

# Supporting students with disabilities

Wright DJ, Eathome V (2003) Supporting students with disabilities. *Nursing Standard*. 18, 11, 37-42. Date of acceptance: July 22 2003.

## Summary

The use of workshops to inform and question practice is common. Two workshops on supporting learners with disabilities in the clinical environment are described with support from the literature. Examples of discrimination are outlined showing a wide variation in the NHS before the implementation of the Disability Discrimination Act 1995. Participants outlined barriers to learning in clinical environments and ways of overcoming those barriers. They also discussed the need to develop support mechanisms.

**W**ORKSHOPS HAVE become a feature of conferences and seminars as a form of networking, offering opportunities to obtain and exchange information, influence others and gain constructive feedback about ideas (Benton 1998). They may consist of individuals with similar backgrounds, but more often they are likely to transcend organisational, professional and national, sometimes international, boundaries (Umiker 1989).

In discussing the use of workshops in team building, Long (1996) suggests they enhance communication and enable the exploration of issues relating to practice. Tanner and Hale's (2002) study demonstrated that as a method of dissemination, workshops are effective. Some of the attendees at the workshop they studied demonstrated behavioural change and some implemented change. Even when change did not occur, the workshop was still seen as beneficial for dissemination. If participants do not create change, it is possible that what they learn at workshops becomes tacit, or silent, knowledge. Atherton (2002) suggests that tacit knowledge is not consciously knowing what is known or learnt. It refers to the expertise in an organisation that is not written down or formally expressed, but may nevertheless be essential to its effective operation. For participants to gain knowledge, for change or tacitly, they must be in a position where they feel they 'get something' from the workshop.

Szczepanski (2002) reported on a workshop for nurses. Quotes from two participants indicated that they felt the workshop was beneficial: 'I got more out of this seminar than any other program I have gone to', 'I am so glad... it was well worth my time'. Specific benefits include nurses having the opportunity to learn from each other, how to cope with

problems and tacit knowledge. If individuals learn from workshops then they are a worthwhile dissemination tool.

In developing workshops, facilitators need to be able to put workshops into context relative to the subject matter. This is because questions or issues might arise that extend beyond the workshop, for example, specific questions on the Disability Discrimination Act (DDA) or Disabled Students' Allowance (DSA) (Box 1).

## Students with disabilities

In recent years there have been social and political shifts in the meaning and nature of disability in society. In relation to these changes the government has published policy and guidance documents (Box 1). Further support of the rights of people with disabilities came with the DDA, which made it an offence to discriminate against individuals because of their disability. In 2002 the DDA was further strengthened by the Special Educational Needs and Disability Act (SENDA) 2001 (Box 1).

Higher education institutions, including schools of nursing and midwifery, operate non-discriminatory policies for applications and admissions to courses. This means that individuals with a disability are more likely to be accepted for nurse and midwifery education than they were previously. The NHS also states that it is an equality employer and 'a determined effort is being made to develop a workforce which reflects the population it serves' (NHS Careers 2003). *Looking Beyond Labels* (NHS Executive 2000) (Box 1) indicates that people with disability should be represented in the NHS workforce: 'There are very good social and business reasons why NHS employers need to consider going beyond the requirements of the [DDA] Act. They don't just need to ensure that they do not discriminate against disabled people; they need to develop and sustain good equal opportunities practices, which will enable disabled people to gain NHS jobs and to retain their active mainstream employment.'

To enable this, and to satisfy policy and legal requirements, it is necessary for schools of nursing and midwifery, and other healthcare education establishments, together with the NHS, to meet the needs of people with disabilities in accessing academic courses, including clinical placements.

According to the DDA there is a requirement to

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## Key words

- **Disabilities**
- **Disabilities: attitudes**
- **Discrimination**
- **Equal opportunities**
- **Student nurse**

These key words are based on the subject headings from the British Nursing Index. This article has been subject to double-blind review.

### Box 1: Information on disability

#### Disability Discrimination Act 1995 and disability

- DDA: [www.legislation.hms.gov.uk/acts/acts1995/1995050.htm](http://www.legislation.hms.gov.uk/acts/acts1995/1995050.htm)
- Disability Unit, Department for Work and Pensions, DDA: [www.disability.gov.uk/dda/](http://www.disability.gov.uk/dda/)
- Disability Rights Commission: [www.drc.org.uk](http://www.drc.org.uk)
- SENDA: [www.hms.gov.uk/acts/acts2001/20010010.htm](http://www.hms.gov.uk/acts/acts2001/20010010.htm)

#### Policy and guidelines related to disability in the health service

- Disability: [www.disability.gov.uk/](http://www.disability.gov.uk/)  
Deals with a wide range of legal issues concerning disability. The site has several links that are useful in finding out about the DDA, DRC, policies and programmes, and for accessing information and advice.
- The Vital Connection: An Equalities Framework for the NHS: [www.doh.gov.uk/nhsequality/nhsequalitiesframework.htm](http://www.doh.gov.uk/nhsequality/nhsequalitiesframework.htm)  
Shows how all NHS organisations can and must place the values of equality, fair treatment and social inclusion firmly at the centre of their policies and practices in relation to the workforce. It has links to a number of strategic documents.
- Mental health and employment in the NHS: [www.doh.gov.uk/healthyworkplaces/](http://www.doh.gov.uk/healthyworkplaces/)  
This guidance (which can be downloaded from the site) provides advice to NHS employers on the retention and future employment of people who have experienced or are experiencing mental health problems.
- NHS disability information: [www.doh.gov.uk/nhsequality/dissite.htm](http://www.doh.gov.uk/nhsequality/dissite.htm)  
A set of links relating to disability and the NHS.
- Positively Diverse: [www.doh.gov.uk/positivelydiverse/](http://www.doh.gov.uk/positivelydiverse/)  
An integral part of the NHS's drive to ensure that all staff are valued, whatever their gender, sexuality, age, disability or ethnic background.
- Looking Beyond Labels: Widening the Employment Opportunities for Disabled People in the New NHS: [www.doh.gov.uk/nhsequality/lookingbeyondlabels/index.html](http://www.doh.gov.uk/nhsequality/lookingbeyondlabels/index.html)
- Improving Working Lives: [www.doh.gov.uk/iwl/links.htm](http://www.doh.gov.uk/iwl/links.htm)
- NHS: Equality and Diversity in Employment: [www.doh.gov.uk/nhsequality.htm](http://www.doh.gov.uk/nhsequality.htm)

#### Disabled Students Allowance

Financial Help for Health Care Students: [www.doh.gov.uk/pdfs/financialhelp6.pdf](http://www.doh.gov.uk/pdfs/financialhelp6.pdf)

#### Discussion group and newsletter

##### HCP-DISABILITY

An email discussion group for those interested in the provision of access to healthcare education and the professions for people with disability. To join the group go to [www.jiscmail.ac.uk/lists/HCP-disability.html](http://www.jiscmail.ac.uk/lists/HCP-disability.html)

Disabling Practice Enabling Nurses? Disability Network newsletter.

Email newsletter aims to act as a contact point for nurses with an interest in disability and provide topical and relevant information about disability. Contact the editor: Rachel Spain [rae.spain@btinternet.com](mailto:rae.spain@btinternet.com) (Back issues can be downloaded from [www.shef.ac.uk/~md1d/jw/HCPdisability/disablingnurses/disablingnurses.html](http://www.shef.ac.uk/~md1d/jw/HCPdisability/disablingnurses/disablingnurses.html))

#### Employment of disabled people

Jobcentre Plus offers a range of services for disabled people. This site gives the addresses of local disability service teams and other information: [www.jobcentreplus.gov.uk/cms.asp](http://www.jobcentreplus.gov.uk/cms.asp)

The Department for Work and Pensions is responsible for delivering support and advice to a wide range of people, including those with disabilities and prospective employers: [www.dwp.gov.uk](http://www.dwp.gov.uk)

make 'reasonable' adjustments to meet the needs of these students and to treat them in a non-discriminatory way (Scullion *et al* 2002). Discussion of what is reasonable is too extensive for the purposes of this article and it is recommended that the websites listed in Box 1 are accessed to gain a greater understanding of the responsibilities concerning disability issues. To help students on means-tested bursaries meet additional financial requirements, the government introduced the DSA in September 2002 (DoH 2002) (Box 1). This means

that, for example, students with hearing impairment can obtain an amplified stethoscope, and students with dyslexia can access a specialist teacher to ensure they develop the appropriate skills for reading and writing technical language.

There has been little research on access to healthcare professions for people with disabilities. Brothers *et al* (2002a) suggest that healthcare staff perceive disability in the same way they view illness, in which the individual requires treatment and constant nursing care by healthcare professionals. This results in

patronising behaviour with an emphasis on the need for medical and nursing care rather than as fully functioning citizens who are capable of becoming healthcare practitioners themselves. If this is the case, it may be that disabled individuals would be seen as 'unfit' for entry into the healthcare professions.

It is suggested, from the available evidence, that people with disabilities have much to offer as health service professionals. Nurses with disabilities bring personal insight into what it is like to be ill, hospitalised and disabled, and can offer special skills. For example, Heazell argues that she is able to show patients who have had a stroke, and can only use one arm, how to perform tasks with one hand (DRC 2002a) and Eathorne (1990) has personal insight into the effects of head injury. Nurses who have hearing impairment or are deaf (sign language users) can help with communication. One nurse says that because she is able to lip-read, she can understand patients who talk softly or cannot speak because they have a tracheotomy (Carol 2003).

It is suggested that most patients seem to connect well with a healthcare professional who is not physically perfect. Patients with a disability or other condition sense that the nurse with a disability will understand them because they have 'been through it as well' (Carol 2003).

The limited literature suggests that a number of disabled individuals have gained access to the professions through their own determination and have been able to provide professional care. For example, Eathorne (1990) and Heazell (DRC 2002a) were both determined to become nurses. Heazell was told by careers advisers that she could not be a nurse and was rejected by several universities because she was 'unfit' due to the dexterity needed in the profession. Eathorne found ward staff intolerant and could not find any support for some time. However, once support was found she qualified and became a practising nurse. The healthcare professions need to take on board issues of access with knowledge and understanding of the government's policies on people with disabilities working in the NHS, and the provisions of the DDA. For this to happen, it is necessary for educators and placement providers to consider how applicants with disability can be best supported. Against this background two workshops were delivered.

### The workshops

The authors ran two workshops in 2003 about supporting healthcare students with disability in the clinical environment (Edinburgh) and educating healthcare students with disability (Manchester) (Eathorne 2003, Wright and Eathorne 2003). Participants in both workshops raised similar issues so they are discussed here as a single event. The workshops were facilitated by the use of group discussion, buzz groups and question and answer ses-

sions. A flip chart was used to record the main points and to enable facilitators to develop a written report of the workshops.

As with most workshops, it was useful for the participants to introduce themselves and indicate where they were from and what they expected to gain from the workshop. A short question and answer session also helped the facilitator to adjust the workshop to meet the needs of the participants. For example, all participants had knowledge of the DDA and SENDA (Box 1).

**Barriers to disabled students' access to health-care professions** Discussion of barriers focused on prejudice and discrimination towards students with disabilities entering the caring professions. Some examples were given, such as those encountered by Eathorne (1990) and Heazell (DRC 2002a) who had difficulty entering nurse education. Their experiences centred on perceptions of what healthcare professionals with disabilities would not be able to do, rather than the strengths they possess. Focusing on what disabled healthcare students cannot do may be associated with perceived risk. Wright (2000) for example noted that qualified healthcare professionals had concerns about students with dyslexia and their ability to be safe when administering drugs. One participant suggested that this concern did not seem to apply to qualified staff who have dyslexia and administer drugs. If this is the case, there is an issue of giving students opportunities to develop appropriate skills and coping mechanisms.

Participants also noted that long-held prejudice may give rise to perceived health and safety concerns. Box 2 provides information on health and safety legislation. Deaf or hearing impaired people may not be able to hear alarms, and therefore are thought to be a health and safety risk even though there is no evidence to suggest that this is the case. However, there is a duty to the patient in ensuring that all care is given in a safe and appropriate manner (NMC 2002a) and that nurses are fit for practice and purpose (NMC 2002b). Before the DDA it was possible to prejudice applications to healthcare professions on grounds of disability. Since the DDA has come into force, each individual must be treated fairly. This means that discrimination on grounds of the disability itself may be unlawful.

If reasonable adjustment is not possible, or is difficult, an application for employment or clinical placement may potentially be refused. It is the organisation's duty to argue its case if it refuses to admit a student or prospective employee, using evidence to support the decision. It may not be enough to have a single assessment by, for example, an occupational health department. The organisation should show that it has tried to offer adjustments and/or other resources without success. In this case it is necessary to audit and record the events leading up to refusal of placement or job offer. It is also possible for an organisation to discriminate if it is

### Box 2. Health and safety legislation and information

Health and Safety Executive:  
www.hse.gov.uk  
Infoline is HSE's public enquiry contact centre

Opening Hours  
8am-6pm  
Tel: 08701 545500  
Fax: 02920 859260  
Minicom: 02920 808537  
Email: hseinformationsservices@natbrit.com

HSE Infoline  
Caerphilly Business Park  
Caerphilly  
CF83 3GG

**Box 3. Workshop recommendations**

- Reasonable adjustment in the light of the DDA.
- Disability equality training for all staff including human resources and occupational health personnel, with an emphasis on ability, not disability.
- Mentoring of disabled students should include a positive acceptance of the student.
- Supervision and job coaching should be innovative where needed.
- Local guidelines for good practice should be set up taking into account legal requirements, national policies, advisory groups and local diversity initiatives (Box 1).
- Develop national and local resources to provide information. These may include websites, local resource bases and networks.
- Be fair to disabled students and staff. Like some non-disabled people, some people with disabilities will not be able to achieve the requirements of professional healthcare programmes. Educators must be careful in ensuring that they do not unwittingly set up individuals to fail, or prejudice them unfairly.
- Students should be encouraged to disclose their disability in a supportive, non-discriminatory environment. This should enable supervisors to help students make use of their strengths and find ways of developing appropriate coping mechanisms.

exempt from the DDA because it is a 'qualifying body' (DRC 2002b).

A qualifying body is one that confers qualification or registration, but does not itself offer training or education towards that qualification or registration. As such, the Nursing and Midwifery Council (NMC) is able to discriminate against people with disability because it is exempt from the DDA. This situation changes in October 2004 when the DDA is amended to include such bodies (Secretary of State for Work and Pensions 2002).

Reflecting on the literature and personal experiences, participants noted that staff attitudes were one of the greatest barriers. Much of the literature supports this. Freeney *et al* (1999) noted that the most significant barrier in the NHS for people with disabilities is inappropriate staff attitudes and behaviour. If these are directed to patients then staff and students with disabilities might also encounter the same attitudes. Wright (1997) suggested that there are stigmatised and prejudiced attitudes among the health professions towards deaf and hearing impaired professionals.

There was also agreement between the participants that healthcare professionals are ignorant about the meaning of disability and the effect their perceptions of disability can have on disabled individuals. French (1993) noted that a sizeable minority of people with disabilities experienced negative attitudes, especially when trying to gain access to training and during training itself. In contrast, negative attitudes from patients were rare. The training of staff to create a change in attitude towards disability equality issues is important (Brothers *et al* 2002b, Thomas and Eathorne 2001).

Participants suggested that a lack of understanding and misinterpretation of the DDA could lead to unintentional 'organisational discrimination' – a process in organisations that inhibits or prevents certain people from making contributions (SCA 2003). Participants argued that organisational discrimination might occur when:

- Equal opportunity policies are not robust.
- Funding is seen as an issue. Although NHS healthcare students have access to the DSA and the Department for Work and Pensions (Jobcentre Plus, Box 1) can provide financial assistance in supporting newly employed disabled people (or people newly disabled), not all managers and employees may be aware of this support.
- Managers are not aware of support available from external and internal sources, leading to a situation where reasonable adjustment seems difficult and could lead to misplaced prejudice.
- 'Central support' systems in universities and trusts may be at a distance, making it difficult for disabled students/employees and other staff to obtain the support they need.
- Communication networks between higher education institutions and clinical placement settings

may not be efficient. Although participants noted that there is generally a good link with the help of link tutors and committees, there is little discussion about disability issues and how both organisations can work towards the provision of support. It was noted by one of the participants that under the DDA there is a requirement for organisations to be 'anticipatory' in dealing with disability issues. Although each organisation may be doing this independently, there does not seem to be a link between universities and clinical areas in providing placement support for disabled students.

It was agreed that it is important to establish good communication links to support students with disability to ensure that barriers to achieving competencies are removed. However, this should not be done in such a way that academic, care, fitness for practice or health and safety standards are compromised.

**Removing the barriers and developing guidelines for good practice** Once the barriers had been identified, buzz groups were formed to enable participants to brainstorm ways of overcoming them. Developing guidelines for good practice was to be done following feedback from the buzz groups, but it appeared that there was an overlap between the two issues. The facilitators noted this, and following agreement with participants, both topics were dealt with together during feedback.

It was agreed that there needs to be partnership between universities and the NHS locally and nationally. Currently there is no nationally agreed recommendation for supporting healthcare students with disability in the clinical environment, and little research has been done in this area (Wright 2000).

The role of occupational health departments as 'gatekeepers' was also discussed (no occupational health professionals were represented in the workshops). Each NHS trust or primary care trust has its own policies regarding fitness for purpose and what defines a safe practitioner. This in turn affects how disabled students and disabled healthcare professionals are accepted in clinical areas. Other participants noted that the lack of national standards may lead to confusion over what is required in assessing new applicants as being 'fit for practice'. The NHS is expected to provide evidence of progress on diversity, including meeting the criteria to use the employment service's 'Two Ticks' disability symbol, which demonstrates an employer's good practice in employing disabled people (DoH 2000).

Several of the participants told stories of students who were rejected on health or health and safety grounds by one trust, but not by another. This demonstrates that there is variance nationally. The recommendation from the workshop was to develop rapport with occupational health departments to ensure equity of health and health and safety assessment by trusts.

Although many other topics were discussed in the workshops, the recommendations shown in Box 3 give an overview of the discussion. The final point in Box 3 led the participants to discuss issues of disclosure. One suggestion was that the higher education institute should let the placement area know that the student has a disability. However, this may prove difficult in relation to the DDA (Data Commissioner 2002). It was agreed that it would be beneficial for students to self-disclose as part of their professional development, and to work with colleagues to develop appropriate learning and teaching strategies. Under the DDA if a student requests confidentiality this must be given (if the request is not overridden by other legislation, for example health and safety).

In accessing courses or requesting reasonable adjustments, it is the students' responsibility to declare their disability and to what extent it affects their clinical placement, without fear of being perceived as a problem or hindrance to colleagues. Many students do not declare or disclose this information for fear of being rejected and/or discriminated against (Blankfield 2001). Healthcare students need to feel they will be adequately supported by their professional colleagues, managers and lecturers. Occupational health departments should be well educated on disability issues and be able to respond effectively to staff and students needing advice and support.

Staff education is important as this will help promote positive attitudes in the workplace towards staff and students who are disabled. Such education needs to be integrated into the culture of the organisation through disability etiquette and awareness and this will in turn have a positive impact on patient care. Positive attitudes to disability could dispel many of the myths of employing people with disabilities (Thomas 2000). There are efforts to develop positive attitudes towards educating and employing disabled people, such as the Deaf People's Access to Nursing project (Scullion 2000).

It will require some effort by clinical staff, managers and higher education institutions to ensure that the appropriate support is in place, because it has not been built into the culture of health care and healthcare education. Participants from higher education noted that once an organisation is geared up to support disabled individuals, over time it becomes part of regular practice and is not noted as 'extra work'. To enable such a paradigm shift, support mechanisms need to be put into place.

**Support mechanisms** A number of organisations and policies were identified as useful resources, offering legal and policy information on disabled people's access to the healthcare professions (Box 1).

It was also suggested that information could be made available to staff on websites, at resource bases, during local and national networking events on disability issues, by sharing expertise with other

colleagues through a variety of national, regional and local events, including (as examples) 'teaching/training sessions', team meetings, higher education/clinical meetings and 'over coffee'.

In both clinical and academic environments assessment must be fair to all students. It is important that higher education institutions and NHS trusts are aware of local assessment mechanisms and how they may impact on people with disability. Disabled students must be given the opportunity to succeed, however, there is a risk of not completing if difficulties do arise and a realistic approach should be adopted so that students are not set up to fail. The role of higher education is to ensure that appropriate placements are found, and the trust's responsibility is to ensure that reasonable adjustments are made in the clinical area.

In the workshop it was suggested that other organisations, such as the Learning and Teaching Support Network (Centre for Health Sciences and Practice: [www.health.ltsn.ac.uk](http://www.health.ltsn.ac.uk)), the royal colleges, professional bodies, unions and publishers of professional journals and books, could follow up, and report on, examples of good practice in relation to supporting disabled healthcare students in the clinical environment and actively encourage the support of disabled professionals and students in the clinical environment.

Participants suggested that accommodating students with disabilities may promote a positive image of the healthcare professions and reduce the impact of discrimination. Eathorne (1990) experienced the effects of discrimination during her nurse education and subsequently as a registered nurse, and is keen to give hope and encouragement to other people with a disadvantage (Thomas 2000).

It will require some effort by NHS staff, managers and higher education institutions to ensure that appropriate support is in place. However, once support systems are in place they also benefit students without disabilities. Clinically based assessment, like academic assessment, is required to be fair (but not of a lower standard) and to allow students to demonstrate they have developed the appropriate skills and knowledge (Eathorne 2003).

**Practical ways of supporting students with disabilities** The expert in the clinical placement, most of the time, will be the student. It is important to listen to what students say and develop a rapport that will be beneficial to the student, the team and patient care. For example, a student who has diabetes may request breaks at certain times to accommodate his or her dietary and medical needs. A student with a hearing impairment may want to sit in a certain place during team discussions to make best use of hearing aids.

It is the students' responsibility to declare their disability and the extent to which it may affect their learning and delivery of patient care in the clinical placement. Disclosure should be without fear of

#### Box 4. Practical support mechanisms for students with disabilities

- Encourage students to disclose any particular support needs in a non-discriminatory supportive environment.
- Listen to students – they will be the experts on their learning and other needs.
- Provide clear instructions and expectations – discuss how these can be met (without lowering academic or care standards).
- Ask the student to repeat instructions and expectations (or write them down) if necessary.
- Encourage the student to keep a pocket book for notes.
- Offer the opportunity to review new skills before using them with patients.
- Make time to discuss new learning and ongoing practice.
- Make use of the link tutor, or the student's personal tutor, when required.
- Be flexible and innovative in finding ways of helping disabled students to learn skills (for example, how can you help a student with one arm learn to give injections).

Further reading


HCP-Disability web site (prototype): [www.shef.ac.uk/~md1djw/HCPdisability/home.html](http://www.shef.ac.uk/~md1djw/HCPdisability/home.html)

being perceived as a risk to patients, a problem student or a hindrance to colleagues. Many students do not declare or disclose this information for fear of being discriminated against. Other ways of providing practical support are shown in Box 4.

If disabled people are to become an integral part of the caring professions, it is necessary for the professions, health organisations and higher education institutions to provide appropriate support for them. The participants noted that little research has been undertaken into disabled people's access to the healthcare professions and recommend that trusts, universities and other organisations consider the need for such research.

Conclusion

This article has described two workshops on the implications of educating healthcare students and professionals who are disabled. Participants discussed how barriers can be removed and how a

supportive environment can have a positive impact on the professional lives of disabled students and employees, and non-disabled employees; promoting a positive image of the healthcare professions. Scullion and Eathorne (2001) and Eathorne (2002) have noted that workshops or conferences on disability issues can have a positive effect. The participants of the workshops left with renewed commitment to implement changes in their own workplaces to provide a supportive environment to healthcare students and professionals with a disability. Like many participants in national workshops, they may only meet once. Because of this it is not possible to know if these workshops will influence local, regional, national or international practice. It is hoped that as a minimum, participants will develop a tacit knowledge that may in turn influence personal practice. However, if the NHS is to represent the population it serves, people with disabilities must become a part of the professional teams delivering care 

REFERENCES

Atherton J (2002) *Tacit Knowledge and Implicit Learning*. <http://www.dmu.ac.uk/~jamesa/learning/tacit.htm> (Last accessed: October 27 2003.)

Benton D (1998) Networking. *Learning Disability Practice*. 1, 2, 29-36.

Blankfield S (2001) Think, problematic and costly? The dyslexic student on work placement. *SKILL Journal*. 70, 23-26, July.

Brothers M et al (2002a) Rights of access to services for disabled people. *British Journal of Therapy and Rehabilitation*. 9, 6, 232-236.

Brothers M et al (2002b) Disability law and employment: what does it mean to staff? *Nursing and Residential Care*. 4, 2, 60-63.

Carol R (2003) *Nurses with Disabilities*. [www.minoritynurse.com/features/nurse\\_emp/01-27-02h.html](http://www.minoritynurse.com/features/nurse_emp/01-27-02h.html) (Last accessed: October 27 2003.)

Data Commissioner (2002) *Principles of Data Protection*. <http://www.dataprotection.gov.uk/principl.htm> (Last accessed: October 30 2003.)

Department of Health (2002) *Financial Help for Health Care Students*. Fifth edition. <http://www.doh.gov.uk/pdfs/financialhelp6.pdf> (Last accessed: October 27 2003.)

Department of Health (2000) *Working Lives: Programmes for Change*. <http://www.doh.gov.uk/iwl/lbl.pdf> (Last accessed: October 28 2003.)

Disability Rights Commission (2002a) 'Can't do nursing with one hand!' – Nikki Heazell proves everyone wrong. <http://www.drc-gb.org/newsroom/newsdetails.asp?id=244&section=1> (Last accessed: October 27 2003.)

Disability Rights Commission (2002b) Disabled medical student's career dashed by GMC. [www.drc-gb.org/newsroom/newsdetails.asp?id=258&section=1](http://www.drc-gb.org/newsroom/newsdetails.asp?id=258&section=1) (Last accessed: October 28 2003.)

Eathorne V (2003) *Supporting Health Care Students with Disability in the Clinical Environment: a Workshop*. The Educational Challenges and Opportunities of Working Together, March 19-20, Edinburgh Conference Centre, Herriot-Watt University, Edinburgh. [www.health.ltsn.ac.uk/FestivalOfLearning/FoL2003Edinburgh/edinburghfol.htm](http://www.health.ltsn.ac.uk/FestivalOfLearning/FoL2003Edinburgh/edinburghfol.htm) (Last accessed: October 27 2003.)

Eathorne V (2002) Health and social care disability awareness. *Journal of Community Nursing*. 16, 1, 13.

Eathorne V (1990) I shall overcome: Interview by Daloni Carlisle. *Nursing Times*. 86, 47, 50-52.

Freney M et al (1999) *Working in Partnership to Implement Section 21 of the Disability Discrimination Act 1995 Across the NHS*. <http://www.doh.gov.uk/pub/docs/doh/section21dda.pdf> (Last accessed: October 28 2003.)

French S (1993) Experiences of disabled health and caring professionals. In Swain J et al (Eds) *Disabling Barriers – Enabling Environments*. London, Sage.

Long S (1996) Primary health care team workshop: team members' perspectives. *Journal of Advanced Nursing*. 23, 5, 935-941.

NHS Careers (2003) *The NHS as an Employer*. <http://www.nhscareers.nhs.uk/nhs/index.html#equality> (Last accessed: October 27 2003.)

NHS Executive (2000) *Looking Beyond Labels. Widening the Employment Opportunities for Disabled People in the New NHS*. <http://www.doh.gov.uk/nhsequality/lookingbeyondlabels/index.htm> (Last accessed: October 27 2003.)

Nursing and Midwifery Council (2002a) *Code of Professional Conduct*. London, NMC.

Nursing and Midwifery Council (2002b) *Requirements for Pre-registration Nursing Programmes*. London, NMC.

Scullion P (2000) Disabled people as health service employees. *Nursing Management*. 7, 66, 8-13.

Scullion P, Eathorne V (2001) Positive attitudes. *Primary Health Care*. 11, 7, 18.

Scullion P et al (2002) Education for all. *Learning Disability Practice*. 5, 2, 8-10.

Secretary of State for Work and Pensions (2002) *Disability Discrimination Act 1995 (Amendment) Regulations 2003*. [www.dti.gov.uk/ler/equality/disabilityregs.pdf](http://www.dti.gov.uk/ler/equality/disabilityregs.pdf) (Last accessed: October 28 2003.)

Social Care Association (2003) *Glossary of Social Care Terms*. <http://www.socialcareassoc.com/resources/glossary/o.htm> (Last accessed: October 28 2003.)

Szczepanski A (2002) Workshop educates staff council leaders about roles, teaches new skills. *Michigan Nurse*. 75, 7, 6-7.

Tanner J, Hale C (2002) The workshop as an effective method of dissemination: the importance of the needs of the individual. *Journal of Nursing Management*. 10, 1, 47-54.

Thomas S (2000) Label conscious. *Nursing Standard*. 14, 49, 22.

Thomas S, Eathorne V (2001) Access denied in primary care. *Primary Health Care*. 11, 4, 25-27.

Umiker W (1989) Networking: a vital activity for health care professionals. *Health Care Supervisor*. 7, 3, 65-69.

Wright D (2000) Educational support for nursing and midwifery students with dyslexia. *Nursing Standard*. 14, 41, 35-41.

Wright D (1997) *Deaf People's Access to Nurse Education*. [www.shef.ac.uk/~md1djw/HCPdisability/deafaccess/deafpaps/barrier.pdf](http://www.shef.ac.uk/~md1djw/HCPdisability/deafaccess/deafpaps/barrier.pdf)

Wright D, Eathorne V (2003) *SENDA: The Implications for Educating Healthcare Students and Professionals: A Workshop. Examining Options – Applying the DDA to Exams and Assessments in Higher Education*, December 2-3, Manchester. SKILL conference <http://www.skill.org.uk> (Last accessed: October 31 2003.)