

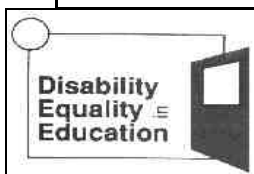
Higher Education

Disability Equality Training



Generic Course Book

Revised July 2005



DISABILITY EQUALITY IN EDUCATION

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**Institute of Education Disability Equality
Training
GENERIC COURSE BOOK (Edited July 2005)**

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1. IMAGES OF DISABLED PEOPLE

Think of the images of disabled people you have been shown in the media. Which of these do you think portray disabled people as stereotypes?

Category	Definitely Stereotypical	Definitely Not Stereotypical	Not Sure
1. Literature you read as a child			
2. Fiction you have read as an adult			
3. On the cinema screen			
4. On your TV screen			
5. In advertising			

<p>YOU MIGHT HAVE SEEN DISABLED PEOPLE</p> <p>REPRESENTED IN SOME OF THE FOLLOWING PLACES :</p>

Children's Stories

Hansel and Gretel
Snow White and the Seven Dwarfs
Rumpelstiltskin
Heidi
Secret Garden

Peter Pan
Treasure Island
Rapunzel
Letang & Julie
Seal Surfer

Adult Literature

Moby Dick
Gridlock
Skallagrigg
Lady Chatterley's Lover
A Christmas Carol

The Old Curiosity Shop
The Bible
"Dr. No" James Bond
Born on Fourth July
Jane Eyre

Television

Coronation Street
Ironside
Crossroads
Eastenders

The Unknown Soldier
See Hear
From the Edge
Emmerdale Farm

Films

Hunchback of Notre Dame
Coming Home
Four Weddings and a Funeral
Hear No Evil, See No Evil
Goldeneye

Children of a Lesser God
Phantom of the Opera
Batman
Dick Tracey
Wait Until Dark

Adverts

Drink and Drive Campaign 1996/7
Coca Cola Eat Football, Sleep
Football
Benetton
Nike
Virgin Mobile (on bus)

MS Campaign
Scope
Co-op Bank
(See the Person
Not the Disability)
One-2-One (library)

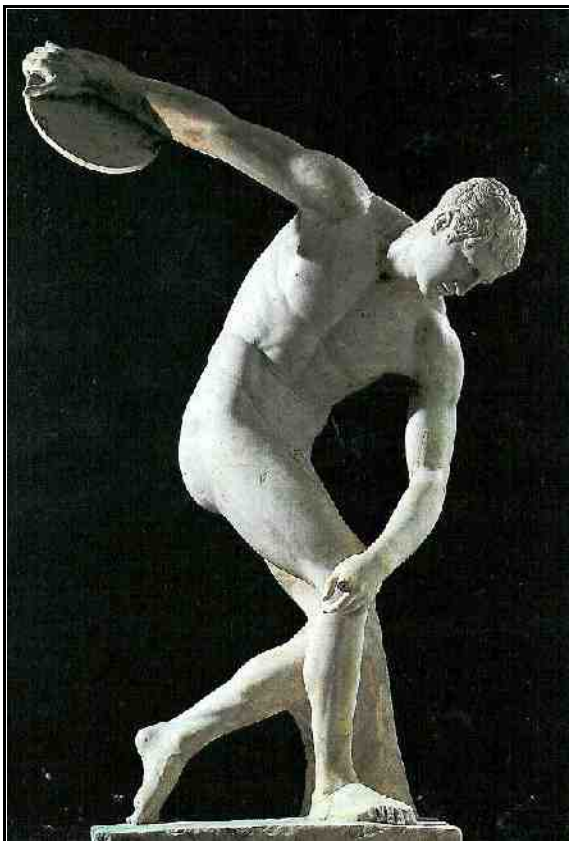
2. THE SECRET HISTORY OF DISABILITY

Why is Disability Equality in higher Education an issue? Why do disabled students and staff need to be given particular consideration in making schools inclusive to all children? What issues do higher education institutions have to face to truly welcome disabled people into their organisations?

The inclusion of disabled people has many aspects to it – it is not just a case of making the environment accessible. To really think well about disabled people, staff need to understand their own and society's attitudes towards disability and to know a bit about where those attitudes have come from. It is important for academic staff in particular to know about and include disabled issues in the curriculum, particular in history.

Greek and Roman Ideas about Disabled People

Different cultures have responded in various ways to disabled people.



Impairment has often been seen as a punishment from God.

In the West, ideas are dominated by Greek and Roman ideas of the body beautiful and physical perfection.

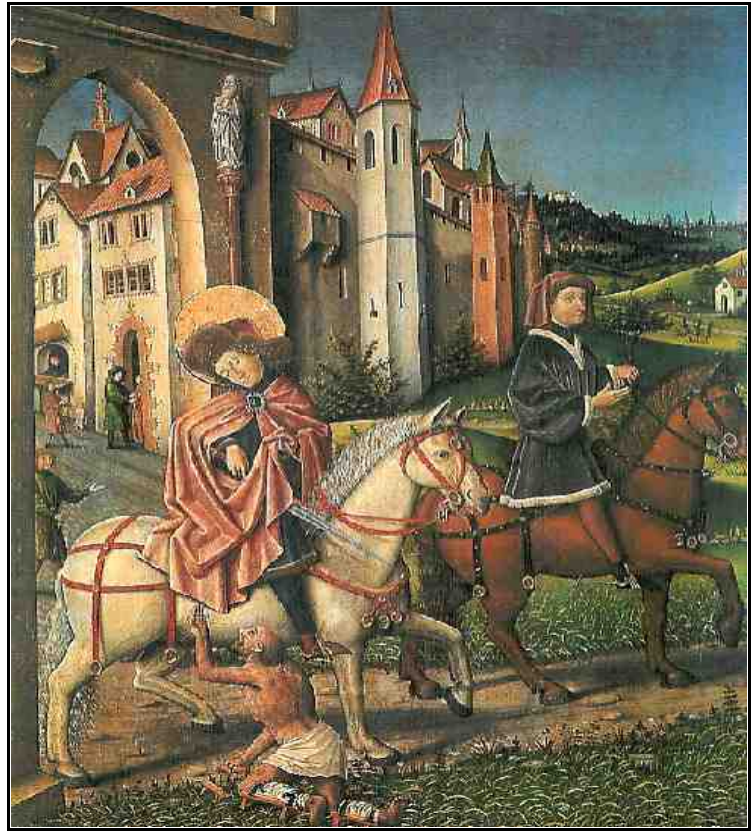
In ancient Greece it was believed that a child did not become fully human until 7 days after birth. Therefore, if you gave birth to a child with impairments, it was fine to leave it out on a hill to see if it would die, or not. If it lived, it would be taken back into the family home after 7 days, if it died, so be it.

In ancient Rome, disabled people were used to cheer up the games and chariot

races. For instance, children with impairments were thrown under the horses' hooves, or a blind woman would be put to fight with a dwarf during the interval between races.

Religious ideas about disabled people

Christianity and Judaism brought in ideas of charity. People were encouraged to 'give to the poor' in order to buy their own place in heaven. This picture shows a Roman Centurion giving one-tenth of his cloak to a beggar. As it was a crime punishable by death for a Centurion to damage his uniform in any way, he may just as well have given the whole cloak.



J



The picture on the left shows disabled beggars in Holland at a time when it was thought that impairment was a punishment from God. Dutch society agreed and punished people with impairments still more by taking away all their worldly possessions, forcing them to beg in order to live.

However, the idea of giving a small amount of your personal possessions to those 'less fortunate than yourself' lives on - deeply rooted in the model of charity giving, rather than treating people as equals and offering them dignified and gainful employment. The assumption that disabled people are 'less than' others does little to help children with impairments develop self-esteem and achieve their full potential.

Religions have often preached that disabled people are evil or the result of a curse from god, or the gods. Martin Luther, founder of Protestantism, urged his believers to "Take the changeling child to the river and drown them". Changelings were children born with impairments and it was believed that they had been sent by the devil in place of the 'normal' child that should have been born.

Witches and Witch Hunts



Disabled people have often been blamed for things going wrong in society and made into scapegoats, particularly during times of social upheaval. During the Great Witch Hunts between 1480 and 1680, hundreds of thousands of people who had impairments were accused of being witches and were put to death.



This legacy lingers on. We still often show evil people in children's books as having impairments (e.g. Hansel & Gretel - right). Many modern stories and films follow the same theme.

Early Modern Europe

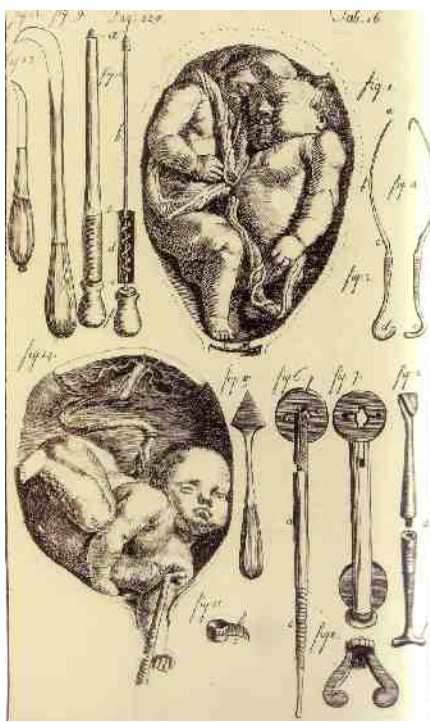
However, during times of stability, in much of feudal and modern Europe, impairment was unexceptional due to wars, accidents and illness. Disabled children and adults were accepted as part of a family or work group and as members of a wider community.



This detail from a Breughal painting (left) shows beggars with impairments as part of the society they lived in.

However, attempts were made to distinguish between the 'worthy poor' and malingerers. The 1601 Poor Law Act attempted to support the 'worthy poor' and punish travelling beggars by placing responsibility for poor relief on individual parishes.

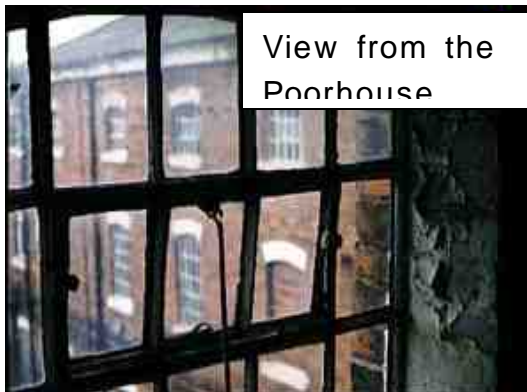
This debate is still relevant today. The debate around Incapacity Benefit claimants has centred on those who are 'deserving' and those who are 'scrounging'.



Enlightenment

The Age of Enlightenment in the 18th and 19th centuries led to a belief that nature could be tamed and controlled through scientific reason. If disabled could not be cured they had to be contained. In order to obtain support, people had to prove that their impairments were genuine.

They became increasingly dependent on the emerging medical profession for cures, treatments and benefits. Doctors became the gatekeepers of Poor Relief (these days it is the same with the Benefits system).



The 19th Century also saw the escalation of the move away from a rural society to an urban, industrial economy based on a capitalist system of wage labour and the drive for profit.

Disabled people, who previously had been part of family work groups (from each according to their ability), became left out of the economy and forced to seek shelter in Poorhouses (see picture

on the left). The 1834 Poor Law Amendment Act required poor relief to be provided in institutions. As a result of this legislation, the mass segregation of disabled people began between 1832 and 1850. National standards of 'normality' were introduced and 9,000 people were confined to poorhouses. Employers were only interested in employing physically fit workers who could work in a uniform way. Disabled people began to be left out of the economy.

Eugenics

From the 1880s onwards, more structured ideas were developed about the place of disabled people in society - put forth by The Eugenics Society.

Eugenicists believed that people were born from 'good stock' or poor stock and that steps should be taken to eradicate the reproduction of poor stock. As most eugenicists came from the upper classes, they naturally viewed the lower classes as being the 'poor stock'. Because lower class people tended to have more children they were concerned that the stock of 'healthy' and 'wholesome' Britons was being depleted and would eventually be overrun and replaced with inferior beings. Eugenicists failed to make the link between nutrition, poverty and slum living conditions that produced so many people with impairments, preferring instead to believe that there were two different breeds of humans on earth. They believed that these 'inferior' people should be stopped



from breeding and used the law to set up single sex institutions where they could be incarcerated (many of them for life)

Winston Churchill (Home Secretary at the time that the Mental Deficiency Act of 1913 was passed)

was an enthusiastic believer in Eugenics and is quoted as saying:

“The unnatural and increasingly rapid growth of the feeble-minded classes, coupled with a steady restriction among all the thrifty, energetic and superior stocks constitutes a race danger. I feel that the source from which the stream of madness is fed should be cut off and sealed up before another year has passed.”

The Third Reich



Adolf Hitler developed the thinking of The Eugenics Society into a planned system of racial segregation. He believed that disabled people did not have a right to live, that they were impure and a threat to the purity of the Aryan Race. The Third Reich was responsible for the death of hundreds of thousands of disabled people. The first gas chambers were used to kill people with impairments, before being built on a larger scale to murder Jews, Gypsies, Homosexuals and other non-Aryan peoples.

These ideas are echoed today in the work of scientists who seek to obliterate genetic malfunctions in an effort to stop children being born with impairments and therefore stop the incidence of disability. However, this ideal will never be attained as most impairments are the result of accident, war, illness or age related diseases and cannot be prevented before birth.

The Mental Deficiency Act 1913

In the early 20th Century, disabled people began to be systematically separated from non-disabled people and sent to live in institutions.

The Mental Deficiency Act required school boards to identify children in their area who were defective. Children who were considered to be incapable of benefiting from instruction in special schools became the responsibility of

parish councils for placement in an institution. The government set out these descriptions of people who should be incarcerated:

IDIOTS

“Persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers.”

IMBECILES

“Persons in whose case there exists mental defectiveness which...is yet so pronounced that they are incapable of managing themselves and their affairs. Or ... of being taught to do so.”

FEEBLE-MINDED

“Persons in whose case there exists mental defectiveness which, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others. Or ... that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary school.”

MORAL DEFECTIVES

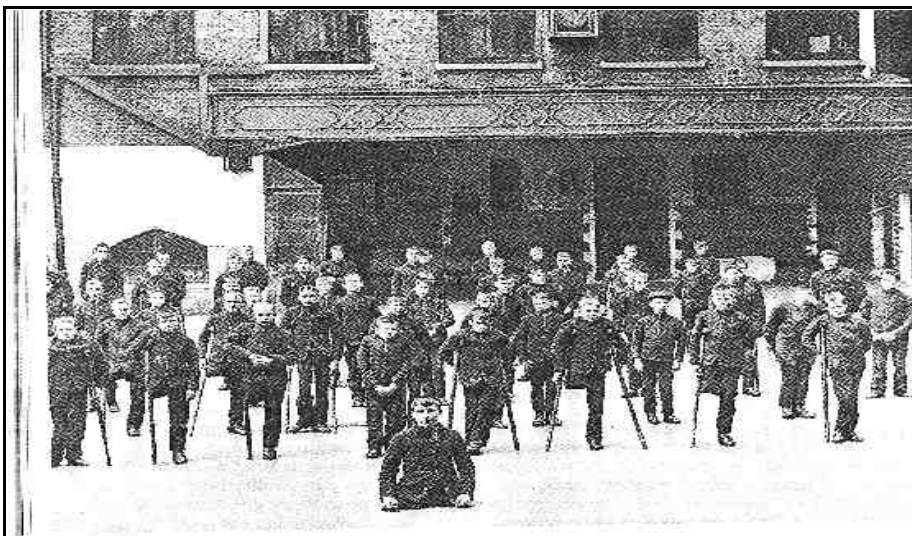
“Persons in whose case there exists mental defectiveness coupled with strong vicious or criminal propensities and who require care, supervision and control for the protection of others.”

(‘Moral Defectives’ included those women who had

children outside of wedlock but not, however, the men who impregnated them.)

Anyone who looked like they might fit these descriptions (physically or mentally) was liable to be locked up. Doctors, often on the basis of very spurious evidence, made quasi-medical assessments of people. Thousands spent their entire lives in institutions.

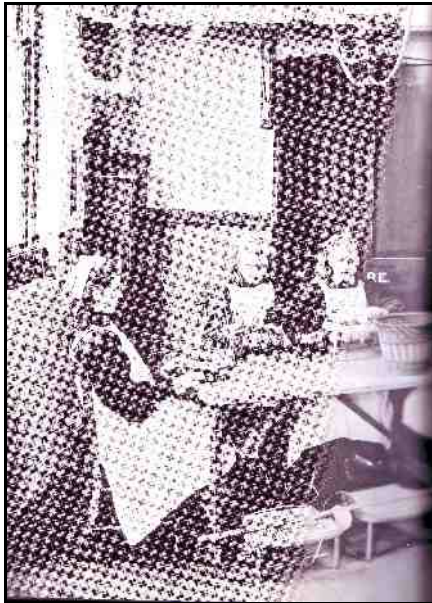
Segregation in Education



Disabled people were not seen as part of society. Non-disabled children were not able to grow up alongside their disabled brothers

and sisters, and as a result, developed strange ideas about disability and about disabled people.

Disabled children were segregated into single sex schools where they were given a very narrow form of education:



“I went to a school for handicapped children. I could read a bit when I went there but we just had baby lessons.. ... Dress making was the main subject, well needlework. It was all we learnt. We used to sit for hours stitching. I never knew what good it was going to do me in life, to get a job and that. I hated it and so I was no good at all. First you had to learn to do a buttonhole. You had to sit there and do those until you were perfect then you could move onto

a garment. I never got past the buttonhole at all. I was on buttonholes for years.”

Betty Holland - School for crippled children, 1920's

Disabled people, brought up in a society that consistently underrated their skills and abilities also had (and still have) strange ideas about disabled people. For instance, President Roosevelt of America did not believe that the



Franklin D. Roosevelt.
One of only two known photographs of FDR in a wheelchair. Photograph 1941.

American public would vote for him if they knew he was a polio survivor who used a wheelchair. He was almost always careful to be photographed looking as though he had no impairment. This photograph of him (on the left) is one of only

two to show him as he really was – a disabled man who had a mobility impairment. Many disabled people today have similar negative feelings about themselves and their impairments.

Disabled People Fight Back



In the aftermath of the First World War, thousands of disabled people were left destitute. Many soldiers came back from the War with impairments. They refused to live like beggars and lobbied Parliament to allow them certain reserved occupations, e.g. Blind people became piano tuners or basket weavers.

Disabled people have been organising together and taking political action to fight for the right to work,

access to benefits, equal treatment and equality for nearly a hundred years. This picture is a demonstration led by blind people and their allies to campaign for paid work in the 1920s.

Mass demonstrations of blind workers – and sighted sympathisers in Trafalgar Square in 1920. Blind workers marched to London from all over Britain to protest against low wages and poor working conditions in 1920, 1933 and 1947.



These Days...

As a result of disabled people's campaigning work, public transport has



become more accessible, although there is still a long way to go. The Disability Discrimination Act began to come into force in 1996. This legislation affects: employment, provision of services, education, and (from 2006) the promotion of

disability equality. This is helping to develop disabled people's rights and fairer treatment.

Disabled children now have a right to an education in local mainstream schools (with a few reservations). Non-disabled children can now grow up alongside their disabled sisters and brothers.

Despite changes, most people in the UK grow up not seeing disabled people in their communities – or only seeing them being transported on the “Special Bus”. It was common in the 1950s and 1960s to be told “You mustn't look” at disabled people (it is still common to hear parents telling their children ‘not to stare’ at a disabled person). As a result, many non-disabled people feel they are doing something wrong if they look at, or talk to, disabled people. This can make it hard for disabled people and non-disabled people to feel comfortable together. The new laws that strengthen disabled children's right to attend mainstream schools and to promote disability equality will go a long way towards changing these attitudes. You can help to promote it by learning about disability issues and teaching this as part of the curriculum.

3. THE DISABILITY DISCRIMINATION AND SPECIAL EDUCATIONAL NEEDS ACT, 2001

The Position for Disabled Students

- Disabled people are twice as likely as non-disabled people to have no qualifications whatsoever.

Labour Force Survey – Winter 01/02

- One in twenty disabled people are at colleges of Further or Higher Education – compared to one in ten of the rest of the population.

Labour Force Survey – Winter 01/02

- 8% of disabled people have a degree level qualification compared to 17% of non-disabled people.

Labour Force Survey – Winter 01/02

- There are more than 1 million young people aged under 24 who have impairments and come under the definition of the Disability Discrimination Act, 1995.

Household Survey – 1999 National Office of Statistics

Percentages of Disabled Undergraduates

•	1994/1995	3.1%	14,034 / 451,840
•	1995/1996	3.5%	15,754 / 448,199
•	1996/1997	3.9 %	19,337 / 491,474
•	1997/1998	4.3%	20,486 / 479,329
•	1998/1999	4.3%	22,469 / 522,887
•	1999/2000	4.2%	22,300 / 525,140
•	2000/2001	4.4%	25,955 / 595,155
•	2001/2002	4.9%	32,165 / 649,680
•	2002/2003	5.2%	34,595 / 660,930
•	2003/2004	5.6%	37,700 / 676,495

Percentages of Disabled Postgraduates Students in the UK

• 1994 / 1995	1665 – 1.2%
• 1995 / 1996	2131 – 1.7%
• 1996 / 1997	2745 – 2.1%
• 1997 / 1998	3454 – 2.4%
• 1998 / 1999	3963 – 2.6%
• 1999 / 2000	4440 – 2.9%
• 2000 / 2001	5010 – 3.1%
• 2001 / 2002	5855 – 3.4%
• 2002 / 2003	6850 – 3.9%
• 2003 / 2004	7845 – 4.3%

Impairment Percentages of disabled students in Higher Education (2000/2001)

Dyslexia	34%
Visual impairment	3.3%
Hearing impairment	6.5%
Mobility impairment	4.8%
Mental Health diagnosis	4.2%
Hidden	25%
Multiple	6.7%
Other	13.4%

From Higher Education Statistics Agency

Distribution of types of Impairment in Higher Education and Schools

Impairment (Higher Education)	% of Disabled Undergrads 2000 / 01	% of Disabled Undergrads 2002 / 03	Impairment (Schools)	% of Disabled Pupils in England
Dyslexia	34%	40%	Specific Learning Difficulty	14.2%
			Moderate Learning Difficulty	29.2%
			S&PLD	5.4%
			Speech / language	10.9%
Hidden	25%	19.7%	Other	
Visual	3.3%	2.9%	Visual	1.2%
Hearing	6.5%	5.8%	Hearing	2.2%
Mobility	4.8%	5%	PD	4.2%
Mental Health	4.2%	4.9%	Emotional & Behavioral Difficulties	21.6%
			Autism	5.3%
Multiple	6.7%	7.3%		1.4%
Other	13.4%	13.8%	Other	4.3%

From Higher Education Statistics Agency,
PLASC (SEN) Data 2004 DfES Schools

The Disability Discrimination Act has Five Parts

- Part I Locus and Definitions
- Part II Employment – in force January 1996
- Part III Goods and Services phased in since January 1996
- Part IV (SENDA 2001) Education September 2002
September 2003
September 2005
- Part V builds on Disability Discrimination Act, but with a new approach
- The duty focuses on promoting organisational change, and removing physical, organisational and attitudinal barriers
- Public authorities do what they currently do but do it **better**
- Lessons taken from the Race Equality Duty

Part V Disability Discrimination Bill passed by Parliament in April 2005, becomes part V(a) of the DDA. (Duties in force from December 2006).

“The aim of Part V is to prevent a culture of disabled people “complaining their way to compromise solutions”, ...but, instead, work towards ... “closing the gaps in disabled and non-disabled people’s experiences and opportunities.”

(Marie Pye, Disability Rights Commission, 2005)

Definitions of Disability under the DDA

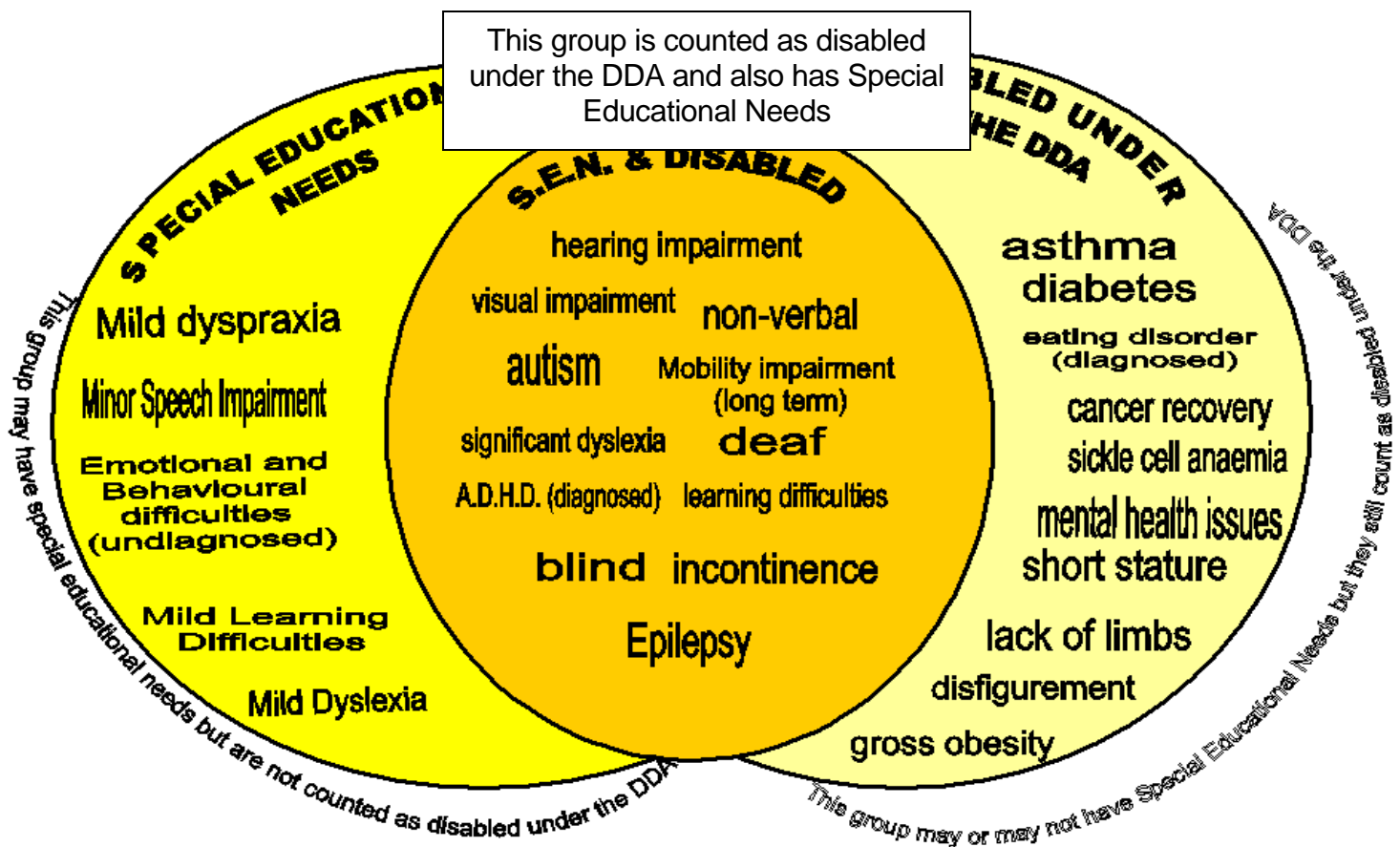
“A person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” - Part 1, para. 1.1.

In the Act “disabled person” means a person with a disability - Part 1, para. 1.2.

To fall within the Act, a person must be substantially affected by their disability in one of the following ways:

- ☐ Manual dexterity
- ☐ Physical coordination
- ☐ Ability to lift, carry or otherwise move everyday objects
- ☐ Continence
- ☐ Speech, hearing, eyesight
- ☐ Memory or ability to learn, concentrate or understand

For the purposes of definition, ignore the effects of medical or other treatments or aids and appliances. Possible Overlap of SEN and DDA disability Definitions:



Who is responsible under the Act?

Anyone responsible for publicly funded post-16 education, including:

- Adult Education
- Further Education
- Higher Education
- Local Education Authorities providing FE for adults
- Statutory Youth Services.

On a day to day basis this is the management of the organisation. In law, it is the governors, trustees or management committee.

The responsible body has a duty to make reasonable adjustments so that the disabled person is not placed at a substantial disadvantage. This is an **anticipatory duty** owed to disabled students and people at large, not a specific student.

Since 1 September 2002

It has been unlawful to discriminate against disabled students and prospective students by treating them less favourably than others for a reason relating to their disability. This means, non-discriminatory practices in:

- Admissions and exclusions
- Provision of services, e.g.
 - Access to learning facilities, dark rooms, handouts, teaching materials, exams, research facilities, etc.
 - Work placements, study abroad placements
 - Student accommodation
 - Leisure, recreation, entertainment and sports facilities

Since 1 September 2003

Responsible bodies have been required to make adjustments that involve the provision of auxiliary aids and services, e.g.

- Induction loops
- British Sign Language interpreters
- A variety of written formats, including Braille
- Voice-activated IT equipment, etc.

From 1 September 2005

Responsible bodies are required to make adjustments to physical features of premises where these put disabled people or students at a substantial disadvantage. This means, e.g.

- Altering or removing features in universities to provide access for disabled students.

Making Reasonable Adjustments

In determining a reasonable adjustment, the following factors can be taken into account, but they must be specific and material to a particular student,

- The need to maintain academic and other prescribed standards
- Grants (e.g. the Disabled Students Allowance) or loans specifically made to the disabled student to enable him or her to receive services
- The cost and practicality of taking a particular step
- The extent to which aids and services will be otherwise provided to disabled people or students
- Health and safety requirements
- The relative interests of other people and students
- Confidentiality - The student has a right to ask for any disclosure about his or her impairment to be kept confidential and this may impact on the type of reasonable adjustments that the responsible body can make.

Disclosure

A responsible body needs to be proactive in encouraging people to disclose that they are disabled. This might mean:

- Encouraging people to declare their impairment and the adaptations they might need on application and enrolment forms
- Displaying and publicising disability equality policies in prominent places
- Creating an atmosphere and ethos that are welcoming of difference.

Remedies

The Law provides for remedy through the County Court with a remit to hear disability discrimination cases and to award financial compensation and make orders to change practice.

Under Part III of the DDA, payments have varied from £100 to £25,000.

Further Information

The Disability Rights Commission has issued a Code of Practice under the DDA for Post-16 education.

Tel: 08457 622633. E-mail: enquiry@drc-gb.org

4. CASE STUDIES RELATED TO THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY ACT (SENDA) IN HIGHER EDUCATION

1. A young man who has a visual impairment starts University. He has told the admissions staff all about his impairment and about his need for a scribe or other assistance in lectures. At one of his first lectures, the lecturer writes something up on the board and tells everyone to write it down. The blind student waits for someone to come and help him with this but nobody does. The lecturer seizes on this young man and, either not knowing, or forgetting, that he is blind uses him as a humiliating example to the other students saying things like "Clearly, this young man is not interested in gaining a degree, look at him just sitting there." The student is too embarrassed to draw attention to his impairment by now and says nothing. The lecturer continues to upbraid him publicly and the student sits there in a welter of humiliation and embarrassment.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

2. A student who has cerebral palsy and a speech impediment calls the NUS helpline at the Institute. The person on the other end of the phone is not able to understand the student's speech and a miscommunication follows. The student gets more and more angry and ends up swearing at the worker who puts the phone down. When the student rings back to try again, he is told that the helpline service will not be able to help him on account of his aggressive behaviour.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

3. A young woman who has severe diabetes is in the canteen when she feels an insulin deficient episode coming on. She tries to get help from the other students sitting near her but her speech is getting slurred. She staggers slightly and sounds aggressive. The other students assume that she is drunk. They tell each other not to take any notice of her. The porter is called and she is asked to leave. By this point she is not able to make herself understood and she slumps into a coma.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

4. After all the students have taken their seats in the examination hall the Department Secretary enters and announces that all students with special exam requirements because of their impairments must leave. They are to take their exam in a separate room. One student leaves the hall. He later complains that there has been a breach of his confidentiality.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

5. A disabled tutor was given an early morning teaching slot. However, his personal care system means that he has to rise long before dawn to meet his teaching obligations. He asks for a change in timetable is refused. At the first meeting with his students the Tutor explains his situation and the students agree to a later start. However, one student goes to the Head of Department and complains at the frequent late starts on that particular course. Due to the complaint, the tutor receives an Informal Warning.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

6. A student who has the label 'manic depressive' decides not to inform her university of her condition because she is anxious about ticking the 'mental disorder' box on the registration form. She is worried that she will get stigmatised and mistreated. Subsequently, she has a manic episode and trashes her student accommodation. The housing officer says she must leave the accommodation and live elsewhere.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

7. The resources centre has a practice of asking students to use written request slips for reference books. A young woman with cerebral palsy is not able to hold a pen and hence cannot write without the aid of a computer. There is no-one available to scribe for her and there are no computers available for this function in the resources centre.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

8. The wheelchair accessible entrance is round the back of the building. It has to be unlocked by the caretaker every time it is used. One student likes to have a fag break every hour or so. It interrupts the caretaker's other work to have to let him in and out so often. He gets less and less co-operative and tells the student that, in any event, he should give up smoking.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

9. It is the end of term and tutor has arranged a fun outing to the cinema for his tutor group. The film is relevant to the course content and he feels it will enliven his lectures to be able to refer to it. However, he has forgotten to check that there are subtitles or a loop induction

system at the cinema. His hearing impaired student cannot access the film.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

10. A wheelchair user with a speech impediment needs the canteen staff to help by carrying a tray for her. They are reluctant to do this and say they are not paid to be a waitress service. They say she takes too long to choose and say what she wants and she holds up the queue. She is distressed by this response and becomes reluctant to use the canteen – she now eats a sandwich alone in a lecture theatre.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

11. A new student who uses sign language to communicate has explained that she had the support of a sign language interpreter at school for four half days each week. She arrives for her induction session to discover there is no sign language interpreter available.

Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

12. A young man with a mobility impairment and facial disfigurement arrives at reception on crutches. The receptionist asks him where his carer is, or if his mother is with him.

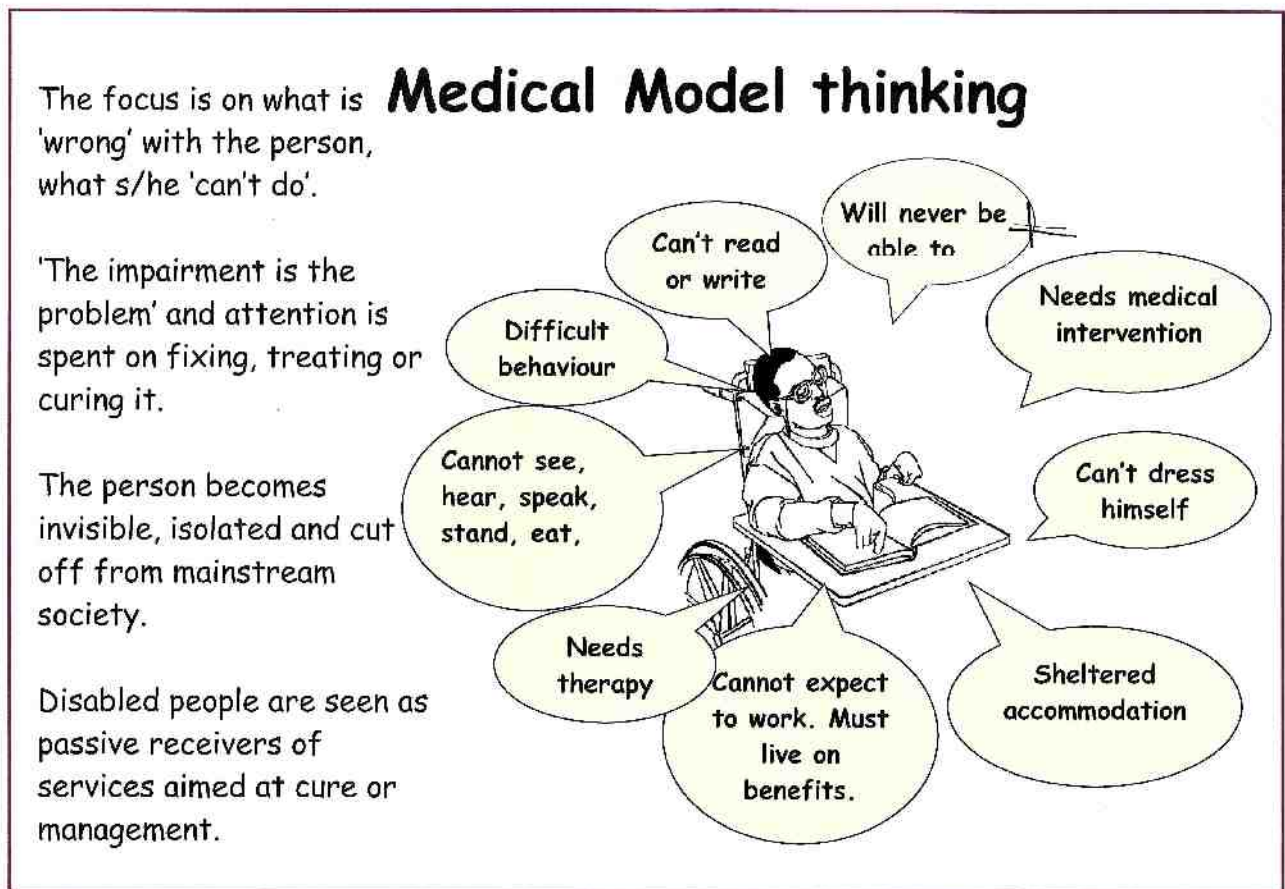
Is this person disabled under the Act?

Is this likely to be unlawful?

What would be a reasonable adjustment?

What would good practice be?

5. MODELS OF DISABILITY — THE MEDICAL MODEL



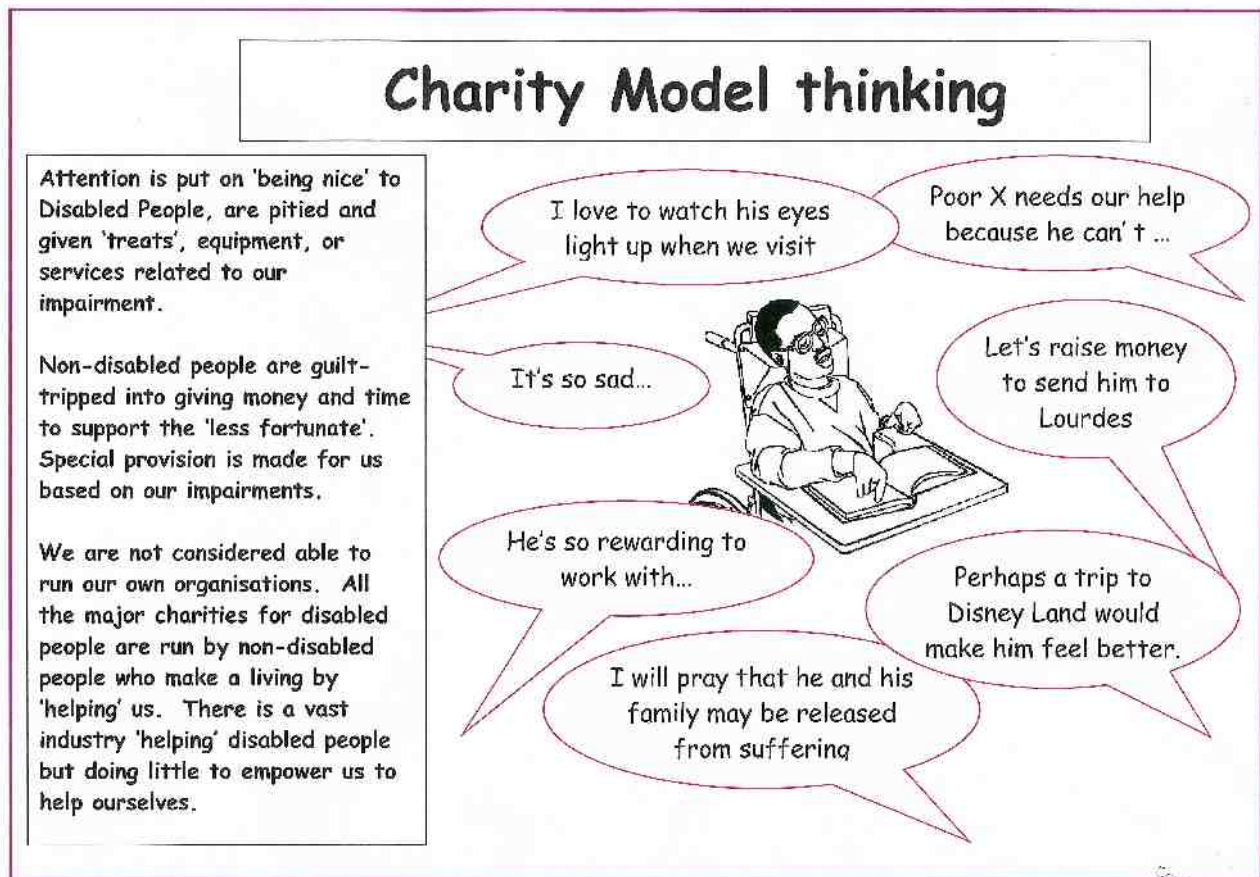
The Medical Model looks at **what is wrong** with a Disabled Person and how to fix it.

It leads people to think that impairments are there to be cured, managed or treated.

Disabled People who do not 'recover' or respond to treatment are a problem for society.

Disabled People who respond to treatment have their 'problems' solved and are then allowed to fit into society.

5. MODELS OF DISABILITY — THE CHARITY MODEL



The Charity Model of Disability sees Disabled People as passive and

Attention is put on being 'nice' to Disabled People, who are to be pitied and given treats, special equipment and services related to our impairments

Non-disabled people are guilt-tripped into giving money and time to support the 'less fortunate'. Special provision is made for us based on our impairments.

We are not considered able to run our own organisations. All the major charities for disabled people are run by non-disabled people who make a living by 'helping' us. There is a vast industry 'helping' disabled people but doing little to empower us to help ourselves..

people who deserve pity and services on account of our

that aim to help disabled people only keep us dependent on
y always focus on the impairments and how to alleviate, cure
us for them.

re to empower the donors than the receivers of charity. Non-
feel good about themselves when they raise money for
n have fun in the process (think of 'Children in Need', etc.).

people say that charity is not the way forward and does
ote our dignity and empower us. They say: "We want **rights**,

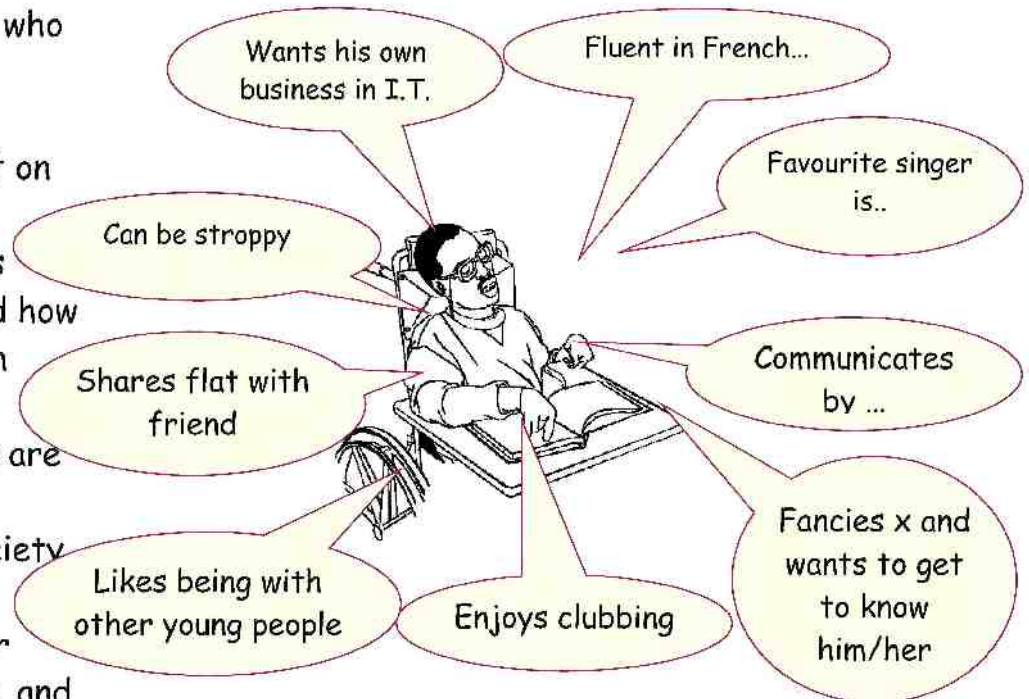
5. MODELS OF DISABILITY – THE SOCIAL MODEL

Social Model thinking

The focus is on who the person is.

Attention is put on his/her likes/dislikes, dreams/aspirations and how to support them

Disabled people are seen as active members of society who expect to contribute their particular skills, and gifts.



The **Social Model of Disability** is the model adopted by Disabled People.

The Social Model shows that disability is created by lack of access, lack of understanding, lack of awareness and oppressive behaviour towards us.

The Social Model says that it is not our impairments that need to be changed - it is society.

Social Model thinkers say that the human rights of disabled people are denied.

The Social Model stresses the fact that if we are given the support we need to take part in society on an equal basis **as a right**, not a favour, then society will change and disabled people will be truly empowered.

Models of Disability

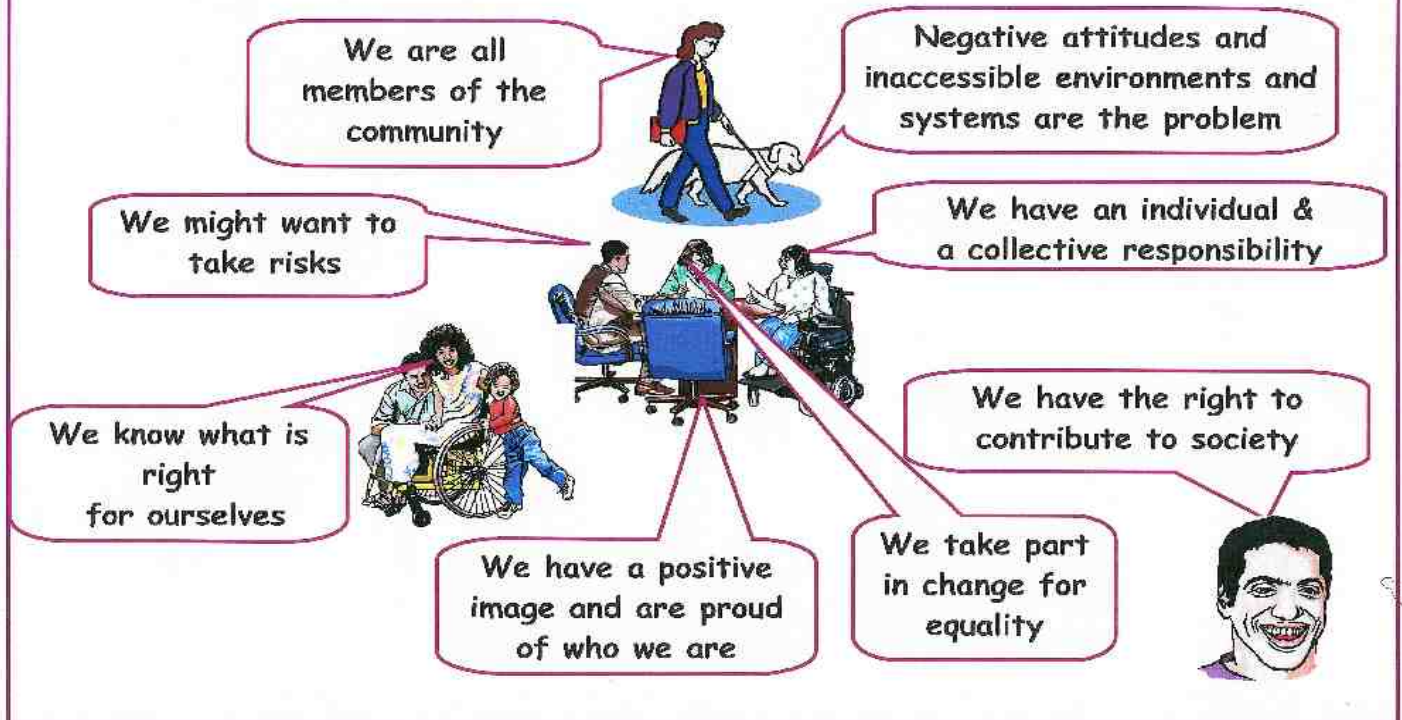
– Medical and Social Model Thinking in Higher Education

MEDICAL MODEL THINKING	SOCIAL MODEL THINKING
What is wrong with this student?	Who is this person and what are his / her educational needs?
What label do we give this person? (Dyslexic? Dyspraxic? Cerebral palsy? Mentally ill? Etc.)	What are the barriers to inclusion for all people in this establishment?
Send him/her for therapy. Get him/her a piece of equipment. Come back when it is sorted it out.	What resources need to be deployed to meet this person's access needs?
If not sorted, suggest alternative provision, preferably in a 'specialist' college.	Training for staff and students on inclusion issues.
No visibly impaired people in the college.	Where are the disabled people? Why aren't they

	here with us?
Disabled people continue to be excluded and oppressed, the contribution they can make to society is ignored.	Disabled people become part of society and are expected to contribute their skills and abilities.

Models of Disability – the Way Disabled People See It

Disabled People – The way we see it



Medical Model thinking about People with Learning Difficulties

You and I

(Some differences between the way people labelled as having 'learning difficulties', and the professionals who work with them, are treated)

I am a resident	You live in...
I am admitted	You moved into your new flat
I am aggressive	You are assertive
I have behaviour problems	You are rude
I am non compliant	You don't like being told what to do
When I ask you out for dinner – it is an outing	When you ask someone out – it is a date
I don't know how many people have read my case notes	You didn't speak to your best friend for a month after she read your diary.
Sometimes I make mistakes with my budget. I would love to have a bank account.	You forgot to record some withdrawal from you account. Your bank called to remind you.
I wanted to talk to the nice looking person behind us at the supermarket. I was told it was 'inappropriate'	You met your partner in the Produce Department. You couldn't find the sprouts.
I celebrated my birthday yesterday with five other residents and two staff members. I hope my family sends me a card.	Your family threw a surprise party for you. It sounded wonderful.
My case worker sends a report every month to my Mum. It says everything I did wrong and some things I did	You are still angry with your sister for telling your mum when you got a speeding ticket.

right.

I am on a special diet because I am overweight

Your doctor has given up telling you.

I am learning how to cook, clean and do housework. We call it 'life skills'.

You say you hate housework so you just don't do it.

I am taken to exercise classes so I will stay healthy

Your T-shirt says you are a 'LAZY GIT'

My case worker, teacher, educational psychologist, occupational therapist, nutritionist and house staff all set goals for me for next year.

You haven't decided what you want to do with your life yet.

Some day I might get to have my own home / job / wife / children ... maybe

You will move onwards and upwards...

**Source: Elaine Popovich, Lutheran Social Services, USA
(adapted by Chris O'Mahony, DEE)**

6. BARRIERS TO INCLUSION FOR DISABLED PEOPLE IN THE INSTITUTE OF EDUCATION

What Barriers does Higher Education pose for people who:

1. Are Blind or have a visual impairment?
2. Are Deaf or have a hearing impairment?
3. Have a mobility impairment and/or use a wheelchair?
4. Have a specific learning difficulty?
5. Have been labelled as mentally disordered?
6. Have hidden impairments?

Consider the following areas:

A. Physical Barriers/Access Issues

- in the built environment
- in communication
- in equipment/learning resources

B. Attitudinal Barriers

- Attitudes of lecturing staff
- Attitudes of other students
- Attitudes of support staff (e.g. reception/ admin/grounds/library staff, etc.)

C. Organisational Barriers

- Arrangements for exams
- Timetables
- Curriculum offers
- Employment of disabled staff
- Access funding for disabled students
- Registration

7. WHAT LANGUAGE DO WE USE TO TALK ABOUT DISABILITY?

Disabled people	Not	The disabled The handicapped People with disabilities
Non-disabled person	Not	Normal Able-bodied Healthy
Person with learning difficulties	Not	Mentally handicapped Retarded Thick / Stupid Person with learning disabilities
Blind person Visually impaired person Partially sighted person	Not	The blind
Deaf person The Deaf community Hard of hearing, partially deaf Hearing impaired	Not	The deaf Deaf and dumb
Person with epilepsy	Not	Epileptic
Mental health system user/mental health system survivor Person with mental health impairment	Not	Mentally ill Mad Dangerous schizophrenic Mentally handicapped
Wheelchair user	Not	Wheelchair bound The wheelchair
Physically disabled person Person with physical impairment	Not	Cripple
Woman/man with sickle cell	Not	Sickle cell sufferer
HIV positive Person living with HIV	Not	AIDS carrier
Neurodiverse person	Not	Stupid
Person with arthritis	Not	Crippled with arthritis Arthritic
Person with Cerebral Palsy	Not	Spastic
Person with dyslexia Dyslexic person Person with dyspraxia Person with a specific learning difficulty	Not	Wordblind Can't spell Clumsy

Person with a disfigurement	Not	Disfigured person Facially abnormal Facially deformed Burns victim Gross disfigurement Horrendous scarring Horrific disfigurement
Unaware Does not understand the information Does not listen	Not	Blind to the truth Stupid Deaf to reason
Accessible parking space Blue Badge holders parking space	Not	Disabled parking space
Accessible toilets	Not	Disabled toilets
Accessible entrance Level/ramped entrance	Not	Disabled entrance
Parking permits for disabled peoples' section Blue Badge permits	Not	Disabled parking permits section
Accessible housing	Not	Disabled housing
Person with Down's syndrome	Not	Mongol Spastic
Personal assistant	Not	Carer

8. DISABILITY COURTESY: GOOD MANNERS TOWARDS DISABLED PEOPLE

All disabled people are individual and will therefore have different needs at different times. However, here are some general rules and guidelines that will help you to “get it right” when you meet disabled people.

1. People who have a visual impairment:

Very few visually impaired people are totally blind. However, the reality of how much someone can see should not affect the way you interact with them. The points below will help you get it right for anyone with a visual impairment.

- Explain who you are and why you are there **before** beginning any interaction e.g. “My name is... I work in this college. My job is...” Each time you approach a person with visual impairment, remember to say who you are - they will not necessarily recognise your voice after one meeting and may be embarrassed to say they don’t know who they are talking with.
- When leaving a conversation with a blind person, remember to tell them that you are going – don’t leave them talking to air.
- Remember that people with visual impairments are not likely to respond to the same body language clues of irritation, anger, joy, etc. as others. Do not get offended, be clear in your verbal communication and explain how/what/why you are thinking.
- Ask someone if they need assistance **before** giving it.
- If they don’t want your assistance don’t be offended. Describe where they can find you and try to make sure you are where you said you would be e.g. “Okay, I’ll be between the two big cabinets on your left if you need me.”
- If someone does want you to assist them, ask how they want it to be done. Don’t assume they do things the same way as the previous visually impaired person you assisted.
- When you are describing objects remember to state the obvious e.g. “It’s a small envelope with your name on.” Give facts rather than opinions.

- Never stroke or distract a guide dog while it has its harness on.
- Know what information is available in Braille, Large Print and on Tape/CD, or who to ask.
- Be prepared to produce information in font sizes 16pt plus. This is relatively easy since most people now have access to a PC.
- If unsure ask the person in question and be open to accept their answer.

2. People who have hearing impairments:

Very few people who are hearing impaired are completely deaf. However, it is not necessary for you to know how much someone can/can't hear in order to have effective interaction. The points below will help you get it right for anyone with a hearing impairment:

- Make sure you know which members of staff can communicate in Sign Language and where they are located. Many people are doing BSL courses these days and you may not be aware of who can use it. It would be useful to have this information audited.
- Remember that not all deaf and hearing impaired people use Sign Language.
- If loop systems are fitted make sure they are always turned on and working. If a deaf person tells you the loop is not working, do not assume there is a problem with his/her hearing aid. It is almost always the loop that is the problem. Find out who can fix it. Use visual signs to indicate where loops are in operation.
- If the person has a Hearing Dog for Deaf People, make sure that you ask before petting the dog. Do not offer food, toys or attention unless the owner has specifically said you may.
- Don't stand/sit with the light source behind you because you will be silhouetted, making lip reading impossible. If a deaf person asks you to move so they can hear better, do not be offended, do it cheerfully without fuss.
- When speaking to a deaf person, talk clearly but don't exaggerate lip movements. Keep your hands and other obstacles away from your face and use facial expressions to emphasise what you are saying. You may

need to repeat things several times. Remember that the message is more important than the words - use mime, writing, pointing, etc. if necessary. Learn the finger-spelling alphabet and finger spell the first letter of each word.

- Look directly at the person you are talking to so they know you are addressing them. Check with the person that they can understand you. If not, negotiate a way in which they can. Ask them what is best for them.
- If you are communicating through an interpreter (Sign language or otherwise) speak to, and look directly at, the person you are communicating with, not to the interpreter.
- Remember that it requires a lot of energy to communicate in a language that is not your own (English is not the primary language for many deaf and hearing impaired people) and to work out half-heard sentences. Be as clear and to the point as possible. If someone chooses to 'not bother' trying to work out what you are saying respect that choice.
- If a deaf person asks you to repeat yourself more than once, don't give up and say 'It doesn't matter.' If it was worth your while to say it in the first place, it is worth your while to make sure the person receives your communication.

3. People with hidden impairments:

There are many people who have impairments that will not be obvious to you. The points below will help you to get it right for anyone with a hidden impairment.

- Be open-minded about everything and everyone. If you make assumptions, be prepared to change them.
- Be prepared to meet requests without necessarily requiring explanations unless you have a very good reason not to. Someone who looks physically fit may have a hidden impairment that limits the amount of time they can stand up without resting - to spend time explaining why they need you to fetch a chair may well cause added discomfort and distress.
- If someone tells you something that seems unlikely or even odd, respect them and believe what they say. Take appropriate action or the results may be significant: for example, someone who is having a severe panic attack because she believes that someone is chasing her is having a real panic attack regardless of whether she really is being chased. Not

believing her would make her situation more frightening and therefore more serious.

- If someone seems unwell or in distress, ask if they need assistance **before** helping them. What they are experiencing might be a regular occurrence and part of their daily reality.
- If someone asks you for assistance, follow his or her instructions. They will have more experience than you and will probably need (and want) it done in a particular way.
- If someone collapses, has a seizure or cannot communicate with you for any other reason and obviously requires assistance, check whether they have a necklace, arm bracelet or note in their wallet informing you of the appropriate action. For example, someone with epilepsy may have a 'credit card' note stating that they do not need to be taken to hospital but do need someone to explain where they are when they regain consciousness.
- If unsure ask the person in question and accept his or her answer.

4. People with learning difficulties:

There are many different forms of learning difficulty, some only become relevant in certain circumstances. Whatever the level of learning difficulty someone is experiencing, your method of response should be appropriate without being patronising. The following points will help you to get it right for anyone who has learning difficulties.

- If anyone asks you a question, always give the answer clearly without using complicated language. If possible, check that the answer was understood.
- Always ask **before** providing assistance, be prepared to have your offer turned down.
- No matter what level of learning difficulty a person might have, an adult is an adult and should be treated as such. False stereotypes of people with learning difficulties lead us to believe they are childlike. An adult who is labelled with a mental age of 7 is nothing like the average 7 year old child and would probably be offended and frustrated if treated as such.
- Make sure you know what information is already available in plain text, tape/CD or pictorial formats so that you can pass it on.

- Avoid jargon. Provide simplified documents with plain text and clear pictures or diagrams.
- If unsure what to do, ask the person in question and accept their answer.

5. People who have mobility impairments:

Many people who have mobility impairments do not use a wheelchair or other equipment (e.g. walking sticks, crutches) so may not be obvious to you. It is important to remember that moving around can be difficult for lots of other reasons. The points below will help you to get it right for anyone who has a mobility impairment.

- Make sure you know where lifts, ramps and accessible toilets are so that you can inform other people.
- Always ask **before** providing assistance and be prepared for your offer to be turned down.
- If someone requires physical assistance, ask them how they need it to be given and respect their answers. Follow their directions as closely as possible.
- Don't put yourself in danger or take unnecessary risks. If you feel unable to assist someone in the way required, be honest and explain why you can't do it. It is more important to say no than to do something that could harm you and possibly others.
- If you are using any form of mobility aid make sure you know how to operate it safely.
- When supporting someone with a physical impairment (or pushing a wheelchair) follow their instructions at all times, unless you have a very good reason not to. It is highly likely that they will have had more experience than you in that particular task.
- Be aware of people's body space. Don't lean on someone's wheelchair, or move a walking stick out of the owner's reach.
- Respect every mobility aid as the tool it is. Try not to make comments about 'L' plates and don't ask people to "move over and let me have a sit down" because such comments can be offensive.

- Don't assume that a person in a wheelchair only has a mobility impairment. They may have other, hidden impairments that they may need you to know about.
- If unsure what to do, ask the person in question and accept their answer.

APPENDICES A - C

A: ACCESSIBILITY GUIDELINES FOR GOOD PRACTICE IN PRODUCING PUBLICATIONS AND DOCUMENTS

The following guidelines have been developed to help staff produce documents and publications in a format that makes information easily accessible to a wide range of audiences. Some simple changes to the way information is presented can make all the difference in facilitating comprehension.

All staff are expected to implement these guidelines and the contacts listed in these guidelines can offer useful advice and guidance to support you.

A wide range of documents and publications are covered by these guidelines, including emails, memos, letters, committee papers, minutes and agendas, teaching materials, course handbooks, leaflets, brochures and other publicity items. Where there are strong reasons not to implement the typesetting and layout suggestions, documents must include the phrases about alternative formats (see point 4 below) and you must ensure unformatted 'Word' files of the documents can be accessed easily at short notice for production in a range of alternative formats.

These guidelines are in no way definitive and will be developed and updated regularly. If you have constructive suggestions that can be shared with other staff, please contact the Head of Marketing and Development.

Print Guidelines

1. Font and type style

- Wherever possible use a minimum of 12 point type.
- Use a sans serif font, such as Arial or Verdana, and avoid using serif fonts.

2. Presentation

- Use a combination of upper and lower case letters rather than all upper case (capitals). Sentences or headings set in all capitals can make text harder to read.

- Use bold to highlight and avoid using italics or underline.
- Avoid rotating text and setting it vertically as it is extremely difficult to read
- Keep lines justified left.
- Use bullets or numbers rather than continuous prose.
- Do not hyphenate words that are not usually split to fill up line ends.

3. Posters, boards and leaflets

- Keep the design of leaflets simple.
- Avoid the use of background graphics which can make text difficult to read.

4. Alternative formats

▪ **Documents intended for students**

Should carry the words:

This document is available in a range of alternative formats; please contact the Disabilities Support Office for assistance.

Telephone 020 7612 6641

Email disabilityadmin@ioe.ac.uk

▪ **Documents intended for staff**

Should carry the words:

This document is available in a range of alternative formats; please contact the Equalities Officer for assistance.

Telephone 020 7612 6321

Email k.edwards@ioe.ac.uk

▪ **Documents intended for the general public**

Should carry the words:

This document is available in a range of alternative formats; please contact the Marketing and Development Office for assistance.

Telephone 020 7947 9556

Email info@ioe.ac.uk

- Documents can be produced in alternative formats on request as audio tapes, in Braille, or enlarged on coloured paper etc. Contact the

Disabilities Support office, Equalities Officer, or the Marketing and Development Unit as appropriate

- Save documents as unformatted files with no italics or bold headings to allow easy production of alternative versions and store them electronically in a place where other staff in your School/Unit/Department can access them easily at short notice.
- Further guidance on transcription services for Braille, audio or large print can be obtained from the Equalities Officer (for staff), the Disabilities Student Coordinator (for students), or the Head of Marketing and Development.
- Students who require alternative formats will have a Learning and Support Agreement, which will indicate their specific needs and will be arranged by the Disabilities Support Office

5. Language

- All information should be clear and easy to read.
- Keep sentences short between 15-20 words in length.
- Use short paragraphs.
- Use active verbs instead of passive verbs, e.g. we will consider this matter shortly **not** this matter will be considered by us shortly, or the headteacher had to close the school **not** the school was closed by the headteacher.
- Use plain English and where you use acronyms or jargon ensure they are spelt out and explained.
- Wherever possible use 'we' or 'you' rather than 'applicant' or 'Institute' etc.
- Be concise.
- Use language sensitively, ensure it promotes equality of opportunity and fully embraces equality and diversity.

For further advice on plain English writing style, contact Helen Green, Press Officer. Telephone: 020 7612 6459. Email h.green@ioe.ac.uk

6. Images

If your publications include images:

- Ensure your images are representative and show a broad cross section of people.
- Try to ensure that picture credits include the names of people pictured in images.
- Ensure images show a mixture of people in a variety of roles.

7. Paper

- Avoid using light text on a dark background.
- Use off-white or cream paper in preference to bright white.
- Matt paper is preferable to glossy.
- Ensure paper is heavy enough (80 or 90 gsm) to prevent text showing through the back.

8. Website design

- The Institute has received funding to enable the website to be amended to meet DDA guidelines.

Last updated: February 2005

B: ADDITIONAL INFORMATION

Disability Equality in Education (2002) 'Post Schools Course Book'. £10 DEE Unit GLK, Leroy House, 436 Essex Road, London N1 3QP (Website www.diseed.org.uk)

Procedures are relevant to the Institute of Education to ensure the Colleges arrangements meet the obligations set out by the DDA Pt 4.
(Website: www.drc-gb.org The Law)

Disability Rights Commission's (DRC) Examinations and Assessments Good Practice Guide.
(Website: [www.drc-gb.org/businesses & services/ Education/ Higher Education](http://www.drc-gb.org/businesses%20&%20services/Education/Higher%20Education))

Information on disability at the Institute for staff of IOE.
(Website: <http://www.ioe.ac.uk/disability/directory/>)

The sixth set of performance indicators for UK universities and higher education colleges and is the first year that the Higher Education Statistics Agency (HESA) has published the performance indicators. These include the number of disabled people, students and staff, at UK universities.
(Website: <http://www.hesa.ac.uk/holisdocs/home.htm>)

The Disability Portfolio is a collection of 12 guides on how best to meet the needs of disabled people as users and staff in archives and libraries. It gives invaluable advice, information and guidance to help overcome barriers and follow good practice.
(Website: http://www.mla.gov.uk/action/learnacc/00access_03.asp)

SKILL provides a great deal of information and advice on all aspects of Higher Education and disabled students. SKILL: National Bureau for Students with Disabilities. Tel 020 7450 0620
(Website: www.skill.org.uk)

HEFCE introduced mainstream disability funding for supporting disabled students. The allocation is based on the number of disabled students who have claimed DSAs within your institution and is part of the total mainstream funding that your HEI receives from HEFCE.
(website: <http://www.hefce.ac.uk/pubs/circlets/2000/cl07%5F00.htm>)

Recommendations from the Disability Rights Commission Good Practice Guide on Learning and

Teaching Delivery

- Students with disabilities (and all students if the School permits) should be informed both in the School Handbook and verbally that they are permitted to record lectures.
- Lecturers should read out material presented visually where students are unable to see.
- Lecturers will use microphones in order to facilitate students with hearing impairments
- Lecturers will endeavour to face the students when talking, where they have students with hearing impairments
- Lecturers should pace their delivery and where necessary allow brief breaks where students with sign language interpreters need to keep up.
- Lecturers should ensure that only one person speaks at a time during discussions particularly where there are deaf or hard of hearing students present.
- Lecturers should address questions and comments directly to students and not to their note takers or interpreters.
- Lecturers should support students with communication difficulties when they are making presentations.
- Lecturers should ensure during discussions that all students are enabled to contribute regardless of apparent communication barriers.
- Lecturers should provide copies of handouts and OHPs in accessible formats in advance
- Lecturers should where appropriate adjust their lecturing style, including using a microphone, using OHPs instead of writing on boards
- Where there are students with hearing impairments and visual impairments lecturers will refrain from using the boards (as this involves turning away from the audience making lip reading harder) and will make use of either handouts or OHPs.
- Lecturers will provide handouts (and where necessary OHPs) ideally in advance for students whose disabilities make note taking difficult e.g. because they have visual or hearing impairments, mobility difficulties, or medical conditions or dyslexia.

Teaching materials

- All School literature will be maintained in an electronic format (including School Handbooks, reading lists, handouts etc.) so that it can be provided to students in an accessible format.
- Videos and audio materials should be provided with sub titles, Interpretation or transcript.
- Paper based materials should be provided in braille, large print or on line.
- Book lists should be provided sufficiently in advance for the student to obtain text on tape or in Braille.
- Electronic materials should be full accessible for screen reading software and comply with WC3 guidelines.
- Workstations with enabling technology should be available.
- Lay out and structure of virtual learning environments should be suitable for students with dyslexia or partial sight and sound clips have text alternatives or sub titles.
- Software should allow students to work at their own speed or take rest breaks.

Group Work: Course Tutors may be required to consider their communication style in order to facilitate a disabled student's participation.

Lecturers should talk through with groups any practical difficulties that might arise from having a diverse group and make sure any appropriate adjustments are made. When lecturers are assessing group work they should make adjustments to ensure that every student's contribution is measured.

Field trips: The Programme Director is responsible to arrange a meeting with the DC and the student to assess the necessary support needs and will liaise with Course Tutors to ensure this support is provided. The Head of School, Programme Director and Course tutors will need to assess the risks.

Laboratories: The Programme Director is responsible for arranging a meeting with the DC and student to assess the support needs (and to resolve any Health and Safety issues that may be outstanding. The Head of School, Programme Director and Course tutors will need to assess the risks.

Production of materials in alternative formats: The Head of School is responsible for setting out the School's procedures for the production of materials in alternative formats

Assignments and assessments

Adjustments may be necessary to assignments and assessments to make it easier for disabled students to demonstrate their learning. These may include:

- Flexible deadlines should be considered for those with variable conditions
- There should be support in researching booklists for those unable to "browse" in the library
- Adjustments to assignments, such as allowing a student to submit a piece of work on video rather than in writing
- There should be provision of study skills support covering essay writing or dissertation skills.
- Comments on course work in alternative formats
- Adjustments to the design or delivery of an examination

Altering the mode of an assessment if a particular method, for example an examination, sets up unnecessary barriers.

Disability Equality in Education is a unique and established not for profit organisation run by disabled people. We offer high quality, tailored training, consultation and research to support the development of an inclusive education system.

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E-mail: info@diseed.org.uk

Website: www.diseed.org.uk