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For your own notes:
**Introduction**

*Disability Matters* has been developed to pull together and to emphasize – in a manageable format - the information all tutors need to know if they are to give effective support to those students in their tutor group who have disabilities or additional requirements (DAR). We know that 50% of tutors are currently supporting at least one student with disabilities and some have as many as 7 such students on their tutor lists. In addition to this, the number of people disclosing to the University that they have a disability is increasing annually, so it is inevitable that soon **ALL** tutors will be involved, through their students, in this area of student support.

*Disability Matters* obviously must lead with an outline of tutors’ responsibilities under The Disability Discrimination Act Part IV as this has to be crucial to all thinking and practice in the DAR area. However, the booklet then goes on to highlight – as this is central to its purpose - what support is available to both students and their tutors and where (and how) to access further details about this. The DSS website, the newly-developed Diversity Resources Online and TutorHome are all powerhouses of vital information, advice and guidance on DAR issues, so wherever it has been possible to do so, urls and links are given to enable tutors more readily to find material that is specific and relevant to their immediate needs (see icons ❗️ and 📚 at the bottom of each page).

*Disability Matters* also provides guidelines on terminology – what has been described as ‘the DAR language minefield’. Tips about this have been scattered throughout the text, as have students’ own stories. Although the latter may in some instances come from students attending institutions other than the OU, they have been
included because they illustrate experiences which are common to many and therefore should be thought-provoking for those responsible for such students' support.

*Disability Matters*’ final section concentrates on supporting students with dyslexia and those with mental health difficulties. As you will see from the Staff Development schedule (p36) and the Regional Calendar on the website, these 2 topics have also been specifically targeted (but not exclusively!) in the workshops and sessions the DAR team has organised for tutors over the last couple of years. This has been in response to tutor feedback on the disability issues of most concern to them in giving students the support they require, and also because of the increase in student numbers in these particular areas.

We hope you will find this pack useful and that it will encourage you to explore further the wealth of information available on the website; but anyway, do let us know what you think of it! Please do contact any one of the DAR Team at any time (see p.49 for details); we should be pleased to hear from you!

**STOP PRESS**

Please note that the website addresses and links to information contained in *Disability Matters* are subject to change, especially as TutorHome is further developed and streamlined. However, the urls are on R12’s TutorHome website, where they are updated regularly to reflect the alterations as they occur. In addition, other information may become available and resources may be updated and/or withdrawn. Details of significant changes will be notified to you via a CAMEL message and will be reflected in future versions of *Disability Matters*. 
DISABILITY DISCRIMINATION ACT PART 1V LEGISLATION

Background:

The legislation stresses:

- that there should be equal access to educational opportunities for all students;
- that ‘reasonable adjustments’ must ensure that students with disabilities will not be placed at a disadvantage in relation to other, non-disabled students;
- that institutions have an ‘anticipatory duty’, i.e. should anticipate the need for such adjustments.

The Act has been implemented in 3 phases:

1. from 01 September 2002: defining terms of reference and implementing the injunction against discriminatory (‘less favourable’) practice, stressing the need for ‘reasonable adjustments’ to ensure parity of provision;

2. from 01 September 2003: implementation of the requirement to make ‘reasonable adjustments’ to auxiliary aids and services (i.e. the latter including everything – from using yellow paper for a student with dyslexia to someone scribing for a deaf student); and

3. from 01 September 2005: implementation of the requirement for accessible buildings and premises.

Recent research carried out by R13 amongst DAR students, found that early personal contact by a student’s tutor (i.e. by phone rather than letter) was crucial.

- for further information
- document can be downloaded
UNDER DDA PART 1V LEGISLATION TUTORS HAVE THE FOLLOWING RESPONSIBILITIES:

TUTORING

Tutors should ensure that:

- no student is treated ‘less favourably’ for a reason related to a disability;
- students’ requirements are anticipated by consulting the DAR profile and the students themselves;
- appropriate ‘reasonable adjustments’ are made to teaching practice and materials to comply with the Act.

Such adjustments may include providing:

- adapted materials – for example, in large print or on coloured paper;
- materials in advance, where possible;
- rest breaks during tutorials;
- electronic feedback on assessments;
- additional academic sessions, if required; or
- working with a note-taker, interpreter or guide;
- wearing a radio microphone…….

The students’ disability profile should give guidance on what is required – but do:

- discuss all this with your student him/herself at the earliest opportunity;
- contact the regional DAR Team for further advice……..

Phone: 028 9024 5025;
E-mail: R12-DAR@open.ac.uk

DISABILITY DISCRIMINATION ACT 2005

From December 2006 The Disability Discrimination Act (DDA) 1995 has been amended to place a duty on ALL public bodies in the UK to promote disability equality.

Further information on the new Act can found on:

Disability Rights Commission (DRC)
http://www.drc-gb.org

Skill: National Bureau for Students with Disabilities
http://www.skill.org.uk

http://www.open.ac.uk/tutors/sol/pages/disabled-students/disabled_students.htm
DISCLOSURE PROCEDURES

Under the new legislation, it becomes **vital** that a tutor immediately passes on to the Regional DAR Team any information, not already mentioned in the profile, that a student discloses about a disability or additional requirements. (Always encourage the student to let the University know about his/her needs as there can be so much to gain by doing so…….)

The DC1 and the DC2 forms are to be used for such disclosures.

**DC1** – is used to report back relevant information and to trigger the despatch to the student of the *Meeting Your Needs* booklet and Facility Request Form (*FRF*)\(^1\). The return of this form ensures that appropriate support is put in place.

**DC2** – is used when the student insists on complete confidentiality. (This fact MUST be recorded in this way.)

Samples of these forms are included overleaf and could be photocopied if required. Alternatively they can be accessed in TutorHome and forwarded electronically to the Regional Centre DAR team as follows:

Access is from **TutorHome**

- Teaching and Learning
- SOL
- Disclosure and Confidentiality

From here there is a choice of:

a) **downloading** the DC1 or DC2 form, to be printed out, completed and posted to the Regional Centre

or:

b) **submitting** the DC1 or DC2 on line.

If the **online submission method** is chosen, an email is generated and sent to the Regional Centre’s dedicated Outlook mailbox.

- The tutor’s name and staff number are entered automatically in the email
- The tutor selects R12 from a dropdown address list
- enters the student’s name and PI
- enters free text describing the information disclosed *(on DC1 form only)*
- submits the email
Disclosure of disability/additional requirement by an Open University student

All information received by the Open University will be treated as confidential

To: Disability and Additional Requirements Team       Region________________

From: ___________________________(Tutor)       Staff Number________________

The student named below has informed me that s/he has a previously undisclosed disability/additional requirement.

Student’s name_________________________       PI number________________

Brief outline of the information disclosed by the student:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Signed________________________(Tutor)       Date________________

Signed________________________(Student       Date________________
       If applicable)

To Tutor:
Please send this form to the Disability and Additional Requirements Team at your student’s regional centre, at the address given in your Tutor Guide.

Please communicate with the Disability and Additional Requirements Team as soon as possible after the student has told you about their disability. You are advised to note that you have done so, and the date, in your own records.

If you prefer to e-mail the regional centre, please make sure you give all the details asked for in this document.

For Regional Centre use:

MYN and FRF1 sent on_________________________       Signed_________________________
Disclosure of disability/additional requirement by an Open University student who wishes this information to remain strictly confidential

To: SSM
Disability and Additional Requirements Team           Region________

From: ___________________________(Tutor)   Staff Number________

The student named below has informed me that s/he has a disability, impairment and/or additional requirement but does not wish this information to be disclosed to any other person in the University, even though this may prejudice her/his education.

Student’s name_________________________     PI number________

Signed_________________________ (Tutor) Date____________
Signed_________________________ (Student Date____________
If applicable)

To Tutor:
Please send this form to the SSM, Disability and Additional Requirements Team at your student’s regional centre, at the address given in your Tutor Guide.

For Regional Centre Use:

Received by____________________________________(SSM) Date __________________________
EXAMINATION ARRANGEMENTS

The university recognises that some students will not be able to sit their examinations in standard conditions and so it allows examination arrangements to be adjusted to meet individual requirements. The aim is to ensure that students are neither advantaged nor disadvantaged after the arrangements have been made for them.

When a student first notifies the University of a disability, specific learning difficulty or medical condition, they have the opportunity to let us know if they will require additional facilities in an examination. If they do this at the outset, then they are contacted again in good time before their exam to put the arrangements in place. They are sent a Meeting Your Examination Needs booklet and asked to return a Facility Request Form 3 along with relevant, up to date medical evidence or, for example in the case of a student with dyslexia, a recent dyslexia assessment.

However, it is common for students to disclose that they are managing a health issue in the period immediately running up to exams and if the request comes too late then no arrangements can be made. Naturally this causes distress and disadvantage to the student and they can be presented with the options of either sitting the exam in normal conditions and submitting an E39 form or deferring the exam for a number of months.

The exams team are keen to avoid this situation wherever possible and to this end we would encourage tutors who are aware of any issues affecting any member of their group to urge the student to disclose any additional requirements as early as possible in the academic year.

Adjustments can be made in 4 specific areas for examinations:-

Question Paper: This can be ordered in an alternative format such as large print, Braille, cassette, coloured paper.

Answers: If a student has difficulty with hand writing they can type, record, dictate or use Braille to give their answers.

Extra Time: This can be allowed for rest breaks or extra working time. Sometimes a student will need to spread an exam over 2 or 3 days and in this case the application will have to be approved by the Examinations Sub-Committee. This can take quite some time and therefore these applications need to be made early in the exam period.

Exam Location: This can be arranged for a separate room or a student’s home if it is not possible to sit the exam in the main hall at a main centre: for example if the student needs to use a computer or requires extra time.

For the October exam period, we begin to make preparation in April and requests for special format exam papers have to be recorded by the end of July. Requests for Braille papers need to be made sooner than this. After this deadline, there is no guarantee that a specific request can be granted. Tutors can help here by reinforcing this message of early application being essential to ensure needs are met.
In order to be eligible for support the student must:-

1) have disclosed and have a DAR marker
2) provide medical evidence in support of their requirements
   (or a dyslexia assessment if appropriate)

Extra support can also be given to students coming up to exams by using: -

- special sessions
- exam stress pack
- Faculty revision days/sessions

_____________________

Anxiety Management Technique

Taken from Oxford Brookes University website http://www.brookes.ac.uk/student/services/health/exam.html

**Thought-stopping technique**
When we become anxious we begin to have negative thoughts ('I can't answer anything', 'I'm going to panic' etc). If this is happening, halt the spiralling thoughts by mentally shouting 'STOP!'. Or picture a road STOP sign, or traffic lights on red. Once you have literally stopped the thoughts, you can continue planning, or practise a relaxation technique.

**Creating mild pain**
Pain effectively overrides all other thoughts and impulses. Even very mild pain - such as lightly pressing your fingernails into your palm - can block feelings of anxiety. Some people find it helpful to place an elastic band around one wrist, and lightly twang it when they are becoming anxious.

**Use a mantra**
Derived from meditation, a mantra is a word or phrase which you repeat to yourself. Saying something like 'calm' or 'relax' under your breath or in your head, over and over again, can help defuse anxiety.

**Focusing**
Looking out of the window, noticing the number of people with red hair, counting the number of desks in each row... all help to distract your attention from anxious thoughts and keep your mind busy. Mental games such as making words out of another word or title, using alphabetical lists etc are all good forms of distraction.

**Bridging objects**
It can help to carry or wear something with positive associations with another person or place. Touching this bridging object can be comforting in its own right, then allow yourself a few minutes to think about the person or situation which makes you feel good. This can have a really calming effect.

**Self-talk**
In exam anxiety or panic we often give ourselves negative messages, 'I can't do this' 'I'm going to fail' 'I'm useless'. Try to consciously replace these with positive, encouraging thoughts: 'This is just anxiety, it can't harm me', 'Relax, concentrate, it's going to be OK', 'I'm getting there, nearly over'.
**Medical:** defines a person’s disability in terms of his/her medical condition.

**Social:** focuses on the limitations of society

---

**ILLUSTRATION**

I am deaf, so I cannot take notes from the OHP and watch the sign language interpreter at the same time.

The tutor has not photocopied the OHP transparencies, so I have to choose between taking notes from the overhead or watching the interpreter.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Unit contacted</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential student enquiries</td>
<td>Regional Centre Student Registration and Enquiry Service (SRS)</td>
<td>Discussion &amp; Open to your Needs (OYN) sent</td>
</tr>
<tr>
<td>Student registers</td>
<td>Regional Centre (if new)</td>
<td>Meeting Your Needs &amp; Facility Request Form (FRF1) sent</td>
</tr>
</tbody>
</table>
| Student returns FRF1 in hard copy or online | Regional Centre receives FRF1 | (i) Student details logged onto CIRCE  
(ii) Request for services sent to Disability Resources Team  
(iii) Telephone interview and profile completed |
| Student (in N Ireland only) applies for DSA. [DSA does not apply to ROI students, who should be encouraged to apply for Access to Learning Scheme] | DSA Office  
Disability Resources Team | (i) Checks application  
(ii) Refers student to Access Centre for assessment  
(iii) Receives report & orders services |
| Student commences studies  | Tutor receives profile                              | Contacts students to discuss coping strategies/Support needs           |
| Student has to attend residential school. (Courses with this requirement will offer an Alternative Learning Experience for students unable to attend) | Disability Resources Team | Sends Meeting Your Residential School Needs (MYRN & FRF2) |
| Student completes FRF2 in hard copy or online | Disability Resources Team | Arranges all special facilities including assistant if necessary |
| Student has special exam needs | Regional Centre | Sends Meeting Your Exam Needs (MYEN) and FRF3 |
| Student completes FRF3 in hard copy or online | Regional Centre | (i) Arranges invigilators and home exams  
(ii) Arranges additional rooms at main centre/access availability  
(iii) Orders special papers from Exams Section at WH |
| Student requires additional support (either short-term or long-term) | Regional Centre | Arranges for additional support (some regions are reactive whilst others are pro-active) |
| Student registers for subsequent years (known as a continuing student (CS)) | Regional Centre or SRS | Registers student for course |
1. FACILITY REQUESTS (FRFs)

These are only sent to those students who have disclosed a disability or additional requirements to the OU.

FRF1 - is sent out with the Meeting Your Needs booklet at the start of a student’s study. It invites him/her to let the University know

a) if s/he needs any additional facilities for study (e.g. the course material on tape / presented electronically; comb-bound materials etc.) or

b) has other support issues.


FRF2 - is sent out by the Disability Resources Team, with the booklet Meeting Your RS Needs. It asks the student about any particular requirements s/he might have in the context of RS schools (e.g. general helper; note-taker etc.)

http://css2.open.ac.uk/resschools/p7content/pdf/meeting_needs.pdf

FRF3 - is sent out by the Region with the booklet Meeting Your Exam Needs, asking the student about special arrangements that may need to be put in place for exams (e.g. extra time; home exam; amanuensis etc.)


2. OTHER USEFUL FORMS.

These can apply to all students.

- **PT39** – used to report matters of a serious nature that interfere with assessment. Can report on any significant adverse effects to TMA performance arising because of a disability.

  The form must be requested from the Region by the student him/herself.


- **E39** - used to report circumstances which have had a seriously adverse impact on exam performance (either in the period just before an exam, or in the exam itself). Can also be used to indicate to the Exam Board that special arrangements have not compensated adequately for disability.

  This form is found in the Examination Arrangements booklet.

• **E39P** – used for serious circumstances affecting the submission of a piece of work other than an exam (the examinable component).
  
  Found in the *Information for Students Submitting Examinable Work* booklet
  

• **RS39** - used to inform the Exam Board of adverse circumstances affecting RS performance.
  
  Supplied by the Residential Schools Centre as part of information mailing.
  

3. **ASSIGNMENTS.**

• The PT3 form is available electronically on:
  
Much of our understanding of the experiences of disabled people is based on what we pick up from the media, friends or family. This can mean that ‘myths’ can be passed around from one person to another as established facts. This quick quiz is designed to test whether you know the myth from the truth in the following 8 statements.

Statement 1

_The majority of blind people see nothing at all._

Myth [ ] or Truth? [ ]

Statement 2

_Up to 40% of students may experience mental health difficulties._

Myth [ ] or Truth? [ ]

Statement 3

_All people with a diagnosis of schizophrenia are violent._

Myth [ ] or Truth? [ ]

Statement 4

_Dyslexic students can experience difficulties with short term memory._

Myth [ ] or Truth? [ ]

Statement 5

_Asperger syndrome is a mild form of autism._

Myth [ ] or Truth? [ ]
Statement 6

*Deaf people normally become expert lipreaders.*

Myth [ ] or Truth? [ ]

Statement 7

*Writing messages is a good way of communicating with a deaf person.*

Myth [ ] or Truth? [ ]

Statement 8

*Disabled students need special teaching and learning strategies.*

Myth [ ] or Truth? [ ]
RESOURCES TO SUPPORT YOU

The following resources are available from the Regional Centre. Please use the order form at the end of this section. The booklets can also be downloaded from the TutorHome website.

VIDEOS

- Talk (Disability Rights Commission 2001) [Loan only]  
  - aiming to raise awareness of disability / equality issues
- Sound Advice (OU 2000) (running time 30 mins)  
  - specific teaching strategies for working with deaf students. Includes interviews with students, lip-speakers and sign language interpreters. Outlines various technical aids designed for those who are deaf and hearing impaired
- The Safety Net (OU 2000) (running time 30 mins)  
  - four students with mental health difficulties describe their experiences of studying with the OU

SPECIALIST SUPPORT

- Dyslexia Toolkit  
  - Outlines the effects of dyslexia and mentions some characteristics that may suggest dyslexia. Includes a section primarily for students and one for tutors suggesting a number of strategies for use when supporting students with dyslexia. The final section is a list of additional resources offering support and advice.
  

- Eyes Open  
  - For blind and partially sighted students and their tutors. General guidelines that include products and ideas particularly suited to the task of studying for a student who is blind or partially sighted. Includes information about Disabled Students' Allowances, together with selected telephone numbers, e-mail addresses and website references.


- Hear to Help  
  - Guidance notes for deaf and hard of hearing students and their tutors. General guidelines that include ideas particularly suited to the task of studying for a student who is deaf or hard of hearing. Includes information about Disabled Students' Allowances, OU support schemes and relevant assistive technology.

A copy of the appropriate specialist support item(s) will be sent to you automatically if you have a student in your group who requires support because of dyslexia, visual impairment or hearing impairment. However, if you do not receive your copy you can order one using the form at the end of this booklet.

SUPPORT PUBLICATIONS AND TOOLKITS

- Supporting Students with Disabilities and Additional Requirements
  - A website with a categorised list of information and resources to support disabled students. Information is divided into sections based on categories of disability/health issues.

- Supporting Students by Telephone
  - This toolkit brings together ideas about the particular strengths and challenges of the telephone medium and some suggestions for good practice. The toolkit includes an Audio CD holding sample telephone conversations, which brings to life some of the issues discussed in the toolkit and gives examples of strategies for dealing with conversations.
    http://www.open.ac.uk/learning/tutor-resources/tutor/t_telephone.htm

Do not say “wheelchair-bound”, but rather talk about a wheelchair user.
INFORMATION SHEETS

These cover the topics of

- Marking TMAs presented on audio-cassette
- Using the telephone for one to one tutorials
- Typetalk

GUIDANCE NOTES

These are notes about specific illnesses and disabilities, containing useful information about the condition and the implications for learning. Sections are included on Residential Schools and Examinations. There is also a list of relevant organisations to contact for further information.

Overleaf is a full list of conditions covered by these notes. They can be accessed and downloaded from the website noted on the next page. The internet is also a good source of information on these and any other conditions you may come across.

Discuss with the student whether they wish to share information about their needs with members of the tutorial group.

If a student wishes to tape-record the tutorial, it is important to ask for the group's consent.
• Myalgic Encephalopathy (ME)
• Obsessive Compulsive Disorder
• Parkinson’s Disease
• Physical Disabilities and Dexterity Difficulties
• Rheumatic Disorders
• Schizophrenia
• Specific Learning Difficulties including Dyslexia
• Speech and Language Difficulties
• Tinnitus
• Tourette’s Syndrome
• Visually Impaired

Multiple Sclerosis (MS) is a chronic disease of the central nervous system, involving random attacks on a fatty material (myelin) in the brain and spinal cord. The body is able to make repairs thereby leading to some remission of symptoms, but eventually patchy areas of scarring develop on nerve fibres where healthy myelin once was. This causes irreparable damage that can lead to progressive paralysis. The majority of people with MS are diagnosed between the ages of 20 and 40; there is no known cure for the disease, but many of the symptoms can be managed through a range of medications.

Possible effects

The symptoms of MS are highly variable, depending on the area(s) of the central nervous system that have been affected. Not only do the symptoms vary from one person to another, but also from day to day in a given individual. They can be mild, moderate or severe, and occur in any combination. Common physical symptoms include:

- fatigue
- numbness and/or tingling sensations
- pain (chronic or acute)
- visual disturbance (eg blurred or double vision – usually temporary)
- speech and swallowing disorders
- muscle weakness
- dizziness and vertigo
- tremor
- changes in bladder and bowel function
- depression

Where brain tissue is damaged or lost, cognitive changes occur which particularly affect:

- short term memory
- reasoning ability
- speed of information processing
- language and verbal fluency

Implications for learning

The various cognitive changes inevitably impact on the learning process. Memory loss can occur from the earliest stages of MS, and particularly affects the speed at which a recent event can be recalled. Abstract reasoning and problem-solving abilities may be impaired; these include the capacity to analyse a situation, identify the key points, plan a course of action and carry it out. The student may require additional support in preparing assignments, in which case special sessions should be offered.
If speech disorders (dysarthrias) and language difficulties* are present, it may be difficult to understand what a student is saying. For example, disruption of the normal speech pattern creates abnormally long pauses between words or individual syllables; weakness of the muscles of the tongue, lips, cheeks and mouth may cause slurring of words. In this case telephone conversation may be difficult, and communication via e-mail or textphone should be considered.

Dysarthrias are also associated with other symptoms such as tremor or poor co-ordination; in the event of dexterity difficulties* a computer may be needed to process written work. In the tutorial situation the student may ask to tape record the session, or employ someone to take notes. Copies of any tutor notes and/or overheads used would be helpful in this situation.

Some students with MS will have a physical disability*, in which case access arrangements (eg reserved parking nearby, few steps, wheelchair access) will be required at the Study Centre, Residential School and Examination Centre. In severe cases of MS an individual may be unable to leave the home, in which case special sessions by telephone, textphone and/or e-mail should be offered.

**Residential Schools**

Residential School is likely to place particular demands on the student with MS, although a number of facilities are available which may make attendance possible. Special arrangements need to be requested in advance (Facility Request Form 2, from the Residential Schools Office).

These may include en-suite accommodation, a personal assistant, special dietary arrangements, and the need to incorporate rest breaks. It is important for the student whose mobility is affected to choose their site carefully, as some locations have long distances between accommodation and teaching areas.

Where Residential School is not a viable option, students should apply to their Regional Centre for Excusal; a medical certificate will be required. The unpredictable nature of MS may mean that Excusal has to be requested at short notice.

**Assessment and examinations**

During periods when symptoms are particularly severe it is likely to be difficult to complete a TMA on time, so some flexibility with cut-off dates should be given wherever possible. The student should be encouraged to submit form PT39 where illness has affected course work.

Students may benefit from special examination arrangements such as easy access to a toilet, rest breaks, amanuensis support and additional working time. Such requests should be made well in advance (Facility Request Form 3, from the Regional Centre). In some circumstances the student may need to take the examination at home. Where illness affects examination performance, form E39 should be used to request special consideration.

* refer to separate Guidance Note
Further information

The Multiple Sclerosis Society
MS National Centre
372 Edgeware Road
Staples Corner
London NW2 6ND

Tel: 020 8438 0700
Helpline: 0808 800 8000 (9am – 9pm weekdays)

www.mssociety.org.uk

If you don’t make a habit of leaning or hanging on people, don’t lean or hang on someone’s wheelchair. Wheelchairs are an extension of personal space.

Say for example, “On my right is Andy Clark”. When conversing in a group, remember to say the name of the person to whom you are speaking to give a vocal cue.

When talking with a person in a wheelchair for more than a few minutes, place yourself at the wheelchair user’s eye level to spare both of you a stiff neck!

Speak in a normal tone of voice, indicate when you move from one place to another, and let it be known when the conversation is at an end.

When greeting a person with a severe loss of vision, always identify yourself and others who may be with you.

Avoid implying a victim role – referring to people “suffering from” or “afflicted with” or “challenged by” a disability…
Ethan’s story

"At the end of the first year when I took my exam, I spent a lot of time basically shaking my hand out because I had an exam in the morning and one in the afternoon. My friend who had been sat at the side of me said what were you doing all afternoon shaking your hand, and I said, just trying to get some feeling back into the thing! It was from then that I went to the Disabled Student Support Team and I got the extra time to give me time to rest my wrist, which really helped."
**EXAMPLE OF GUIDANCE NOTES ………………….. ANXIETY AND DEPRESSION**

**Depression** is a medical term covering a broad range of psychological distress, ranging from lowered mood to suicidal tendencies, as a result of chemical changes in the brain. Depression affects different people in different ways and its many symptoms are physical and emotional as well as psychological, often leading to noticeable changes in behaviour.

**Anxiety** takes many forms, such as phobias, which are the intense though irrational fears of clearly identifiable things or situations. A more general form of anxiety is referred to as “free-floating” and results in panic attacks for no apparent reason. Panic attacks are caused by a natural, often beneficial, function becoming a malfunction: in times of danger or stress the brain automatically releases extra adrenalin to enable both mind and body to respond appropriately. For some reason, anxiety causes this phenomenon, known by psychologists as the “fight or flight reaction”, to occur without a trigger. Panic attacks are extremely distressing and a perfectly understandable outcome is that the more frequently they occur the greater the likelihood of a recurrence; so that they come to “trigger themselves”.

Anxiety may be either an outcome of or a cause of depression, which is why so many people have both and it is not unusual to regard **Anxiety and Depression** under the same heading. Both illnesses have in common the fact that their symptoms are so many and varied that they are often not recognised as such, and sometimes not recognised at all, by the person who has them. Furthermore, a reluctance to mention or to discuss symptoms and effects is in the nature of both illnesses.

Unfortunately, the terms “anxiety” and “depression” are often used with reference to feelings far less serious and actually universal, whereas the real illnesses are extremely distressing and debilitating.

**Possible effects**

Anxiety may cause muscular tension leading to discomfort and headache. Rapid breathing often results in light-headedness and shakiness, as well as “pins and needles”. The effects on the digestive and nervous systems manifest themselves in nausea, sickness, “butterflies” in the stomach and diarrhoea. An inexplicable fear of something terrible about to happen is another symptom of anxiety and during a panic attack a dread of imminent insanity or heart attack is common. A feeling of unreality is often experienced; a strange, unpleasant separation of self and surroundings.

Avoidance of things, places and situations, especially those associated with previous distressing experience such as panic attack, is also a typical result of anxiety.

Depression has many symptoms which include:

- poor self-esteem and self-confidence
- difficulty in concentrating and making decisions
- uncharacteristic irritability and impatience
- irregular sleep pattern
- reduced energy, enthusiasm and activity
Implications for learning

Students with anxiety and/or depression are unlikely to be enthusiastic about attending group tutorials but may respond well to encouragement. In severe cases, attendance will demand a great effort and may even be impossible. If the importance and benefits of attending are too greatly stressed the only result will be detrimental. Handouts and, where possible, special sessions will help reassure such students that their participation on the course is valued and that they are not falling behind. Those who do attend will probably have difficulty interacting with other students, as well as with the tutor. It is to their own advantage to make others aware of their illness. This, of course, must be the decision and action of the student, not the tutor. [See also below, under Residential Schools.]

Anxiety and depression both cause low self-esteem and negative feelings about the self. Being overly self-critical is characteristic of people with these illnesses, who will often strive excessively to conform to the expectations of others. They will therefore require some encouragement in tutor’s marking, however much criticism their work deserves, and some leniency in matters such as extension of deadlines.

Medication such as tranquilizers, which are often prescribed for anxiety and depression, typically cause sluggishness and reduced concentration.

Residential Schools

If a student with anxiety and/or depression has not applied for excusal it is safe to assume that they are sufficiently aware, and in control, of their medical condition to cope adequately, although they may find the situation more stressful than they anticipated. This is especially so as manifestations of symptoms tend to “come and go” unpredictably. A student who has made it clear that they have anxiety and/or depression is not likely to be offended by being asked, discreetly, how they are feeling at any particular time.

The symptom most likely to significantly affect the student’s feelings and performance is the panic attack. This should, if possible, be discussed by tutor and student at the earliest opportunity. Panic attacks are not dangerous, nor need they be distressing to anyone else (in fact there are usually few, if any, visible signs). The natural reaction of a person experiencing a panic attack is an overwhelming desire to get out of the room or whatever the location is. This may be due to embarrassment but is always because the location is seen as the ‘situation’. Consequently, escape is a negative response; as it makes a return to the location all the more frightening; which should be discouraged. However, an easy and unobtrusive “emergency exit” (eg: a chair near the door) should be agreed – especially as an urgent need of the toilet is another symptom of anxiety.

People with anxiety and/or depression develop uncomfortably irregular and inadequate sleep patterns. Many of the other symptoms are most likely to be at their worst in the morning.

It must be remembered that people with anxiety are likely to have difficulty in expressing their needs and asserting themselves. Social Phobia * is closely related to anxiety, while students with depression are likely to be withdrawn and not interact very well socially.
Assessment and Examinations

People who are always anxious are more likely to have panic attacks. Examinations cause all candidates to experience some degree of stress, but those with anxiety will find the thought of them particularly unpleasant.

In fact, this is exactly the kind of situation in which the rush of adrenalin known as the ‘fight or flight reaction’ is most useful and the student should be (made) aware of this. Examination performance will be affected by the degree of depression being experienced on the particular day. The quality of work submitted throughout the year will almost certainly fluctuate; the lowest marks may have taken the greatest effort.

Students should be encouraged to discuss their examination needs with the Disability Adviser at their Regional Centre; special arrangements should be requested, well in advance, using Facility Request Form 3.

Further Information

An extensive list of titles dealing with anxiety and depression, as well as many more concerned with other mental health issues, can be found in the regularly updated catalogue obtainable from:

Mind Publications
15-19 Broadway, London E15 4BQ
Tel 020 8221 9666
Fax 020 8534 6399

email: publications@mind.org.uk
website: www.mind.org.uk
Siddir’s story

"I'm of a nervous disposition, I get a bit panicky and it causes me so much stress that I could really be doing without having to do presentations. But I understand that it is part of your course and I've had a lot of support from tutors to help me with that. They've always said just treat it like it's something informal, because they are really, there's no need to make it into a big formal presentation. They've helped me a lot, and compared to my first year, my confidence has developed and I'm a bit more at ease when I do them, and plus the people that I work with I know really well so that always helps."
DISABLED STUDENTS’ ALLOWANCES (DSA).

DAR students in Northern Ireland (ie not those in ROI) may be eligible for a DSA:

- if they are taking undergraduate courses amounting to 30 points of credit in any one year.
- if they are aiming to complete a qualification requiring more than one year of study (e.g. a degree).

DSAs ....

- **DO NOT** cover OU course fees nor living expenses, but are specifically for study-related costs arising from disabilities or specific learning difficulties;
- **DO** cover:
  - specialist equipment - up to £5,030* per programme of study e.g. degree. (Further information in the section on Equipment Schemes);
  - non-medical helpers ( e.g. note-takers and dyslexia support tutors – up to £10,000* per year for 60 points of study);
  - general allowance (up to £840* for 60 points of study e.g. for printer cartridges etc.); and
  - travel allowance (unspecified amount, but must be for attendance at a study activity.)
- An award of up to £6,666 pa* for 3 years is available for Post Graduate students.

* These figures are correct for the 08/09 academic year and may change in future years.

SUPPORT THROUGH THE ACCESS TO LEARNING FUND

Students who have been means-tested and are in receipt of Financial Assistance but are not eligible for DSA, may be eligible for support through the Access to Learning Fund if:

- they are taking a minimum of 30 points in the first year; or
- they are achieving, but have exceeded the 6 year DSA rule.

In both circumstances they still need to meet the residency requirements.

http://www.open.ac.uk/disability/pages/funding/dsa-funding.php
DISABLED STUDENTS WHO REQUIRE ASSISTANCE TECHNOLOGY AND/OR NON-MEDICAL HELPER SUPPORT

Application & Medical Evidence

Assessment of Need (In Access Centre)

Disabled Students Allowances (DSA)
- 30 pts in 1st year
- Non-means tested
- Residency requirements

Access to Learning Fund (ALF)
- 30 point min in 1st year
- Means tested (e.g., student on FAF)
- Residency requirements
- Students who are achieving & have exceeded 6 year DSA rule

Access Technology Loan Scheme (ATLS)
- Students who are not on FAF
- Students who fail residency requirements
- Students who are not DSA eligible and whose support needs exceed those permitted under ALF

- for further information
- document can be downloaded
EQUIPMENT SCHEMES MANAGED BY THE DISABILITY RESOURCES TEAM.

Examples of assistive or enabling technology could include:

- voice recognition software;
- special cassette recorders;
- a system that converts text into an electronic format that is then read out in synthetic speech;
- personal radio aids;
- portable CCTVs; and so on.

Many disabled students will be able to obtain such equipment through a DSA award. However, those not eligible for this – for example, students in RoI - may be able to borrow such items on a free extended loan from the Disability Resources Team, either as a single piece of equipment (e.g., a talking scientific calculator) or as a more comprehensive package (the Access Technology Loan Scheme).

ACCESS TECHNOLOGY LOAN SCHEME (ATLS)

Some key points:

- not available to DSA-awarded students;
- interest flagged via FRF1 (i.e., student must have disclosed DAR);
- early application essential so that equipment can be provided when needed;
- application completed by Regional Adviser;
- assessment needed – organised by the Disability Resources Team;
- available for 10 point courses upwards!

SMALL EQUIPMENT LOANS:

Some key points:

- not available to DSA-awarded students;
- requirements flagged through FRF1 discussion with Regional Adviser (i.e., student must have disclosed DAR).
START UP COMPUTER KITS

Some key points:

- not normally available to DSA-awarded students;
- student must have disclosed DAR, filled in a FRF1 and discussed requirements with a regional adviser;
- student must need the equipment to study independently.

Advise your student to contact the Regional DAR Team if you think they could benefit from any of these schemes.

Communication Support.

The profile information sent to tutors advises them about any student in their tutor group who might need communication support. This is organised by the Disability Resources Team directly with RNID. However, sometimes (because of the shortage of qualified people to fill this role) the booking only happens at the last moment.

Tutors should note that, if they haven’t heard from the Disability Resources Team about details of the communication support arranged for their student within a week of the tutorial date, it might be a good idea to contact the latter to discuss how to organise activities if the support isn’t forthcoming.

Never use the terms: deaf and dumb; deaf and mute; disturbed person

Instead say: deaf; profoundly deaf person; person with a mental health problem; mentally ill person
The University has set aside funding to provide additional academic support for disabled students who have requirements or learning needs over and above those of the rest of your tutorial group. Referred to as special sessions, this extra time with students is normally (but not always) on a one-to-one basis and may be held:

- face to face, in person;
- over the telephone; or
- online, via e-mail.

Further flexibility can be introduced in the timing of this support e.g. a 2 hour sessions can be broken into 4 X 30 minute phone sessions or 2 X 1 hour face-to-face support.

PROCEDURES FOR SPECIAL SESSIONS:

- contact Charlotte Russell to discuss arrangements and to seek authorisation for the session before it takes place;
- as this is over and above your normal AL contract, you will be paid at the normal hourly rate, which should be claimed, in the normal way, on the ALC form;
- return this form to Charlotte Russell in the Regional Centre for an authorising signature. It will then be processed by Teaching Services.

30%-40% of all sickness absence is due to some form of mental or emotional disturbance
Leila's story

"There was another deaf student on the course before, but that person preferred to lip-read which meant that person didn't have an interpreter with them in the class, to support them, they just had a note-taker. Well my needs are different to that other deaf student on the course, I need an interpreter there, which means that that is a different experience for the tutors and it was slightly unnerving for them initially."
Staff development on different areas of disability is offered throughout the academic year. These sessions are used to explore in depth the issues arising from the tutor’s role in supporting students with additional requirements. In 2005-07, for example, the following sessions, run by both regional staff and invited specialists, were organised for ALs:

- DDA Part 1V: the implications of this legislation and tutors’ responsibilities;
- general disability issues, including regional implementation and practices in relation to the Open University’s DAR strategies and policies; practical approaches to teaching and supporting students with disabilities etc.;
- workshops on dyslexia (including exams and assessments sessions for both tutors and their students);
- workshops focussing on mental health issues and supporting students who have mental ill-health.
- workshops on visual impairment.

Please consult the Regional website calendar regularly for the latest news about such sessions.

We will, of course, let you know about any event which we think may be of particular interest to you, but keeping in touch through this website will be invaluable in helping you to plan your teaching year.

http://www.open.ac.uk/tutors/regions/r12/p2_2.shtml#p2

Give whole, unhurried attention when you're talking to a person who has difficulty speaking. Keep your manner encouraging rather than correcting, and be patient rather than speak for the person.

When necessary, ask questions that require short answers or a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Repeat what you understand. The person's reaction will guide you to understanding.
ASSIGNMENTS AND ASSESSMENT ISSUES

The following tips for tutors (adapted from Brown, Race and Smith *21 tips for tutors*) underline the fact that good teaching practice in giving assessment feedback – as with much else! – is the same for students who are not disabled as it is for students with disabilities.

These tips stress that feedback should be:

- targeted to enhance learning (i.e., concentrating on what to improve rather than negatives);
- timely and positive;
- motivating (taking care over language) but honest (telling the student about mistakes so that s/he can address these); and should
- consider how the student will feel when s/he receives back marked work (i.e., implement strategies to avoid anxiety, such as avoiding red ink or crosses).

Some other considerations:

- handwritten notes on a script will be impossible for a blind or visually impaired student to read. An electronic version of the PT3 or notes that can be easily scanned, will be essential here.
- Written feedback can be particularly anxiety-provoking for students managing mental health difficulties. Discuss with the student how s/he might want to receive your comments and offer support in clarifying points.
- Make sure your feedback is expressed in clear, unambiguous language and provides opportunities for students to discuss TMA issues with you. (This may be especially important for a student with Asperger’s Syndrome, for example.)
- Be prepared to tape record your comments, if oral explanations would be a more effective strategy to your student’s understanding of the points you are making.

Questions to ask yourself:

- Can you provide your feedback in a different format, if required? (e.g., audio cassette, e-mail, coloured paper etc.)
- Is the layout and the font you are using accessible?
- Is your feedback written in plain English?
- Have you provided the opportunity for the student to contact you to discuss his/her work and your comments?

Dyslexia

There are now marking guidelines for tutors who are supporting students with dyslexia in their tutor group.

http://www.open.ac.uk/learning/tutor-resources/tutor/dyslexia_marking_guidelines.doc

- for further information
- document can be downloaded
As the student figures clearly show, the numbers of students with dyslexia or with mental health difficulties who are studying with the OU in R12 (or who now choose to disclose DAR issues to us) is increasing annually, so that these two groups of students are amongst the largest of specifically identified DAR categories in the region. Such students often need considerable tutor support and expertise, and this, we know from student and tutor feedback, can be a source of anxiety and concern to both.

For these reasons, issues surrounding the support for students with dyslexia and those managing mental health difficulties are the focus of the following 2 sections.
A problem with directionality.
Most dyslexic people continue to confuse left and right. This has implications for recognising letters, reading from left to right, handwriting (“which way does this letter go?”) and letter reversal confusions. They sometimes transpose numbers or the time when reading a clock.

“I put my letters back to front most of the time, no matter how vigilant and careful I try to be”

“The keep-fit instructor kept saying ‘left-right, back, forward – I just gave up in the end”

‘bone’ or ‘done’?
10 to or 10 past?

Bus No 23 or 32?

Difficulties with short term auditory memory. These may include problems segmenting sounds and retaining sound sequences.
For 2 & 3:
Screening of Student by DAR team in Regional Centre

Dyslexia assessment by Educational Psychologist.
(Note: some students in (1) above may need re-assessment. Recommendations of assessment report summarised and added to student’s DAR profile. Students on 60 pt. courses with FAF do not pay for assessments – all other students should contact the Regional Centre for advice on costs. Assessments can be arranged by the DAR team.)

NI Students can apply for Disabled Students Allowance. This entails another assessment and, if approved, leads to eg provision of specialist equipment, one-to-one dyslexia support tuition etc.

Special exam arrangements as recommended in dyslexia assessment eg use of PC, amanuensis, extra time etc.....

ROI students can apply for appropriate equipment via ATLS.

FOR FURTHER HELP, ADVICE AND INFORMATION ON DYSLEXIA, SEE
http:intranet.open.ac.uk/studentservices/dss/pages/dyslexia-support.php
Pete's story

"People that don't have dyslexia don't understand about it. They think that dyslexia simply is you spell words wrong. But it's nothing like that! It's what's going on in your head, the confusion. The way I see it is the spelling is a symptom of dyslexia. I think lecturers need to understand that it is more than just spelling. I mean, I can spell, spelling's not a problem for me, but reading, it's horrendous, it's absolutely horrendous. I think definitely lecturers should be more aware of the needs of dyslexic students."
DYSLEXIA CHECKLIST

You may want to use this checklist to test out for yourself a specific learning difficulty you feel you may have. This list is adapted from Judith Waterfield’s Checklist (University of Plymouth).

Write ‘yes’, ‘no’ or ‘sometimes’ beside each of the questions below.

Think back. Do you remember……

- Struggling to learn to read?
- Having difficulty with handwriting?
- Confusing left and right and needing ‘memory joggers’?
- Receiving extra help with reading and spelling?
- Struggling to learn French?
- Needing speech therapy?
- Finding it difficult to remember spellings?
- Finding it difficult to memorise multiplication tables?
- Misreading numbers or writing numbers incorrectly?
- Other members of your family having similar problems?

Think about now. Do you generally……

- Still confuse left and right?
- Need to write everything down and still forget?
- Have problems with maps?
- Struggle to find the word to describe or name something?
- Find it difficult to memorise telephone numbers?
- Find it difficult to remember people’s names?
- Dread being given verbal instructions?

When you are spelling, do you……

- Spell a word different ways in the same piece of work?
- Reverse the letters in a word?
- Confuse letters (eg b/d, f/t, n/v)?
- Choose another word you can spell?
- Forget basic spelling rules you have been taught?
- Add letters to a word?
Miss out letters in a word?
Miss out parts of a word?

**When you are reading, do you…..**

Lose your place on the line?
Switch lines?
Have difficulty making sense of a passage unless you read it several times?
Find you are slow in finding your place again if you look away?
Add words that are not there?
Find it is difficult to scan to make sense of a passage or to find a fact?

**When you are writing……..**

Are your letters written in different directions, badly formed?
Does your hand ache?
Do you leave out punctuation?
Do you forget to cross ‘t’s, dot ‘i’s or cross ‘i’s instead of ‘t’s?
Do you leave out capitals?
Do you print everything?
Do you leave out syllables in words?
Do you find it hard to copy notes from a board or overhead projector?

Many experience some of these difficulties especially under pressure of work. If you have written ‘yes’ or ‘sometimes’ to many of these statements in one section or in a number of sections it may be worth you having an assessment to find out for certain if you have a specific learning difficulty (dyslexia). You should contact your Regional Centre.

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_A weakness of short-term memory._ Dyslexic people usually have problems with short term memory; that is, their ‘working memory’ gets overloaded with having to cope with linguistic based tasks._
<table>
<thead>
<tr>
<th>You may notice</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handwriting</strong></td>
<td></td>
</tr>
<tr>
<td>May be not joined up, use upper-case letters, look very untidy, with uneven</td>
<td>May be physically taxing, taking so much concentration to form the letters that the thought gets</td>
</tr>
<tr>
<td>spacing or letters of unequal size.</td>
<td>lost.</td>
</tr>
<tr>
<td><strong>Spelling</strong></td>
<td></td>
</tr>
<tr>
<td>May make the work hard to decipher</td>
<td>Vocabulary may be restricted to words more easily spelt.</td>
</tr>
<tr>
<td><strong>Written work</strong></td>
<td></td>
</tr>
<tr>
<td>Incomplete sentences, too many ideas in one sentence, poor selection between</td>
<td>Decoding words distracts from the sense of a passage. Words seem unfamiliar (because of short-term</td>
</tr>
<tr>
<td>less and more important points.</td>
<td>memory difficulties) and have to be looked up repeatedly.</td>
</tr>
<tr>
<td>Random punctuation, ineffective proof-reading.</td>
<td></td>
</tr>
<tr>
<td><strong>Note-taking</strong></td>
<td></td>
</tr>
<tr>
<td>Any notes you see may be patchy, with main points not identified. Students</td>
<td>Effort of copying from board or taking notes from a speaker detracts from comprehension.</td>
</tr>
<tr>
<td>say they find it very hard to listen and write simultaneously and sometimes</td>
<td></td>
</tr>
<tr>
<td>can’t read their own notes.</td>
<td></td>
</tr>
<tr>
<td><strong>Oral skills</strong></td>
<td></td>
</tr>
<tr>
<td>Students may struggle to find the right words, or mispronounce polysyllabic</td>
<td>Difficulty in pronouncing unfamiliar words may reduce confidence in expressing ideas. Energy</td>
</tr>
<tr>
<td>words. They may not follow discussion quickly enough.</td>
<td>expended in auditory processing is taken away from the discussion.</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td></td>
</tr>
<tr>
<td>Bringing wrong materials to tutorials, submitting work late, difficulty in</td>
<td>The more holistic approach isn’t suited to categorization of information or time.</td>
</tr>
<tr>
<td>following directions.</td>
<td></td>
</tr>
</tbody>
</table>

The student’s use of word-processors’ spelling and grammar checks can correct a lot of errors and so disguise dyslexic characteristics. Good friends often provide a proof-reading service too. This is wonderful and helpful for dyslexics, but it may mean that their difficulties go unnoticed or underestimated.

*Dyslexia Toolkit – Vicki Goodwin, Bonita Thomson p62*
Tutor feedback emphasises certain key concerns in their support of students with mental health difficulties, the most significant of which are:

- trying to ensure that the initial contact – acknowledged to be vital – is effective;
- how and where to draw boundaries;
- working out an inclusive approach to tutorials; and
- dealing with students’ exam anxieties.

Some useful suggestions are detailed below but further information about supporting students with mental health difficulties can be found at [http://www.open.ac.uk/diversity/pages/students-with-disabilities.php#mental-health](http://www.open.ac.uk/diversity/pages/students-with-disabilities.php#mental-health)

And you will also find the VLE Mental Health Forum interesting [http://learn.open.ac.uk/course/view.php?id=3947&m=3](http://learn.open.ac.uk/course/view.php?id=3947&m=3)

### Making sure your first contact is effective

**Aim:** to begin to establish a relationship with students – many of whom have had previous negative experiences of education - so that they become comfortable in talking about their needs.

### Suggestions

- Early personal contact (i.e. by phone) is vital. If you like to send a preliminary introductory letter or e-mail, follow this up with a phone call unless the student indicates otherwise.

- Introduce yourself and give the student the opportunity to share his/her feelings about the course and to discuss his/her preparation for it.

- At some stage in the conversation, mention the profile information you have received from the Regional Centre as it will be useful for the student to know that you are aware of his/her difficulties. If the student wants to – and do not press for personal confidences at any stage – ask about the kind of support s/he feels might be appropriate.

- Ask about tutorials: whether the student wants to attend and how you might make him/her feel more confident in this situation. Point out that there will be no pressure to contribute to discussion.

- If a student is not able to attend tutorials, discuss other options e.g. telephone special sessions, which can be supported through the Regional Centre.

- Emphasise that the system is flexible and supportive. Let the student know when you can be contacted and stress that staff at the regional centre are also there to give advice and guidance.
Some Guidelines about Setting Boundaries

- At the outset, the amount of time and the nature of the support the tutor can give should be clearly established between student and tutor.

- It is a good idea to specify certain days and times when contact can be expected.

- Time limits should be set on phone calls at the start of each one if a too-lengthy pattern is emerging. Pre-arranging the next contact time and setting time limits in advance makes it easier to manage over-frequent, dependent behaviour.

- Phone calls at anti-social times should be curtailed, asking the student to ring back and referring to the schedule established at the start of the year.

- Refer a situation that exceeds the tutor’s remit to the Regional Student Services Manager.

- Preserve confidentiality at all times.

Suggestions for organising tutorials

Beforehand.....

....... ask the student if s/he prefers any particular structure – but be aware of the needs of others in implementing anything suggested.

Examples of approaches to group working:

- Clarify the session’s objectives and structure from the start, as knowing this can reduce anxiety.

- Always explain the reasons for any activity you introduce e.g. ice breakers etc.

- Try to create a mixture of activities - small group or even pairs as well as whole group activities, for example – as some students may feel less anxious with fewer people. Be aware, however, that the reverse could be the case.

- Mix up the groups so that cliques do not develop. A simple technique is to give students numbers from one to four and then ask all the ones to sit together, then all the twos, and so on.

- Some tutors like to establish a ‘contract’, setting standards of expected behaviour within their tutor group. The Teaching Toolkit Effective Tutorials provides suggestions for implementing this.

- Try to find the time to ask your student for feedback on the structure of the tutorial – what worked and what didn’t.

- Encourage self-help support groups or personal contacts to form while ensuring this is handled sensitively.

“Mental health should not be seen as the absence of illness, but more to do with subjective well-being when individuals feel that they are coping, in control of their lives, facing challenges, taking responsibility…..”

World Health Organisation
How to help students deal with exam anxiety and stress

Be aware:

- that, although this is felt by almost all students, some may carry the extra ‘baggage’ of previous negative experience or failure.
- of the materials that can support both you and the student:
  - Tutor and Student Toolkits on Revision and Examinations;
  - the student Exam Stress pack; and
  - of the uses of PT39 and E39 if the student’s illness has affected assessments, preparation for the exam or the exam itself.

Toolkits and the Exam Stress pack are available from the Regional Centre.

Suggestions:

- Offer an additional session to your student to focus on revision and exam technique.
- Contact your Regional Centre to see what extra services or support they are able to provide.
- Be aware that many regions run group sessions specifically to support students at this time.
REGIONAL DAR TEAM………..

…………………… Includes names and details of staff to contact if you have queries. The DAR team also has members representing other areas of student support as follows:

Charlotte Russell (SSM (Advice & Guidance). DAR Team Co-ordinator
Contact for:
• TMA extensions for DAR students;
• Authorisation for special sessions for DAR students;
• DDA Pt4 queries: providing information, advice and guidance in relation to tutor responsibilities
• DAR student profiles queries and advice;
• DSA queries and advice;
• Arranging dyslexia screening and formal assessments;
• DAR students’ study support;
• Receipt of DC1 and DC2 forms sent either by post or electronically.

Gail Humphries (SSA Student Services)
Contact for:
• Providing information and advice about facilities for DAR students;
• Sending out Meeting Your Needs, associated Facility Request Forms and other OU documents in alternative formats (eg audio cassettes);
• Managing Regional DAR materials;
• Dealing with initial and new student DAR enquiries; and
• DAR student study support issues;
• Sending out Meeting Your Exam Needs and associated Facility Request Form; and
• Providing information and advice about special exams for DAR students.

Naomi Stinson (Tutor Administrator)
Contact for:
• Issues concerning the tutorial venues;
• Tutor allocation issues;
• Special session payment concerns;
• Information and advice on tutor contracts in relation to DAR students.

Elaine Thomas / Maurice Kennedy (representative Staff Tutors)

Christine Compton (Student services Manager, Younger Student contact team)

Bill Quail (Student Services Manager, Learner Support)

You can contact us by:
Telephone: 028 9024 5025
E-Mail: R12-DAR@open.ac.uk

- for further information
- document can be downloaded
Useful sources of general information on supporting students with disabilities and additional requirements include the following websites:

**The Services for Disabled Students website:**


This is a site aimed at students and encourages them to think about their study requirements, describes what service the OU can provide, lists available alternative format materials and gives useful links and student feedback. It is also a link to the online version of Meeting Your Needs and the FRF1 form.

**The Residential Schools Student Website:**


As well as general information on residential schools including locations and travel arrangements etc, there is an Additional Support section providing specific course information and access to the Facility Request Form 2 to request special facilities at the school.

**The Teaching & Learning section of the TutorHome site,** in addition to details about your own students, will lead to **Supporting Open Learners (SOL).**

[http://www.open.ac.uk/tutors/sol](http://www.open.ac.uk/tutors/sol)

Here you can access the **Students with disabilities site** and the Tutor Resources (tutor and student toolkits etc) link. The front page also has links to information on Disclosure and the disclosure forms DC1 and DC2 described elsewhere in this publication. There is also a link to the Region 12 site, where details of Staff Development events are listed. These include events relating to disabled students. Places at events can be booked on-line from here.

**The Diversity Training Site:**

[http://www.open.ac.uk/diversity](http://www.open.ac.uk/diversity)

Aims (amongst much else!) to collate key aspects of information and materials associated with supporting students with disabilities and additional requirements. Links to a variety of other sites dealing with disability.

**The Equal Opportunities Site:**

[http://www.open.ac.uk/equality-diversity](http://www.open.ac.uk/equality-diversity)

A general site, detailing the Disability Equality Scheme (in place since December 2006) and also the University’s approach to equality and diversity in other areas such as race and age.

**The Making your Teaching Inclusive site:**

[http://www.open.ac.uk/inclusiveteaching/](http://www.open.ac.uk/inclusiveteaching/)

A very practical site with a wealth of information and examples, including video clips, to offer help with structuring your teaching to accommodate the needs of disabled students.
Myths and Truths – The Results.

Statement 1

_The majority of blind people see nothing at all._

**MYTH** - Most people have some residual sight and can see shape/outline and light. 4% of registered blind people see nothing at all. 1 million people are eligible to register as blind. They can read the top letter of the optician's chart from a distance of no more than 3 feet.

Statement 2

_Up to 40% of students may experience mental health difficulties._

**TRUTH** - According to research carried out by Heads of University Counselling Services and Universities UK. Ref: Guardian Newspaper 3/12/02.

Statement 3

_All people with a diagnosis of schizophrenia are violent._

**MYTH** - "Schizophrenia doesn't mean a person will automatically be violent, ill, or in hospital for life. ... About one in every hundred people experience at least one episode of schizophrenia and about a quarter of people with an initial diagnosis of schizophrenia make a complete recovery. Major advances in recent years - in both psychological therapies and medication - mean that more people with schizophrenia are able to live fulfilling lives." Ref: Mindout for mental health URL: http://www.mindout.net/.

Statement 4

_Dyslexic students can experience difficulties with short term memory._

**TRUTH** - Although dyslexia is most commonly associated with spelling and reading difficulties, this is by no means always the case. Students with dyslexia can also potentially experience difficulties with short term memory, information processing skills, application of number, and in some cases, public speaking. Individual students will have different strengths and weaknesses and for this reason it is important to consult the student's Profile. Strategies such as giving dyslexic students copies of lecture notes in advance and using a clear structure in lectures, for example, signposting when you are moving from one topic to another, can help across this spectrum.
Statement 5

**Asperger syndrome is a mild form of autism.**

**MYTH** - People with Asperger Syndrome can often have their specific needs overlooked because of a misplaced view that Asperger Syndrome is a ‘mild form’ of Autism, this is not the case. Autistic spectrum disorders are located on a continuum and people with Asperger Syndrome are at, what is called, the high functioning end of this continuum. This means they are the students on this continuum most likely to take part in Higher Education. While they are likely to succeed in Higher Education it is important that their specific needs are met to enable them to do so.

Statement 6

**Deaf people normally become expert lipreaders.**

**MORE MYTH THAN TRUTH** - Being deaf does not mean that you automatically become an expert lip-reader. Many lip patterns look very similar and in some cases are impossible to tell apart. Most people who lip read, therefore, usually have some hearing. Try and use contextual clues when you are speaking to someone who lip-reads. This will help them understand you more fully.

Statement 7

**Writing messages is a good way of communicating with a deaf person.**

**MORE TRUTH THAN MYTH** - Although this is not the best way to communicate with a deaf person, and may be problematic especially if British Sign Language rather than English is the deaf person’s first language, it is far better than no communication at all and leaving a deaf person confused.

Statement 8

**Disabled students need special teaching and learning strategies.**

**MYTH** (for the majority) - What all students require is good practice:

- Making the syllabus, assignment sheet/ reading lists available in electronic format.
- Tutors to face the class when speaking.
- Questions from other students to be repeated so that others can hear and engage.
- Provision of lists of new technical terms.
- Avoid too much text on OHTs and PowerPoint slides.
- Oral and written instructions.
- Recap regularly.
- Use plain or at least non-complex English.

Helping students to understand does not get in the way of academic standards.
RESOURCES ORDER FORM

Please indicate your requirements and return the form to **Gail Humphries** at the Belfast Regional Centre, 40 University Road, Belfast BT7 1SU.

Please indicate your preference for specific Guidance Notes or Information Sheets in the “Required” column.

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<td>Dyslexia Toolkit</td>
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Name ..........................................................................................................................................

Staff Reference No .............................................................................................................

Signed ....................................................................................................................................

Date .......................................................................................................................................
Please give us your views about this publication (good or bad!) as it will help us to improve it for the future.

How do you rate the following?

1. **Information.**
   - clarity: [ ] V Good [ ] Good [ ] Fair [ ] Poor
   - precision: [ ] V Good [ ] Good [ ] Fair [ ] Poor
   - inclusiveness: [ ] V Good [ ] Good [ ] Fair [ ] Poor
   - usefulness: [ ] V Good [ ] Good [ ] Fair [ ] Poor

2. **Layout**
   - order: [ ] V Good [ ] Good [ ] Fair [ ] Poor
   - graphics: [ ] V Good [ ] Good [ ] Fair [ ] Poor

3. **Style and tone**

What else would you like to see included? Please list items and give as much detail as you can. All suggestions will be gratefully received!