for politically challenging prejudice and discrimination in order to bring about change.

Distinction between impairment and disability

Impairment refers to the illnesses, injuries or congenital differences that affect some people and is intended to be inclusive of those with physical impairments, learning difficulties and mental health issues. The social model is not challenging a traditional understanding of impairment other than to remove some of the emphasis on losses being conceptualised as abnormalities. Impairment occurs to a great many people. Because of increased life expectancy and advances in medical technologies, the incidence of impairment is greater in developed nations and could be taken as a signifier of social and economic advancement.

In the traditional individual model, impairment is not only viewed as an abnormality, it is seen as the cause of most of the problems that people subsequently experience. This is where the social model differs fundamentally in its analysis of social disadvantage, or disability, in that it argues that this results from the way in which society responds to people with impairments. These responses are commonly exclusionary in that we make an assumption that all people are able to access an environment that is built to a non-disabled standard, and that those who are unable to do so because of their impairments either do not need to do so or would be given special assistance if they deserve it. The range of ways in which this process of disablement operates covers virtually every aspect of social life (Barnes 1991). Disabled people are particularly excluded from opportunities in education and employment by material barriers and attitudes, but they are also affected by impairment effects and the psycho-emotional effects of disability (Thomas 1999).

Reeve (2002) describes these psycho-emotional effects as having three main forms. First there is an emotional cost to be paid when one is socially excluded. This may start with segregated education, be carried on in lack of employment opportunities and a whole host of social and leisure pursuits. Second, there is the effect of the 'gaze' to which disabled people are subjected. This causes shame and over time people may come to believe there must be something wrong with them. Finally, there is internalised oppression. Reeve describes this as the acceptance by disabled people (or other oppressed groups) of prejudices against them. This can lead to the acceptance of all kinds of abuse and exclusion on the basis that it is justified by their lack of worth.

Models, language and the Disability Discrimination Act 1995

Although the World Health Organisation argue that 'disability' is an umbrella term for impairments, activity limitations and participation restrictions, in the UK, adopting a social model of disability has had different implications for the way we use 'impairment' and 'disability'. These have distinct meanings with the latter implying that the person is disabled by society. Within disability studies, it is not appropriate to use the terms 'disability' and 'impairment' interchangeably, for example by saying that a person's disability is that they are blind – this is their impairment.

James and Thomas (1996) describe a situation where visually impaired students were excluded from child care and mental health work because of the presumption of practice teachers and placement organisers that they would be unable to do this work. In this circumstance it is the presumption and the exercise of power on the basis of that presumption that disabled the students.

However, within the Disability Discrimination Act (DDA), the terms 'disability' or 'disabled person' are used to refer to impairments. Rather than people with impairments being protected from disabling actions, people with disabilities are protected from discrimination. This has led some people to argue that the DDA is based on an individual model approach and to the extent that it offers individuals recourse to law in order to protect themselves from discrimination, this must be true. However, it is also consistent with a social model approach in that it recognises the cause of exclusion as often lying outside the individual. Indeed, it provides an essential tool to removing disabling barriers.

Furthermore, Part 4 of the DDA, which concerns education and was amended by the Special Educational Needs and Disability Act 2001 (SENDA), places an anticipatory duty on education institutions. This requires them not to wait until an individual disabled person requires access to make changes, but to do so in anticipation that access may be required, thereby making their courses available to a wider range of people. This anticipatory duty is in line with a social model approach as it identifies the organisation of education as being the barrier, rather than an individual's impairment. This does leave the issue of language in an ambiguous position. On the one hand the UK disability movement wish to retain the social model distinction between impairment and disability, yet on the other the major legislation in this field uses different meanings. A new term is therefore emerging, that of 'DDA disabled' to refer to people disabled according to the meaning of the DDA. This also has significant legal implications as it is necessary to first demonstrate that an individual is covered by this Act if they wish to take action against another party under its provisions.



3. Access and Barriers to Practice

3. Access and Barriers to Practice

This chapter contains a discussion of some of the key issues which may help or hinder access to practice learning. It is divided into three main sections and each of these has several subsections. Where possible, we have tried to make practical suggestions as to how HEIs might overcome the barriers, but some issues will require all involved in social work education to undertake much more work in order to make progress. Where possible, practical issues for which universities have responsibility and could act, are included in a checklist form in chapter 4. Where the issues require a national strategy, they are discussed in chapter 6.

One response is pertinent to all the problems raised and that is to provide disability equality training for HEI and agency staff. Whatever the barrier and its proposed solution, it will require personnel from either the HEIs or agencies, or both, to take action. A positive solution is far more likely to occur if all colleagues concerned have an appreciation of the importance of these issues and why they need to be tackled.

Provide disability equality training for HEI and agency staff

Rules and regulations

The Department of Health's requirements for the degree in social work states that:

All providers must:

Satisfy themselves that all entrants can understand and make use of written material and are able to communicate clearly and accurately in spoken and written English.

Additionally, the GSCC require that in order to be awarded a degree in social work:

...universities should be satisfied that students have:

satisfied health checks by student self declaration and GP statements, where appropriate.

These requirements raise potential problems in relation to disabled people's access to social work education. The Disability Discrimination Act 1995 Draft Code of Practice for trade organisations and qualifications bodies gives examples to illustrate how the code might apply.:

Requirements raise potential problems

A qualifications body in the tourism industry advertises in a trade publication, inviting readers to apply to take a course leading to an qualification accredited by that body. The advertisement says that candidates "must have excellent written and spoken English".

This would exclude people who used British Sign Language as their first language, or people who had dyslexia, and is likely to be discriminatory. However a qualifications body advertising a course in tree surgery, would not be discriminating by stipulating that candidates “must not be afraid of heights”, even if this would exclude people who had vertigo as a result of their disability. (Disability Rights Commission, 2003, p. 25)

The issue is whether the body is entitled to take into account the effects of impairment when considering suitability for a particular role.

Spoken and written English

Will people for whom BSL is their first language be excluded from social work?

The requirement that applicants should be ‘able to communicate clearly and accurately in spoken and written English’ would appear to exclude those for whom British Sign Language is their first language, people with certain speech impairments and some people with dyslexia. According to Crawshaw (2002) CCETSW were prepared to accept people being examined for the DipSW in BSL and to the best of our knowledge this did not change when their duties were taken over by the GSCC. The position of deaf people is given further protection by the Disability Discrimination Act 1995 and the recognition of BSL by the government in March 2003 (see chapter 6 for further discussion of issues concerning BSL).

The position of people with speech impairments is likely to be somewhat different. This is an issue which highlights the difference in approach of the individual and social models of disability.

Would the failure to communicate clearly and accurately be the fault of the social worker with a speech impairment to talk at someone else’s level of clarity, or the failure of the recipient to be able to listen carefully enough, or the failure of the social worker’s employer to provide an appropriate interpreting service?

While communication is clearly central to many social work activities and is part of the curriculum, the Disability Discrimination Act does require employers to make reasonable adjustments which could include personal assistance in situations where oral skills are required. Social work education providers need to think carefully about whether their recruitment decisions are based upon standards that are normal for non-disabled people and to consider ways in which personal assistants could help someone compensate for their speech impairments.

Support to students with dyslexia has increased in HEIs, commonly through:

- educating lecturers of the need to provide written materials in advance of lectures;
- support staff who offer advice on the structure of students work, prior to submission for assessment.

Or by:

- offering less support but providing extra time to complete their work;
- and/or requiring markers to compensate for impairments.

This gives rise to debates over standards and the boundaries between support and unfair advantage.

Including people with dyslexia

Debates about standards

John's dyslexia is such that when he submitted a draft practice essay to his practice teacher it was almost impossible for her to ascertain whether he understood the issues he was discussing. Reliance on computer spell-check software had not helped as it had altered the sense of the work. If the practice teacher had marked it at this stage and compensated for his impairment she would have been unlikely to have given him more than a bare pass. John was encouraged to make use of a specialist support worker who knew nothing about social work, but was able to assist him in stating clearly what it was that he was trying to say. When his work was finally submitted, it was awarded a good grade.

The advantage of this approach is that the help John received was specific to his impairment and he was enabled to demonstrate his understanding of the subject. Simply giving him more time or compensating when marking his work would not have allowed him to demonstrate his understanding or have helped him to communicate effectively; it risks leaving the student with the deficit and no means of compensating for it in practice. This level of support needs to be made available in placements to ensure the quality of care provided to service users.

Support needs to be specific to impairment

Leela was diagnosed as dyslexic in the first year of the MA/DipSW programme. She had experienced difficulties in learning throughout school and as an undergraduate but had always attributed this to individual lack of application rather than to a recognised learning disability. With support from departmental staff Leela undertook an assessment at the Dyslexia Institute and was diagnosed as dyslexic. The cost of this assessment, £200, was met by the university and the diagnosis opened up CCETSW funding for recommended equipment. Leela was provided with funding for a computer and relevant software. Leela's first placement began only about a month after diagnosis and was in a statutory sector children and families team. Her specific learning

needs in relation to dyslexia were discussed at the working agreement stage of the placement and the practice teacher was very positive about supporting her. 'Reasonable adjustments' were agreed in terms of both work pattern and equipment. These included a controlled case load, working at home, and excellent clerical support. A dictaphone was provided and a computer for Leela's sole use was ordered. Unfortunately the computer was not delivered until the end of the placement.

Leela's only negative experience was when participating in computer training provided by the agency in-house. No adjustment was made in relation to her learning disability. The training took place in a group setting when Leela would have been much better able to learn if taught on a one-to-one basis. There were times on the training when she felt 'a little humiliated' and un-catered for.

Leela's second placement was in the voluntary sector. Whilst there was some discussion of her needs at the working agreement stage of the placement, Leela felt these were not really taken on board. The practice teacher was impressed by the standard of her written work and consequently she felt her needs in relation to dyslexia were somewhat trivialised. Leela was allowed to work at home and given access to a dedicated computer. There was a small quiet office to work in and she was given a controlled case load. However, the clerical worker was not informed of her dyslexia and made fun of the student's handwriting. Leela felt that the rather complex office dynamics in this placement made it unsafe to challenge this. Instead she adapted to the situation by doing most of the required written work on the computer.

Providing the right support for people with dyslexia in placements is both simple and complex. Leela's experience shows, that not adjusting the computer training and attempting to be positive by praising her written work was unhelpful.

When Simone went on her second placement she was worried about how she would cope with the demands of paperwork. She had considerable support with her dyslexia in the university but her support worker would not be available as often as might be required in a busy social services office. The placement co-ordinator discussed her needs with her practice teacher, who in turn arranged for her to provide her letters and reports via a dictaphone. The administrator who was responsible for typing these soon encouraged Simone to write her reports and case notes and she then suggested appropriate changes. These arrangements and the positive support offered by the administrator did much to improve Simone's confidence and she easily passed the placement. She was also offered a full time post in the team and is now training to become an approved social worker.

Health

The health requirements raise similar issues. The GSCC's rules for registration (GSCC, 2003) quote section 58(1)(b) of the Care Standards Act, 2000, in stating that applicants should provide evidence of their 'physical and mental fitness to practise the whole or part of the work of a social worker'.

What is positive in this statement is that people may be fit only to undertake part of the work of a social worker, which indicates sensitivity to the concept of adjustments that might be made under the Disability Discrimination Act. Indeed, in correspondence with the GSCC we have been told:

We mean that your physical or mental health condition should not affect your judgement or performance in a way that poses a risk to others. We must establish this about all of our applicants as the law says that we have to make sure that everyone who is registered is 'physically and mentally fit' to work in social care.

The Registration Committee will assess whether a relevant declared health condition will affect registration. Telling us about a health condition will not necessarily prevent you from being registered, but could lead to conditions being placed on your registration. Most importantly, it is not a bar to registering for people with disabilities.

(email from registration@gsc.org.uk, 18/08/2003)

The process will ensure that social workers do not have to reveal health information to employers, but if the GSCC consider it relevant they may reveal it as part of the conditions. Regulatory bodies such as the GSCC will be subject to the DDA Part 2 from October 2004 and the codes of practice are due for publication in August 2004.

Currently, the GSCC registration forms require applicants to give details about medical conditions, and whilst they are unable to give a full list of what is relevant, they state that it includes conditions that may cause seizures, conditions or treatments that may result in memory loss, communicable diseases, serious mental ill health and substance dependence. Decisions on whether to register, register with conditions or not to register will be taken after seeking medical advice.

There is no intention to automatically exclude people with certain conditions and to do so would be problematic. Richard Exell of the Disability Rights Commission (DRC) makes it clear that:

....discrimination based on prejudices are stereotypes and not justified or legal. Let me be clear, we need to rule out any assumption that "it isn't safe for people with X to do Y"

(Exell, 2002)

'physical and mental fitness to practise the whole or part of the work of a social worker'

Most importantly, it is not a bar to registering for people with disabilities

Risk assessments must be individualised

The DRC's draft code of practice for trade and qualifications bodies states in relation to competence standards that,

Medical requirements which are based on stereotypical assumptions about the health and safety implications of disability generally, or about particular types of disability, are likely to be directly discriminatory - less favourable treatment of a disabled person resulting from the application of such a requirement will therefore be unlawful.

(Disability Rights Commission, 2003, p. 91)

Exell argues that it is important to individualise risk assessments and not to simply try to remove disabled people from the workplace, rather to adapt their environment to their needs. The GSCC registration process has only just begun and as with other trade and qualifications bodies they will need to ensure their processes and practices are in line with the DDA Part 2 and the forthcoming codes of practice. Their task will be to balance these requirements with those of the Care Standards Act, 2000 to ensure the quality of social work practice.

Occupational standards for social work

Are all the national occupational standards necessary?

Social work students will be assessed against the National Occupational Standards for Social Work (TOPSS, 2002).

This is pertinent to the assessment of students on placement and in HEIs. While it is expected that students must demonstrate their ability to practise to these standards, the question is whether any of these could be considered so essential to social work that it would be reasonable to fail someone who could not meet them all due to their impairments. As Pardeck (1999) argued in relation to US legislation, if a person is **otherwise qualified** to perform the requisite professional skills of social work, it needs to be determined if it is reasonable to make accommodations for those areas they are unable to perform due to impairment.

In the UK the application of a competence standard for entry into an occupation does not amount to discrimination under the DDA (Disability Rights Commission, 2003). However, the content of the standard and the way in which it is assessed must not discriminate, so in relation to the latter for example, someone with ME might reasonably request longer time in an examination of their competence. In terms of the content of the standards the DRC suggest that qualification bodies should review their requirements as follows:

- identifying the specific purpose of each competence standard which is applied, and examining the manner in which the standard achieves that purpose;

- considering the impact which each competence standard may have on disabled people and, in the case of a standard which may have an adverse impact, asking whether the application of the standard is absolutely necessary;
- reviewing the purpose and effect of each competence standard in the light of changing circumstances - such as developments in technology;
- examining whether the purpose for which any competence standard is applied could be achieved in a way which does not have an adverse impact on disabled people, and
- documenting the manner in which these issues have been addressed, the conclusions which have been arrived at, and the reasons for them.

(Disability Rights Commission, 2003, pp. 92-3)

The way in which the standard is applied must not discriminate, so if a blind social work student was failed because it was thought she would be unable to work in the field of child protection, this might be discriminatory unless all students were assessed in relation to working in this particular field. A fair application of rules, requirements and standards will often depend on the availability of placements.

A fair application of rules, requirements and standards will often depend on the availability of placements

Diane's principal concern about her student experience as a wheelchair-user was the complete lack of choice offered to widen her existing knowledge and experience. The second placement was an almost exact replica of the work done prior to joining the Programme. Diane was concerned that the limited range of work available through the placements provided was contrary to CCETSW's requirements and could seriously disadvantage her when applying for positions once qualified. Diane also feels the system of placement allocation is wrong. Colleagues on the Programme reported that they had been offered placements that were accessible. Diane does not know why these were not prioritised to students with mobility impairment.

Qualifications bodies need to show that the application of any standard does not count as direct discrimination and that the standard can be objectively justified (Disability Rights Commission, 2003). Our initial reading of the National Occupational Standards suggests there are no obvious requirements which are, or could be, considered to be discriminatory. Problems are most likely to arise if practice assessors and others involved in the provision of practice learning fail to either provide the appropriate opportunities (see James and Thomas, 1996) or are too restrictive in the way they think the standards should be met.

Jane failed her placement in a voluntary organisation. Her duties involved giving advice to people about safe sexual practices and pre-termination counselling. Her practice teacher perceived her as a child due to her impairment, (head injuries) and the way she had learnt to present herself to others. The practice teacher was unable to accept that others would take her seriously, but did not engage with her to help her learn to present herself differently. The practice teacher therefore transferred her own prejudices about disabled people to Jane's clients and wrote an unfavourable report of her ability to practise social work with a strong focus on her immature communication skills.

Jane was given additional support in the HEI including some sessions with a disabled counsellor aimed at developing her communication skills. She then repeated this first placement in another agency and with another practice teacher. She passed this and her final placement in a demanding mental health team. On all three occasions her tutor had been very active in briefing the placements and practice teachers, and in the last two placements Jane found herself with supportive colleagues.

Disability equality training

In this case the first practice teacher saw the student as child-like and this was entirely a reaction to her impairment and the way she had learnt to present herself. She simply saw the student as incapable rather than in need of learning and worked only to assess her as failing rather than to help her pass. It is essential that practice assessors have undertaken disability equality training and are aware of the way in which their own prejudices could affect the judgements they might make about disabled students. From October 2004 this could be seen as discriminatory under the revised Part 2 of the DDA.

Mukti has acquired dyslexia after she injured her brain falling from a horse at about 11 years. She has a history of academic underachievement and has relatively little self-confidence, however academically she developed well on the postgraduate social work course and has registered a consistent level of improvement. She also performed well in her first assessed placement.

Her final placement was much more problematic; she found the work stressful and the assessment processes difficult to manage while the uncertainty of duty work was particularly hard on her to manage. One of the effects of her impairment was a need to segment the work into separate manageable chunks and to focus on one thing at a time. Her practice teacher saw her as making slow progress and was concerned that she would not meet the practice requirements. This made the student more stressed and when stressed her anxiety increased and her performance declined. In her tutor's view, her disability was at the root of this, but the practice teacher saw her as someone who could not meet the core competences and she failed the placement.

If practice assessors are unaware of the effects that certain impairments can have on the performance of a student they will be unable to make suitable adjustments and will make bad decisions about disabled students' ability to practise social work. It is essential that practice assessors are able to learn from their students about the way their impairments may affect their learning on placement. HEIs should ensure that practice assessors are competent to supervise and assess a disabled student.

It is also important for managers in HEIs and agencies to create an atmosphere in which the student feels free to disclose, and where the issues can be clearly communicated to the practice teacher. Tutors and assessment panels need to ensure they pick up on these issues when placements are reviewed.

Practice assessors must understand impairment effects if they are to work competently

There should be an atmosphere where students feel confident to disclose

Unimaginative interpretation of rules and regulations by HEIs or placement providers

The issues raised in the last two sections illustrate the ways in which rules need interpretation and how that interpretation could result in excluding disabled people from social work education. While it is the practice of individual admissions tutors and practice assessors that will directly affect disabled students and applicants, the institutions involved in the provision of education will have guidance on how they should interpret these rules and regulations. This guidance needs to encourage people to be imaginative and to focus on access issues from the perspective of promoting inclusion. Those responsible for drawing up such guidance will need to take into account the results and recommendations of the QAA and University College Worcester's Academic Standards and Benchmark Descriptors: Developing Strategies for Inclusivity project discussed earlier.

The interpretation of rules can lead to inclusion or exclusion

Jason is blind and wishes to train to become a child protection social worker. He is accepted on to a social work degree, but after he has begun the course he is told that he cannot have a placement in the children and families team because of the risks to children of having someone who is unable to see the child – the social workers are worried that he couldn't see bruises.

In this case, the social services team expect Jason to undertake his work as if he were sighted and do not consider that he would be able to do this particular work without good sight. Although John may be entitled to a personal assistant and that person would be of some help in this respect, personal assistants could not be used to undertake the skilled activities of the social worker, rather their role is to support the person with the skill.

Impairments may limit what a social worker can do because of the risks posed to vulnerable people

Would it be a 'reasonable adjustment' to not expect Jason to undertake such key aspects of the child protection role alone and are there other roles within the child protection team that he could do without placing others at risk? James and Thomas (1996) suggest that where a social worker is going to be investigating a child at risk as part of a team, it would be possible to include a blind person as part of that team.

There is a further question: is it realistic to expect to work as a child protection social worker and never have to go out alone? Despite the rhetoric of good practice, the level of staffing in this area of social work in particular, means that social workers are forced into pragmatic, rather than ideal practices.

Pragmatic rather than ideal practices?

Elaine has a severe hearing loss which means that she requires her teachers to wear a transmitter and microphone, and to face her so she can lip read. She went on placement to a children and families team where her role was in mediation with families. Her practice teacher contacted her early and found out what type of equipment and assistance she would need. She arranged for one of the interviewing rooms to be fitted with a loop system and for a suitable telephone to be installed.

Although the practice teacher fed-back to Elaine that there were some important parts of the discussions she had with families that appeared to be affected by her not hearing all that was being said, this was done in a way to help Elaine learn and by the end of the 16 weeks, she had proved herself a competent and productive social worker.

The amount of imagination needed to make this placement work was really quite minimal, but without it Elaine would very likely have failed. She successfully dealt with several situations where there were children potentially at risk and did not pose a threat, rather she was a productive part of the team effort to reduce and remove that risk.

When social workers work with disabled people as clients, they will often be engaged in extending the boundaries of what was previously thought possible. They often help people realise their aspirations, to gain employment, to leave institutions and to take control of their own care. The promotion of inclusion into mainstream activities must include social work; if it does not, social workers risk setting themselves apart from the communities they serve.

Attitudes and assumptions

Occupational health and safety

The Disability Rights Commission's code of practice post 16, DDA part 4, clause 6.15 says that 'health and safety issues must not be used spuriously to avoid making a reasonable adjustment'.

Hannah was in the second year of her postgraduate DipSW course. She wanted to work with older people and a placement was arranged at a hospital for older people with mental health problems. When the practice teacher was told that Hannah had spina bifida, she became very concerned about her ability to get around the hospital buildings and the risks that some of the stairs and obstructions in corridors would pose to her. She did not think the hospital was a suitable environment for a disabled person to work in.

The placements coordinator in the HEI felt that this was an excuse but with placements being such a scarce resource she dare not confront the practice teacher head on. Instead she made it clear that Hannah had not experienced too much difficulty in the University environment which was also quite badly designed and encouraged the practice teacher to talk with Hannah about her concerns.

The practice teacher, to her credit, did this and soon found that Hannah was quite capable of ensuring her own safety. Hannah was offered the placement and passed it very well.

'Health and safety issues must not be used spuriously to avoid making a reasonable adjustment'

This case illustrates the concerns practice teachers may have, and how honest and frank discussions can lead to positive outcomes. As with other situations discussed in this guide, there is a difference between the assumptions that non-disabled professionals make about disabled people's abilities and the reality of those situations. The concern for the health and safety of a student is an essential part of any placement, but assessing such risks must actively involve the student. In most cases the additional work involved to ensure the good health and safety of a disabled student will be minimal.

In a study commissioned by the Disability Rights Commission (Hurstfield, 2002) health and safety are frequently reported as reasons for non-recruitment or dismissal of disabled people. There is evidence of organisations taking positive steps to overcoming these barriers, although this is more common when dealing with staff retention than recruitment.

Health and safety assessments must involve the student

Imaginative approaches need to extend from retention to recruitment

Treating disabled students as clients not colleagues

This issue was discussed more extensively in chapter 2 and is at the heart of many of the problems that occur in placements.

Sunisa was on placement in a voluntary agency and had a freelance practice teacher who visited her for supervision every week. Sunisa reported to her college tutor that every time she saw her she would ask her questions about how she was coping physically with the placement and seemed to be trying to assess her needs as if she were her client. She did not feel that she was being treated as a student and very little of the practice teaching sessions focussed on what she needed to learn.

The tutor discussed this with her and they agreed that she would raise the matter with the practice teacher at their next three-way meeting. Sunisa did this, but the practice teacher became very upset and withdrew from the placement.

Practice teachers may need advice and support to work effectively with disabled people as colleagues

In this case the practice teacher was so accustomed to taking a particular role as helper with disabled people that she was unable to do otherwise with the student. She was unable to be a teacher and was genuinely upset when challenged about this. The tutor was unable to prevent this negative reaction. It is clear that in this case the practice teacher was not equipped to provide a service to the student and it is unlikely that this would change without her changing at a personal level. Disability equality training is specifically aimed at achieving such change.

Whilst disabled people may be able to pass the barriers they face in getting accepted onto social work courses, it is a common experience that finding placements is another matter. This may be more so than in other degree courses because social workers are so used to viewing disabled people as people in need, rather than as being able to provide a service to others.

Need for disability equality training

Within social work practice, although the situation is improving (Clark, 2003) there is evidence that social workers have been reluctant to encourage disabled people to take up direct payments, often due to an over-protective attitude (Dawson, 2000; Social Services Inspectorate, 2000; Pearson and Sapey, 2002). This attitude is a problem both in practice and in the provision of practice learning. One way forward is for all social workers to undertake disability equality training and this is especially necessary for practice assessors.

Universities failing to be imaginative about range of possible future careers of disabled applicants to social work courses

A common complaint of disabled social work students is that they are expected to follow careers working with disabled people or with older people. This is the other side of the reluctance to employ disabled people in areas such as child protection and mental health.

Admission tutors in HEIs may be influenced by the lack of availability of placements or what they perceive to be unrealistic expectations of disabled applicants in terms of the type of social work they wish to undertake.

It is important that HEIs bear in mind the GSCC position that social workers need to be fit to undertake all **or part** of the work of a social worker. Furthermore, as the DDA will increasingly affect the role of employers in making adjustments to the workplace, including the actual duties of disabled employees, more social work roles should become accessible to disabled people. It would be unreasonable for example to expect some disabled social workers to work in the same way as non-disabled social workers, taking full responsibility for a caseload – rather it may be reasonable to think in terms of team caseloads with different social workers performing different but equivalent roles according to their ability. The key here is thinking creatively about how disabled people can be effective in employment rather than thinking they cannot do the job because non-disabled people have always done it in a certain way.

Concepts of what the social work role is need to change to become more inclusive

Team case loads may be a solution

Joan, who has mobility and visual impairments, was working as a social work assistant in the team from whom she also had received services as a disabled person. She was interviewed for the social work course and had the requisite ability. Unusually she was also asked what she envisaged doing for her work placements. Placement choice normally took place once students were on the course.

Joan said that she wanted to work with disabled children and this caused concern for the partner local authority who was the main placement provider. There were concerns that:

- 1. Some homes would not be accessible to her because of her mobility impairment. There was a suggestion that she had not considered this.**
- 2. In the event of any suspicion of child abuse, Joan would not be able to observe visible signs**

There was a protracted discussion with the local authority who continued to maintain that they would not be able to offer Joan a placement which could be seen as 'safe' both for her and for service users.

Ultimately, during this process, Joan withdrew her application saying that she had decided not to become a social worker but to train as a counsellor instead. This was interpreted positively as the discussion of her difficulties led her to realise that she had chosen an inappropriate career path and helped her to choose another one.

Several months after this, in a meeting held to discuss and evaluate the selection process, the following points were raised by several people representing the HEI's staff group, the partner LA and the service users:

- a. Why was a prospective placement discussed with Joan when this is not the usual procedure for other students? Given that she had fully stated the nature of her impairments, this appeared inappropriate and discriminatory and there would have been ample time to discuss suitable placements with her once she was on the course as regularly happens with students.
- b. Why was consideration only being given to LA placements and a lack of creative ideas raised for how the barriers could be removed for Joan.
- c. The positive construction of Joan's decision may indeed be valid but another explanation could be that she was being led to believe that she would face insurmountable obstacles on a social work course.

A decision was made to write to Joan explaining that, with hindsight, the HEI/LA had acted inappropriately in querying placement suitability.

Discussing impairment effects at interview may be helpful

The reflection and review that took place after the event indicates that both the HEI and the local authority were attempting to change their practice.

Whilst it is important to ensure equity in the selection process, it is also necessary to heed the warning of Baron et al. (1996) about equality becoming a barrier. Some flexibility about giving applicants the opportunity to discuss impairment and placement issues during the admission process may be helpful.

There is a tendency to exclude disabled students from certain areas of practice and to assume that disabled students would be best suited to working with disabled people. This is contrary to the Disability Discrimination Act - disabled people should not be excluded from any employment unless the adjustments necessary would be unreasonable for the employer to make.

A related issue is where disabled students are seen as incapable of becoming qualified social workers because of either a perceived or real inability to work in a particular setting or to undertake certain tasks. It is necessary for HEIs and agencies to recognise that not all social work students are going to be able to work in any setting with any client group. The requirements are that students demonstrate their ability in at least two settings with at least two client groups, not in all settings with all client groups.

Furthermore, it should not be assumed that disabled students do not want to work with disabled people.

Non-disabled students often qualify without being able to undertake certain roles without assistance!

Frank had a progressive hereditary visual impairment. While on the course he had sufficient vision to manage the academic work, with the help of quite sophisticated aids, some of which were computer-based. His work placements comprised first in a residential home for older people and next in a hospital. Both settings were well suited for a student with a visual impairment. He was able to input assessments directly onto computer, thereby making best use of his remaining vision. The placements were highly satisfactory on both sides and he is now working as a manager in a resource centre for visually impaired people.

Discriminatory attitudes and role modelling

It is well documented in the literature on racism that black social workers and other welfare workers experience rejection by clients who are racist. It is common today for agencies to support their staff in these situations and to insist that their service users show respect for them.

Wayne is a social worker in his late 20s who has restricted growth syndrome (is 3' 9" high) and uses crutches to get around. He works with older people living in the community. Wayne was assigned to Mrs Joiner and on his first home visit he was refused access to her house because Mrs Joiner refused to let a 'cripple' into the house. Mrs Joiner also yelled abuse through the letter box at Wayne saying that someone as small as him couldn't possibly be a real social worker anyway and that she wanted a 'proper' social worker. Wayne reported this disablist abuse to his team leader but nothing was done - Mrs Joiner was not told that such behaviour was unacceptable and Wayne was expected to continue as Mrs Joiner's social worker. It was up to him to work out a way of working with this particular client. Wayne insisted that he could not work with her and Mrs Joiner was reallocated to an Asian social worker. When she was racially abusive towards her new social worker, she was told that such behaviour was unacceptable and her social work support was withdrawn.

Whilst there is less knowledge about social service users rejecting workers who are disabled, the impact this may have on the well-being of the student can be estimated through the accounts of the psycho-emotional effects of disablism (see Thomas, 1999; Reeve, 2000 and 2002).

Both HEIs and practice agencies have a responsibility to ensure that disabled students are not subjected to treatment by clients or indeed by fellow staff, that may cause distress or harm.

It is now common for user-led organisations such as Centres for Independent Living to be more effective at promoting the rights of disabled people than mainstream services run by non-disabled

Discrimination can impact on a social worker's well-being

Placements in user-led organisations

people. These agencies may provide more positive learning experiences for both disabled and non-disabled students than traditional agencies.

There are also examples in the literature, (for example Gaskis, 1990 and Gilson, 2000) where disabled workers have reflected on the positive contribution their impairments can make to social work and to teaching. Gaskis focuses on the psychodynamics of interactions with clients pointing out the positive ways in which people in need of help may react to also seeing their helper as someone with needs, while Gilson (p. 134) provides a set of guidelines for use in the classroom of how disabled teachers should approach the use of self in that setting. Below, we have adapted Gilson's guide to questions that disabled social work students might use to think about how sharing their experience of disability might contribute to their practice:

The use of self in practice

- What is the purpose of sharing my experiences?
- How much do I want to share?
- What do I have to lose or gain?
- What approach do I use to share with my client?
- Is this the best way to help my client learn about their own problems?
- What should I keep private or not share?
- How will this discussion affect relationships with colleagues?
- How do I evaluate of use of self on practice outcomes?

'Use of self' courses to include issues of disability and impairment

These could also be helpful in trying to extend the current teaching in social work courses about the use of self to include issues of disability and impairment.

Self-censorship and non-declaration of disability by students

There is often more opportunity for making the necessary adjustments if there is declaration prior to admission, but there are many reasons why this does not always occur.

Jenny decided before she started her postgraduate degree in social work that she would not declare that she was dyslexic. She felt that in her first degree she had gained some unfair advantage through the help of a support worker and was determined to be assessed on the same terms as other students.

When she handed in her first assignments she failed two out of three courses which naturally led to a great deal of distress. In order for the HEI to reassess her she needed to declare her impairment and provide documentary evidence.

This is a good example of how internal oppression works within the education system. Jenny believed the sceptical view that support for people with dyslexia is a form of cheating. Not declaring her

impairment meant that the placement agency and the HEI were unable to either provide her with appropriate support. While some impairments may not need to be evidenced in this way, those which are not visible often do.

When Jenny told her tutor that she had an impairment which affected her education, under DDA part 4 the tutor would have an obligation to pass this information on to others in the HEI unless Jenny specifically asked her not to do so. This is the same for all HEI staff. Good practice is to always tell a student who has informed you of an impairment that this information will be passed on unless they do not wish it.

Krista was very concerned about disclosing her disability to the placement agency. She was worried that to do so might lose her the placement as she would be seen as incapable of doing the work, yet not to do so would make it very difficult for her to cope with the effects of her impairment during working hours. She discussed this with the placement co-ordinator and agreed a strategy for talking to her practice teacher. This worked well and her placement was very accommodating.

Disclosure of an impairment can help to make the placement a better experience for the student. Agency staff need to be receptive to making accommodations for disabled students, as this will make it easier for them to disclose, particularly when it concerns impairments to which a stigma is attached.

It is difficult to generalise about the stigma attached to certain impairments, illnesses and conditions as this may vary from one organisation to another. Several conditions such as epilepsy, HIV, Hepatitis C, mental illnesses and learning difficulties such as dyslexia are commonly stigmatised.

- A senior manager from a social services department told their DipSW partners that they were very keen to expand access to social work, but please could they try to avoid people with dyslexia.
- The GSCC have identified conditions that cause seizures as necessary to declare within health checks as they are deemed to cause a possible risk to clients.
- A small group of students were heard to be saying how they would not wish to work with people with Hepatitis C for health and safety reasons, unaware that another student in the classroom had this condition.

These examples, while illustrating certain individual prejudices, are also about cultural and structural stigmas. It is important for all staff involved with disabled students to recognise when these stigmas have become institutionalised and to take action to counter it, if students are to feel comfortable and safe about disclosing.

If a student discloses impairment to one member of staff, it is as if they have disclosed to the HEI

Disclosure of an impairment can help to make the placement a better experience for the student

Important to recognise institutional stigma

Juan, an MA/DipSW student, had experienced learning difficulties at school and at university, particularly with the dissertation module of the first degree. These difficulties were discussed with his Year 1 tutor who suggested that he consider being tested for dyslexia. The tutor also offered to proof read Juan's assignments. Juan was reluctant to pursue assessment, having always attributed the difficulties experienced as psychological and being, somewhat reluctant to risk 'being labelled'. However, he did go for an assessment at the Dyslexia Institute in the summer between Years 1 and 2. The assessment cost the student £260, although the money was refunded through the University's Access Fund.

Juan was shocked to be diagnosed as having dyslexia and did not submit the assessment report until the end of Year 2 on the programme. He did not discuss the assessment in much detail with the Year 2 tutor, but was offered two deadlines for the submission of assignments; the first for proof-reading and the second for final submission. In the event he did not take up the offer of the proof-reading deadline and nevertheless gained good passes on some of the assignment work, particularly those assignments which were clearly structured and based in practice. Because of mixed feelings about the assessment and diagnosis, Juan did not pursue the recommendation of the assessment report which suggested accessing funding to provide additional support.

Juan did not discuss the learning difficulties and subsequent diagnosis with either the first or second placement practice teacher and in fact had no problem with the written work required on placement because it was heavily structured and practice-based. In the first placement Juan had access to a computer and in the second relied on clerical support.

Discussing impairment issues

It may be that a person's impairment will prevent them from undertaking their social work role in the same manner as a non-disabled person. Whilst it will be necessary to decide on an individual basis what range of practice is sufficient for a student to pass a degree in social work, such decisions will not be able to take place without a level of openness about their impairment and the effects it may have on their work. There are some issues that arise in relation to this which need to be understood if disabled students are to be treated fairly. In short, non-disabled people are often incompetent when it comes to disability etiquette.

Social encounters are usually governed by culturally 'agreed' rules of engagement, but the lack of such cultural rules for the interactions between disabled and non-disabled people can lead to anxiety and confusion about how one 'ought' to behave, with the result being avoidance rather than relationship.

(Reeve, 2003)

non-disabled people are often incompetent when it comes to disability etiquette

The 'us and them' divide

From the individual model that has dominated social work, social workers may make very personal enquiries about a disabled person's abilities and then make judgements about what this means. From a limited social model perspective, they may tend to focus on environmental barriers and to over-respect impairments as a personal issue. Neither approach is suitable to working in partnership with a disabled student in order to ascertain with them how and why their work may be affected by either the environment or by their impairments.

There are many reasons why this problem may occur. It may be: the ideology of superiority that often accompanies being non-disabled; roots in a fear of impairment on the part of the non-disabled person; deskilling caused by inadequate and over-simplified awareness raising, a lack of social skills.

What is common to all of these, and therefore informs the resolution of the problem, is the 'us and them' divide that is constructed by non-disabled people.

The 'us and them' divide created by non-disabled people

Disability equality training

Disability equality training provided by an accredited trainer is the first step in breaking down these interpersonal barriers. In chapter 6 we give some introductory ideas about how this can be incorporated into training within social work courses and placement agencies. The main point to be made here is that if the assessment of disabled people is to be fair, then it is essential that agencies create the right atmosphere in which material barriers and impairment effects can be discussed and addressed, and that individuals within those agencies are part of the solution, not the problem.

Practicalities

Personal assistants

When social work students need to use a personal assistant to help them in their work, certain issues arise about confidentiality, safety and sensitivity to the needs of their clients. All social work students are expected to undergo enhanced checks with the Criminal Records Bureau and to have been assessed by the HEI as being suitable to commence practice learning. As with other staff in an agency they are also bound by rules of confidentiality, predominantly through the Data Protection Act (1998) and the GSCC Code of Conduct. Insofar as these requirements are designed to protect the rights of people seeking help from a welfare agency, they should also apply to others who may accompany the student in their work or have access to agency data. It will be the responsibility of the placement agency to

Confidentiality and CRB checks in relation to personal assistants

say what level of scrutiny of personal assistants is required depending on their level of access to people and data, but as it is the responsibility of the HEI to provide the support they will also need to undertake any necessary checks and training.

The course leader of the social work course at one university helped the disability office recruit another student, who had already been police checked for the course, as a personal assistant on work placement for a visually impaired student.

Guide dogs may also provide assistance to students. The needs of the dog as well as their owner should also be considered when allocating placements.

Planning and time

Whilst the formal requirements may be quite straightforward they will need time to plan and arrange. HEIs will need to check this with agencies in advance to ensure students using personal assistants can start on time. In the case of BSL interpreters, HEIs will undoubtedly experience delays caused by their national shortage.

Jane was told by her placement tutor that, as a visually impaired person, she would be given the same priority for placement allocation as other non-disabled students with particular needs to consider, such as student parents. Details were confirmed just one month before the placement was due to start. It was impossible to fund and organise appropriate office IT equipment and make suitable transport arrangements in this time. Although these arrangements were finally sorted out, she started the placement at a disadvantage.

Some disabled students have been put at a significant disadvantage because practical arrangements were not in place in time to enable them to start the placement on an equal footing with their non-disabled peers.

At the root of this problem is a lack of awareness on the part of placement tutors and placement providers of the time required to think through and respond to the detail of the student's support requirements. Phillips (1998) regrets that programme providers and placement providers do not engage in more general proactive planning, which would improve the generic systems in which disabled students find themselves. HEI departments and placement providers could audit placements systematically for accessibility for students with a range of impairments, as part of the work which precedes a university-placement agreement. Some start-up issues are listed in chapter 4; more detailed lists are available in the questionnaires used by Thomas, (1999).

It is likely other issues will need an individual response for particular students and placement environments. A number of these which regularly come to the attention of placement tutors and HEI disability advisers are described in the next paragraphs.

HEIs and agencies could audit placements for accessibility

Equipment issues

Increasingly, many people with impairments can be assisted through the use of specialist equipment, particularly using new information and communication technologies (ICT) but also older and less advanced ones such as amplifying telephones, ramps and wide doorways. It is not feasible to begin listing all the available technologies in this document, rather we think it is important to encourage lecturers, practice assessors and agency managers to think about the possibility of technological solutions and to have a knowledge of where to look for help.

A useful source of information on ICT is TechDis which provides an advice and information resource via extensive web-based databases. TechDis should be the first port of call for anyone in education who has a question relating to disability and technology.

To ensure that appropriate ICT or other communication equipment is available for the placement. The student, HEI department and placement provider must agree:

- whose equipment should be used,
- whether additional software needs to be added,
- compatibility between the student's equipment and placement office equipment.

Sometimes placement providers limit students' use of their own equipment and discussion is needed to explore whether there is a genuine reason of confidentiality. The Data Protection Act may be mentioned by agencies in relation to this, but the Act itself does not prevent students using their own equipment, rather it will be the limitations of the organisation's registration under the Act.

Sometimes simple compromises are available if a discussion between student and practice teacher can be held in good time and where there is mutual commitment to respect both the student's support needs and the good practice of the placement agency.

Technologies, old and new, can help with access issues

www.techdis.ac.uk

discussion is needed to explore whether there is a genuine reason of confidentiality

A student's laptop can be kept on placement office premises throughout a placement, and placement-related files deleted at the end of the placement period.

training and time for adjustments must be built into preparation time

If this is not possible, and the student is using new or unfamiliar equipment or software belonging to the placement provider, training and time for adjustments must be built into the preparation period.

A related issue raised by experienced placement tutors is the resentment observed among non-disabled students or agency workers at the expensive and sophisticated IT equipment being used by some disabled students. This is clearly a manifestation of the view that 'everyone should be treated the same'; it shows a lack of understanding that true equality of opportunity can only be brought about by providing students with impairments with the tools and support they need to bring them to the same starting points that others have for tackling their work. Discussion amongst both student groups and agency staff as part of the pre-placement process would help to bring these kinds of resentment into the open and enable them to be dissipated.

Flexibility over daily work patterns and timetabling

Students newly diagnosed may encounter a barrier in the rigid structure of a full-time course with placements slotted into a tight course schedule. They need time to adjust to the new situation they find themselves in or to obtain appropriate equipment, and training on it, to meet their new support needs.

A senior member of staff in a large social services department responsible for many placements expressed her dismay at the high failure rate of disabled, and particularly dyslexic, students. Students whose dyslexia had been diagnosed after they had started social work training seemed to be particularly vulnerable.

Exhaustion may be a common impairment effect

Other students with conditions such as ME and other long-term medical conditions, whose effects vary from day to day, may find they are able to carry out a full day's work for some periods during the placement but not others. For these students, flexibility over daily work patterns and start and finish dates of the placement is needed. In that way, they can meet the learning outcomes of the placement, without placing their health at risk.

Marian was experiencing health problems prior to admission on the MA/DipSW programme but the condition, fibro-myalgia, was not diagnosed until recently. Marian's situation has been complicated by changes of medication and fluctuating variable symptoms. With the support of Department staff, she had an assessment and this provided access to funding from CCETSW for recommended equipment. This included a scooter, a computer and a book allowance.

Marian's first placement was in a statutory sector hospital setting. Her health was such that working full-time was going to be extremely difficult and prior to placement, she tried to negotiate with the practice teacher to work shorter working days and a longer placement. The practice teacher would not agree to this. During the first month of the placement her symptoms included chronic fatigue and forgetfulness. During this time Marian experienced the practice teacher as impatient and extremely unsupportive. A month into the placement she was very ill and had to take time off. On return to work the practice teacher did agree to re-structure the placement to enable the student to work shorter days.

Marian experienced further difficulties in setting up the second placement. A voluntary sector placement was identified in June and Marian visited the placement and discussed particular individual needs with the practice teacher. In September her condition again worsened and the placement co-ordinator negotiated with the practice teacher for her to work one day of the placement at home. The practice teacher apparently agreed to this but later withdrew the offer of a placement.

HEIs may need to consider in advance whether it is necessary to validate their courses as part-time as well as full-time in order to provide this flexibility and then to ascertain the impact this would have on student funding, especially in relation to GSCC bursaries.

**part-time
courses provide
flexibility**

Inaccessible physical environment; transport issues

For students with mobility impairments, detailed discussions with placement providers should take place for all settings, to check for accessibility and explore whether there are alternative venues in cases where access is difficult.

Only when attending disability equality training for placement providers did staff at a women's refuge realise that although they had excellent ground floor access for disabled clients in their new building, they had no provision at all for disabled staff. All the offices in the building were on the first floor and there was no lift access.

**Clients may
have access, but
do the staff?**

For some visually impaired students, lack of time and opportunity for mobility training in the high-pressure timetable of social work training poses the greatest barrier to finding an appropriate placement. Imaginative thinking, and time for discussion between the placement tutor and the student can sometimes lead to unusual, but satisfactory results.

Danny, a guide dog user, suggested to his tutor that he undertake his placement in his home area, some 200 miles away from the university where he was studying. Although there were practical and contractual issues about using a placement provider in the area usually covered by another university, these were resolved and Danny was able to use his detailed knowledge of his home territory to carry out a successful placement.

Funding issues

Sometimes the stumbling block proves to be the funding to enable equipment or personal support to be provided. Students eligible for student loans, and students on GSCC bursaries will qualify for additional funds (Disabled Students' Allowances - DSAs) to cover disability-related costs directly connected to compulsory elements of a course. There is wide variation in practice between different funding authorities, both in how they reach agreement to authorise funding and in the systems they use to release funds for equipment or personal support workers. Several months can elapse before the equipment and services required are in place. Similarly varied is awareness amongst local education authority staff of the likely requirements of placements. Where staff are either not well informed, or are under pressure themselves from internal audit processes, defensive reactions may lead to lengthy delays.

Systems and processes for funding support can vary

Ann's Disability Adviser wrote to her LEA on her behalf in good time to organise funding for additional equipment and travel costs for her placement. Despite several follow-up letters and increasingly angry telephone calls, the funds were not agreed and trivial questions were being asked about why particular pieces of equipment were needed. Ann started her placement without all the equipment in place and felt under substantial additional pressure because of this. In the end a letter signed by the head of Ann's academic department and the head of Student Services in her university succeeded in releasing the funding.

HEIs may have financial responsibilities under SENDA

Since SENDA regulations came into force, Universities too have had financial responsibilities. They should fund reasonable residual costs not covered by the DSA's, for example if the costs of a sign language interpreter for a Deaf student exceed the maximum available from DSA. However meeting DH requirements may be considered an unreasonable adjustment as the costs are too high (see chapter 6).

They would also be responsible for reasonable disability-related additional costs for a student who is not eligible for DSAs, for example a part-time student studying at less than 50% of full-time.

Who is responsible for funding adjustments on work placements?

The duty for making reasonable adjustment under the DDA falls on the institution. In some cases alternative funding sources may be available, or the placement provider may be persuaded to fully fund, or contribute towards, the costs of adjustments. This will not be possible in every case, however, and institutions will need to ensure that they have set aside sufficient budget to meet the reasonable needs of disabled students on placements.

Where students are under a contract of employment with the placement provider (for example on a sandwich course), the employer may also have a responsibility to make adjustments. The fact that the employer has a responsibility does not diminish the institution's responsibility.

(Department for Education and Skills, 2002 p. 22)

Duty for making reasonable adjustment under DDA falls on the HEI

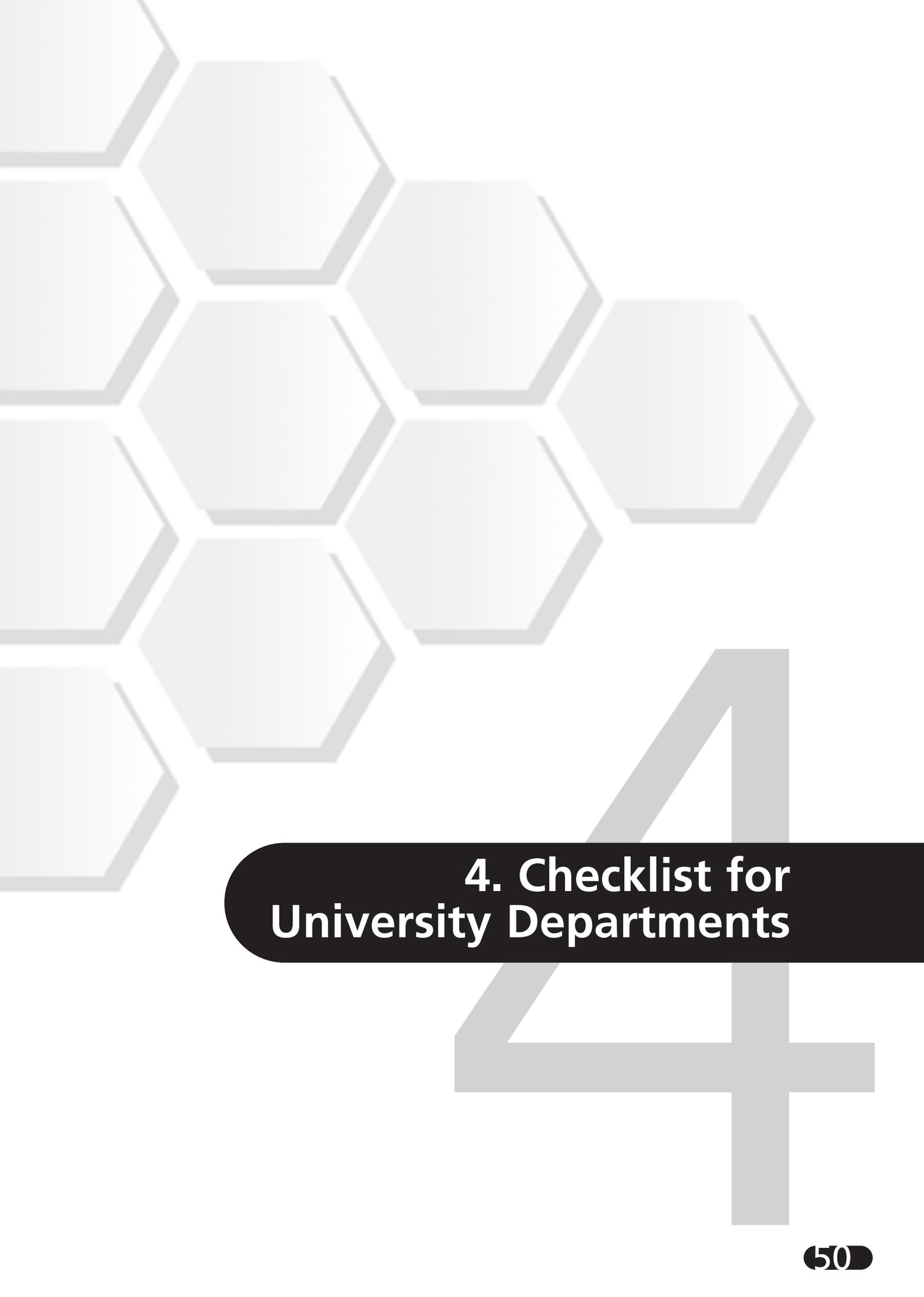
Despite this clarity from the DfES, it is probable that uncertainties about these new responsibilities will lead to further delays. To complicate matters still further, part 2 of the DDA has recently been amended, so that from October 2004 placement providers will also have a duty to make reasonable adjustments in work placements, whilst sharing responsibility with the sending organisation.

The DRC's draft Code of Practice on Employment and Occupation states:

It would also be reasonable to expect the sending organisation and the placement provider to co-operate in order to ensure that appropriate adjustments are identified and made. It is good practice for a placement provider to ask a disabled person about reasonable adjustments before the placement begins, and to allow him to visit the workplace in advance to see how his needs can be addressed. Once a particular adjustment has been identified, it would be reasonable for the sending organisation and the placement provider to discuss its implementation, bearing in mind their respective obligations under the Act.

(Disability Rights Commission, 2003, Clause 9.49)

Placement providers have a duty to make reasonable adjustments in work placements



4. Checklist for University Departments

4. Checklist for University Departments

This document is a staff development resource, but particularly this chapter. We suggest that the follow checklist pages may be reproduced for auditing and training purposes. Please ensure when doing so, that the original source is acknowledged.

University departments may also find this checklist helpful as a system for encouraging active implementation of their institution's equal opportunities policy. This would answer the criticism of Phillips (1998) that universities had failed to put their equal opportunities policies into practice. It would also foreground key ways in which disability discrimination could be addressed, thus raising the profile of what some still regard as a second class equalities issue compared with gender and race.

General Issues

University department's policy development and planning

1. Is the HEI department aware of and actively responding to guidance about placements in precept 11 of the QAA Code of Practice on Students with Disabilities?
2. Has the current course been planned with a view to considering the needs of disabled students during placements?
3. Have placement tutors received training in order to effectively arrange, approve and monitor placements for disabled students?
4. Have institutional resources been allocated to meet the needs of disabled students on placements, where other sources of funding are not available?
5. Are current placement learning outcomes and assessment methods appropriate for all students, including disabled students?

Planning with placement providers

6. What is the policy and procedure for including disability issues in the search for and approval of placements?
7. What is the mechanism to ensure practice assessors' competence to supervise and assess disabled students?
8. Do agency profiles offer an opportunity to indicate the suitability of a work place for students with particular impairments?

<p>9. Has an access audit of placement providers' premises and other work locations taken place?</p> <p>10. Are links with placement providers sufficiently well-established and flexible to address the needs of disabled students on placement honestly and imaginatively?</p> <p>11. Does the institution have a procedure for dealing with harassment or discrimination in the placement setting?</p> <p>12. Have the needs of disabled students been embedded in health and safety procedures (to ensure they are securely covered, but not over-emphasised)?</p> <p>13. Is provision of equality of opportunity for disabled students an explicit element in agreements with placement providers?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Issues for practice teachers</p> <p>14. Is there an opportunity in their personal profiles for practice teachers to indicate a particular interest in training disabled students?</p> <p>15. Are there opportunities for practice teachers to attend disability equality training?</p> <p>16. Is there a system of workload reallocation by the placement provider in cases where the placement of a disabled student will generate extra work?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Admissions and placements</p> <p>17. Is there clear information about the institution's policy on confidentiality and disclosure of disability-related information which includes specific information on placement issues?</p> <p>18. What systems are there for placement tutors to provide input on placement issues during the application of disabled students?</p> <p>19. Are there procedures during the admissions process for disabled applicants and department admissions tutors to consider with the institution's disability officer, possible opportunities and potential support needs during a placement?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Planning individual placements

Matching students and placements

1. Is there a system to ensure that students' own wishes about choice of placement are taken into account as far as practical?
2. Are placement tutors considering the widest possible range of placement to respond to these wishes and to avoid stereotyping of disabled students?
3. Are placements for disabled students considered ahead of those of other students in order to have time to take fair account of impairment-related issues?
4. Are transferable skills which students have developed as a result of their impairment taken fully into consideration in matching students to placements?

Disclosure

5. Are there opportunities for students to declare a disability during the placement application process?
6. Do students have the opportunity to discuss with the placement tutor any concerns about disclosure of disability?
7. Is there clear guidance for staff in the HEI department about their responsibility to disclose a student's impairment to the placement provider if this is likely to impact on placement work, or the safety of potential clients; and corresponding advice not to disclose if a student's impairment will have no effect on the placement?
8. Are these responsibilities about confidentiality and disclosure made clear to students?

Preparation

9. Do students have the opportunity to discuss their support requirements in detail and at an early stage, with placement organisers, where necessary using the experience of the institution's disability adviser?
10. Are students able to discuss their support needs well in advance with the placement provider or practice teacher in order to clarify their needs in all of the placement's settings and activities?
11. Is there a system to clarify at an early stage, and usually with the institutional disability adviser, who will be responsible for funding any additional disability-related costs during the placement, and for accessing funds such as the Disabled Students Allowance in a timely way?

<p>12. Is there a procedure to make sure students are fully informed about health and safety issues connected with the placement?</p> <p>13. Do written agreements for students and placement providers clearly indicate what adjustments are required and who will provide them?</p> <p>14. Is it clear to the placement tutor what the lines of responsibility are in the placement organisation for ensuring that reasonable adjustments are made for disabled students?</p> <p>15. What procedure does the HEI department have to ensure that a disabled student does not start a placement before all support systems are in place?</p> <p>16. Is there a named person at the placement who has full and clear information about the student's impairment and support needs?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>During the placement</p> <p>17. Does the placement tutor keep in regular contact with students and practice teachers to ensure that agreed adjustments are in place and ensuring access to the full range of work activities?</p> <p>18. Is priority given to prompt investigation of complaints of harassment or discrimination, in such a way as to give the student maximum opportunity to continue the placement without undue disruption?</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>Monitoring and review</p> <p>19. Are students given the opportunity to review their progression in a placement in terms of learning and other personal development?</p> <p>20. Are placement providers offered a chance to offer feedback on their experiences of working with disabled students?</p> <p>21. Are the results of any review process fed into the system of course planning and development?</p> <p>22. Are placement providers informed about the positive or negative experiences of disabled students in a way which will enable them to improve provision?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



5. Changing Practice with stakeholders

5. Changing Practice with stakeholders

This guide has been produced to promote improved practice in social work education by highlighting the problems of access to placements for disabled students and by introducing the debates that accompany these problems. It should be used by HEIs and placement agencies as a means of exploring problems in their organisations and as a prompt to changing practice.

The law changes rapidly so this cannot be a definitive guide to what is strictly required, since that would most likely result in defensive practice which would be against the spirit of inclusivity. Social work educators should be challenging the boundaries of inclusion, just as they would expect the social workers they train to do, in other settings. Hopefully this guide will help in that process.

Identifying the methods and strategies that will be most effective in changing practice with stakeholder colleagues is complex. It is likely that a combination of events and opportunities designed to build trust and collaboration between stakeholders, will be the best way forward, especially when finding constructive ways of implementing a new prescription for practice of which the SENDA legislation is an example. (Smale 1998).

This guide suggests varieties of these including:

Consciousness raising – Introducing SENDA legislation

- Problem Solving and Action Planning in your local context
- Using the checklist in this guide
- Identifying training issues

Training courses in specific skills or aspects of SENDA implementation

- Using this guide - taking one or more issues from the list in Chapter 2
- Developing understanding and positive communication strategies in relation to particular disabilities

Events can be fitted into regular practice learning staff development programmes at times of the year when pressure is less intense. It is most effective to first bring colleagues together for problem solving with action planning, to be followed by specific training identified through this. Both, if effectively facilitated, can feed into improving the practise of managing practice placements for all students.

Consciousness raising through problem solving and action planning

Problem solving and action planning draws on the principles and activities of Problem Based Learning (PBL).

This approach can be useful for:

- Identifying and sharing the knowledge, expertise and good practice already happening in relation to SENDA compliance;
- considering areas for improvement for example start with a review of the year, identifying successful practice and areas for improvement or consider one or two of the Access and Barriers to Practice subjects (Chapter 3);
- Building consensus and responsibility into implementing solutions;
- Identifying specific training and development needs.

Planning events

Try to plan events with stakeholders early so that you will have maximum impact on all the stages of managing placements. Problem solving and action planning may not be the norm, but alongside specific training they can be positive catalysts for change.

Event checklist

- Be clear about the purpose of the focus of the event and let all participants know what is involved. Plan events well ahead and build the events into an annual programme for all stakeholders.
- A half day is probably the minimum for an effective workshop or training event. A day is much better. Shorter times may identify the issues but not the solutions.
- Engage a facilitator, leaving you free to participate.
- Meet somewhere comfortable preferably neutral with refreshments.
- Start from the positive and then look at what you can improve. Sessions which concentrate on difficulties alone do not help in building support and trust for improvements.
- Use about half the session for action planning. It is easy to get stuck in the problem solving phase without anyone ever taking responsibility for action.
- Ensure the action planning is possible.

Workshops

These are valuable opportunities for colleagues to develop skills and knowledge in specific areas. However, change in practice may not occur unless there is specific follow up and support to implement innovation. Much of the guidance for planning problem solving and action planning applies here too although less time may be spent on action planning. Ask the facilitator to build time for participants to reflect on how they might put their new skills into practice, what difficulties they might face and who might help them.

The following programme is adapted from a training day for practice teachers that worked well in one social work programme. It succeeded in raising people's awareness that disabled students were being discriminated against in the programme and that practice teachers played a significant role in this process. The day involved three speakers and two group work sessions. There should be plenty of breaks to ensure the event itself is accessible to people with certain impairments.

Legal, Theoretical and Practice Developments in Social Work Education

09.30	Arrival
10.00	Introduction to the day
10.05	The implications of the Disability Discrimination Act 1995, Part 4
10.45	Break
11.00	Case study work
11.40	Break
11.50	Colleagues or clients? Disability and access to social work
12.30	Lunch
1.30	Developing the case study - Small group work and feedback
2.10	Break
2.20	Disability and the experience of social work education
3.00	Break
3.20	Plenary session - feedback, questions and answers to the panel
4.0	Close

The first taught session is intended to give participants an introductory knowledge of the legal requirements of education providers, with particular reference to placements in social work agencies. While much of the content of this would need to come from the codes of practice which accompany the Act, it is likely that the University disabilities officer would have the relevant knowledge; this guide should prove useful in indicating how the Act applies specifically to social work placements.

The case study work is intended to give practice assessors the opportunity to apply their understanding of the Act to some specific issues. There are numerous case studies throughout this guide and three more given below. These are fictitious but based on combinations of real problems that should challenge social workers who have not previously thought about disability issues in relation to social work education.

Case studies

Josh is 22 years old and has severe hearing difficulties. He has had these since birth and consequently his speech is also affected. He has done well so far and is on course for a 2.1. He did his first placement in a voluntary organisation working with children with learning difficulties who also had negligible verbal skills. The practice report recommends that he undertake work that will test if he can both hear what others are saying and be understood by his clients as this was not possible in the first placement due to their incapacity to give feedback. Josh uses an induction loop microphone and lip reads. How will you accommodate John in your team?

Emily is 35 years old. She uses a walking frame most of the time as she had both legs amputated above the knees following a road accident when she was 18. Sometimes she needs to use a wheelchair if her stumps are sore. She also has a severe facial disfigurement. She has had some difficulty on the course, but having re-sat 2 exams is now in line for a 3rd class degree. This is her first placement. Emily's previous experience has been as a volunteer with DIAL, but otherwise she has been unemployed since her accident. One of the main reasons for her unemployment has been people's adverse reactions to her facial disfigurement. She wishes to become a hospital social worker. What issues will you need to discuss with Emily during the pre-placement meeting?

You are interviewing applicants for the course. One applicant has very impaired speech. He arrives with his personal assistant who is able to understand what he says and to repeat it for him. Although your understanding of what he is saying improves as the interview progresses, you ascertain that it took about a week for his personal assistant to become proficient in hearing him. How could you help this applicant meet the occupational standards for social work?

The second taught session examines the most significant issue for practitioners involved in social work education, and could be predominantly based on chapter 3 of this guide. Whether disabled students are treated as colleagues or clients is a problem that is more acute in caring occupations than elsewhere. It is important to confront practice assessors with this difficulty if they are to begin to understand how ingrained the negative attitudes toward disabled people are within social work.

The second case study session is intended to give participants an opportunity to review their earlier discussions and to prepare key points for feedback. All the questions have been designed to elicit positive answers, but of course people may raise what they see as irresolvable problems. These need to be discussed with the trainer helping participants adopt a social model of disability.

The final input would be from a disabled person who has experienced the access issues within social work education. Clearly this experience is variable so it may be helpful for them to draw on chapter 3 of this guide in addition to their own experience. The objective here is to present some reality to the participants. It is important to begin to show that it is real people who are harmed by lack of access and that it is not just an academic exercise. Following another break, the final plenary would pick up on any points of discussion raised during the day and promote the need for participants to undertake Disability Equality Training.



6. Issues requiring national strategies

6. Issues requiring national strategies

Regulations

The regulations from the Department of Health and the General Social Care Council that relate to written and spoken English and to health checks on social work students and social workers must not contravene the 1995 Disability Discrimination Act or the Care Standards Act 2000. As discussed in chapter 4, trades and qualifications bodies will be covered by the DDA Part 2 from October 2004 and the DRC's codes of practice should ensure that disabled students can feel safe about disclosing medical conditions. In particular they will be entitled to expect their application to be considered on an individual basis rather than fearing that any assumptions might be made about the risks associated with specific health problems or impairments.

There are two points to make in respect of these regulations and the need for their review. First, decisions about a person's suitability or ability to practise social work should not be taken until appropriate support and adjustments have been provided. Without these, people with impairments will be disabled and prevented from working as a social worker.

Second, HEIs and other agencies and bodies should establish a system for learning and sharing information and experience about access and barriers, so that decisions can be made about suitability for registration based on real knowledge acquired in a non-blaming atmosphere.

Scarcity of BSL interpreters

The current national shortage of qualified BSL/English interpreters sometimes leads to delays for deaf students in obtaining appropriate communication support for their placements. It also sometimes obliges students to rely on less well qualified BSL-users in the role of interpreter, which can prejudice both the student's educational experience on placement and their safe practice with clients. The DDA requirement for HE institutions to provide auxiliary aids and services for students will undoubtedly contribute to pressure for increased training opportunities leading to a qualification in BSL/English interpreting. Additionally, national agencies (for example, GSCC, Dept of Health) should contribute to finding ways to ease the shortage of interpreters.

Mismatch between Disabled Students Allowance and DH requirements for social work

Since the introduction of the new degree in social work, at least one deaf student has had to withdraw from her course as the university where she was studying decided that the additional costs for the provision of BSL interpreters and note takers was an unreasonable adjustment under the DDA. As she decided to change courses rather than challenge this decision, the Disability Rights Commission were unable to take the case forward. Her account of the problems she faced explains the issues:

The new BA Hons Social Work courses are now the only way to become a qualified Social Worker. The new courses were designed and implemented at the request of the Government, in an aim to improve standards in the light of recent scandals.

However, disabled/deaf groups were not involved in the design of these changes and consequently, the courses are effectively inaccessible to anyone who requires additional support in order to access the course.

As you are aware DOH requirements specify students must complete 200 days of practice and 200 days or 1200 hours of study under the 'direction of an educator'.

In practical terms this computes to 19 hours tuition time a week. For me, as a deaf sign language user, that requires a minimum of 19 hours week of interpreting time (sometimes more, if the interpreters are to work safely for long periods, they need to work in pairs) plus occasional additional interpreting hours for meetings with tutors and group work with other students.

In addition I require a notetaker during all taught sessions, again 19 hours week (I cannot watch the interpreter and make my own notes simultaneously, of course).

Also, for my written course work, I require a number of hours of language support every week.

All of these adjustments, interpreter, notetaker and language support are standard adjustments made for deaf students on any course and are paid for from Disabled Students Allowance (DSA).

The problem is that my DSA is only £11,280 per year. Therefore this sum doesn't come close to paying for the support on a course as intensive as this. In fact, the university has worked out that it would actually cost an additional £26,271 to make this course accessible. (Total £37,551)

The University does not consider that paying this additional cost is a "reasonable adjustment" under the DDA SENDA (Special Education Needs and Disabilities Act). Neither do my Local Education Authority or the local Council.

So, as I have said, I was left with no option but to withdraw from the course and I am bitterly disappointed.

Even if the money was available, the format of this and other similar courses may still restrict accessibility to deaf sign language users. For example, concentrating on BSL interpretation for long lengths of time can be very tiring and stressful, leaving very little time to engage in meaningful directed reading, research or to consolidate knowledge. Also the pace of lectures and a general lack of deaf awareness can also limit access.

Obviously this situation will now become an issue nationwide as deaf and disabled people find that they are unable to access their new courses and so they find themselves effectively barred from the Social Work profession.

It may well be that under the DDA, the additional expense of over £26,000 would be considered an unreasonable adjustment for an HEI to meet, but this is not an issue that should be left to any individual institution to resolve. The Department of Health who have set the rules and the General Social Care Council who fund students on social work degrees need to take some action to ensure access to deaf students. This may mean making considerably more resources available, or ensuring that HEIs do not impose excessive requirements on students that cannot be funded.

Enriching Social Work

There is no doubt that many within social work from the Department of Health, the GSCC and TOPSS, through to the HEIs, employers and practitioners are committed to expanding opportunities for disabled people to train and practise. The existing requirements of Part 4 of the DDA place a legal responsibility on HEIs to make their courses accessible and the revisions to Part 2 which come into force in October 2004 will require work placements to also be accessible. As we stated at the start of this guide, all those involved in social work education should be attempting to implement these requirements from a spirit of inclusivity, rather than in any defensive manner. Promoting access to disabled students will result in an enrichment of the profession.

Further resources

Accessible curricula: Good practice for all. Available from <http://www.techdis.ac.uk/pdf/curricula.pdf>

SWANDS (South West Academic Network for Disability Support). An audit and guidance tool for accessible practice within the framework of teaching and learning available from <http://www.plymouth.ac.uk/assets/SWA/Sendadoc.pdf>

(These two documents are available in .pdf for downloading, and will require Adobe Acrobat to read, available at <http://www.adobe.com/products/acrobat/readstep2.html>)

Teachability project. Creating an accessible curriculum for students with disabilities. Available from <http://www.teachability.strath.ac.uk>

Bibliography

Baron, S., Phillips, R. and Stalker, K. (1996) Barriers to Training for Disabled Social Work Students, **Disability & Society**, 11(3), pp. 361- 377.

Chinnery, B. and Bate, A. (1996) Placing Disability at the Heart of the Curriculum: a Combined Service User and Social Worker Perspective, **Issues in Social Work Education**, 16(2), pp. 65-70.

Clark, J. (2003) **Independence Matters: An overview of the performance of social care services for physically and sensory disabled people**, London, Social Services Inspectorate.

Clements, P. and Spinks, T. (1996) **The Equal Opportunities Guide**, London, Kogan Page Ltd.

Cooley, B. and Salvaggio, R. (2002) Ditching the 'dis' in disability: Supervising students who have a disability, **Australian Social Work**; 55(1), pp.50-59.

Corker, M. and French, S. (1999) Reclaiming Discourse in Disability Studies, in M. Corker and S. French (eds) **Disability Discourse**, Buckingham, Open University Press.

Crawshaw, M. (2002) Disabled people's access to social work education – ways and means of promoting environmental change, **Social Work Education**, 21(5), 503-514.

Davis, K. (1993) 'The crafting of good clients' in, J. Swain, V. Finkelstein, S. French and M. Oliver (eds), **Disabling Barriers – Enabling Environments**, London, Sage.

Dawson, C. (2000) **Independent Success: Implementing Direct Payments**, York, Joseph Rowntree Foundation.

Department for Education and Skills (2002) **Providing Work Placements for Disabled Students**, Nottingham, DfES Publications.

Department of Health (2002a) **Requirements for Social Work Training**, London, Department of Health.

Department of Health (2002b) **Mental Health and Employment in the NHS**, London, Department of Health.

Disability Rights Commission (2002) **Code of Practice Post-16, Disability Discrimination Act 1995: Part 4**, London, The Stationery Office.

Disability Rights Commission (2003) **Draft Code of Practice: Trade Organisations and Qualifications Bodies. The Disability Discrimination Act 1995**, [http://www.drc.org.uk/campaigns/TradeQB_CodeofPractice.pdf].

Doyle C. and Robson K. (2002) **Accessible Curricula**, UWIC Press.

Exell, R. (2002) **Health, Safety and Disability: Are there Conflicts at Work?** Report on the Conference held by the Disability Rights Commission and the Health and Safety Commission and Executive in partnership with Industrial Relations Services. Thursday 12 December 2002, Holiday Inn Bloomsbury, London.

French, S. (2003) **Barriers and Coping Strategies: A Study of the Working Lives of Visually Impaired Physiotherapists**, paper presented to the Working Futures seminar, University of Sunderland, December 2003.

Gaskis, T. (1990) Practitioner Disability: What Are the Real Handicaps?, **Families in Society: The Journal of Contemporary Human Services**, 71(7), pp. 429-435.

General Social Care Council (2002) **Accreditation of universities to grant degrees in social work**, London, General Social Care Council.

General Social Care Council (2003) **The General Social Care Council (Registration Of Social Workers) Rules 2003**, London, General Social Care Council.

Gillespie_Sells, K. and Campbell, J. (1991) **Disability Equality Training: Trainers Guide**, London, Central Council for Education and Training in Social Work.

Gilson, S. F. (2000) Discussion of Disability and Use of Self in the Classroom, **Journal of Teaching in Social Work**, 20(3/4), pp. 125-136.

Griffiths, G. (2001) **Making it Work: Inspection of Welfare to Work for disabled people**, London, Social Services Inspectorate.

Hurstfield, J. (2002) **The Extent of Use of Health and Safety as a 'False Excuse' for not Employing Disabled People**. Report on the Conference held by the Disability Rights Commission and the Health and Safety Commission and Executive in partnership with Industrial Relations Services. Thursday 12 December 2002, Holiday Inn Bloomsbury, London.

James, P. and Thomas, M. (1996) Deconstructing a Disabling Environment in Social Work Education, **Social Work Education**, 15(1), pp. 34-45.

Laugharne, M. (2003) **Academic Standards and the Disability Discrimination Act (DDA) Part 4**, [<http://www.worc.ac.uk/services/equalopps/benchmark/publications/newsletters/june03-2.html>]

Manthorpe, J. (2000) Learning Curve, **Openmind**, 102, pp. 10-11.

McLean, J. (2003) Employees with Long Term Illnesses or Disabilities in the UK Social Services Workforce, **Disability & Society**, 18(1), pp. 51-70.

Morris, J. (1992) Personal and Political: a feminist perspective on researching physical disability, **Disability, Handicap and Society**, 7(2), pp. 157-166.

Oliver, M. (1983) **Social Work with Disabled People**, Basingstoke, Macmillan.

Pang, K. (1994) 'Professional Social Work Training & Black Disabled Students' in, N. Begum, M. Hill and A. Stevens (eds), **Reflections: The Views of Black Disabled People on their Lives and Community Care**, London, Central Council for Education and Training in Social Work.

Pardeck, J. T. (1999) Disability Discrimination in Social Work Education: Current Issues for Social Work Programs and Faculty, **Journal of Teaching in Social Work**, 19(1/2), pp. 151-163.

Pearson, J. and Sapey, B. (2002) **Direct Payments in Cumbria: An Evaluation of their Implementation**, report to the Cumbria Direct Payments Project.

Phillips, R. (1998) Disabled Students: Barriers to practice learning, **Journal of Practice Teaching in Health and Social Work**, 1(1), pp. 13-23.

QAA (2000) **Social Policy and Administration and Social Work**, (subject benchmark statements), Gloucester, QAA.

- QAA (undated) **Code of practice for the assurance of academic quality and standards in higher education: Placement learning**, [www.qaa.ac.uk/public/cop/COPplacementFinal/letter.htm]
- QAA (1999) **Code of Practice – quality and standards in HE: Students with disabilities**, [www.qaa.ac.uk/public/cop/copswd/pre1_12.htm#pre]
- Quinn, P. (1995) Social Work Education and Disability: Benefiting from the Impact of the ADA, **Journal of Teaching in Social Work**, 12(1/2), pp. 55-71.
- Reeve, D. (2000) Oppression Within the Counselling Room, **Disability & Society**, 15(4), pp. 669-682.
- Reeve, D. (2002) Negotiating Psycho-emotional Dimensions of Disability and their Influence on Identity Constructions, **Disability & Society**, 17(5), pp. 493-508.
- Reeve, D. (2003) **'Encounters with Strangers': Psycho-emotional dimensions of disability in everyday life**, paper presented to the Disability Studies: Theory, Policy and Practice conference at Lancaster University, 4th September 2003.
- Rooke-Matthews, S. and Lindow, V. (1998) **A Survivor's Guide to Working in Mental Health Services**, London, Mind Publications.
- Seebohm, P. (ed.) (2001) **Valuing Experience**, Kings College London.
- Smale, G. (1998) **Managing Change Through Innovation**, London, The Stationery Office.
- Social Services Inspectorate (2000) **New Directions for Independent Living: Inspection of independent living arrangements for younger disabled people**, London, Department of Health.
- Stanley, N. and Manthorpe, J. (2001) Responding to students' mental health needs: Impermeable systems and diverse users, **Journal of Mental Health**, 10(1), pp. 41-52.
- Stevens, A. (1991) **Disability Issues**, London, Central Council for Education and Training in Social Work
- Stuart, O. (1994) 'Journey from the Margin: Black Disabled People and the Antiracist Debate', in N. Begum, M. Hill and A. Stevens (eds) **Reflections: The Views of Black Disabled People on their Lives and on Community Care**, London, CCETSW.
- Swain, J. and French, S. (2000) Towards and Affirmation Model of Disability, **Disability & Society**, 15(4), pp. 569-582.
- Thomas, C. (1999) **Female Forms: Experiencing and Understanding Disability**, Buckingham, Open University Press.
- Thomas, T. ed. (1999) **The Enabling DipSW**, Leeds, Central Council for Education and Training in Social Work.
- Townsend, P. (1979) **Poverty in the United Kingdom**, Harmondsworth, Penguin.
- Training Organisation for the Personal Social Services (2002) **National Occupational Standards for Social Work**, [www.topss.org.uk/uk_eng/standards/cdrom/Index.htm]
- Valios, N. (2001) Work in Progress, **Community Care**, Nov 29.
- Walker, M. (1999) 'Opportunities for Disabled People to Qualify for a Career in Social Work – a supplementary survey of placements' in, T. Thomas (ed.) **The Enabling DipSW**, Leeds, Central Council for Education and Training in Social Work
- Waterfield J. and West B. eds. (2002) **SENDA Compliance in Higher Education**, University of Plymouth.

