



# RUTH PROWSE

## SCHOOL OF ART

### DISABILITIES POLICY

Students disadvantaged by physical and/or mental disabilities have been and continue to be subjected to various forms of marginalisation and exclusion. As a result, many persons with disabilities do not enter into higher education. Ruth Prowse School of Art NPC strives to support students with disabilities who wish to enter into the visual arts. The institution also endeavours to increase assess, where possible, for staff with disabilities.

The purpose of this policy is:

- To make explicit the role of the Ruth Prowse School of Art with regards to disabilities
- To define the parameters regarding and in relation to disabilities
- To clarify the rights and roles of staff, students and visitors regarding disabilities

#### Definitions

- **Disability** The UN Convention on the Rights of Persons with Disabilities (2007) recognises that disability results from the interaction between persons with impairments and attitudinal and environmental barriers. It recognises persons with disabilities as those persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
- **Discrimination on the basis of disability** refers to imposing any distinction, exclusion or restriction of persons on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, on all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It encompasses all forms of unfair discrimination, whether direct or indirect, including the denial of reasonable accommodation within a social setting.
- **Reasonable Accommodation** refers to necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.
- **Universal Design** means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

#### Students with disabilities

It is the intention of the School to accommodate all students, where possible, regarding a list of designated disabilities. Exclusions are based on the historic nature and architectural design of the building, and the educational demands presented within the visual, practical and theoretical contexts of the Diplomas offered at the School.

It is the intention of the School to accommodate, within reason, students with medically diagnosed disabilities with the exception of those whom the implementation of universally designed environments is impossible to accommodate. It is the responsibility of each student to disclose their disability as the School cannot accommodate or facilitate issues which they know nothing about. The question of disabilities is first presented to students in the registration forms which are signed at the beginning of the education year. It is a question to be filled in within the student registration form. Students are informed regarding the Schools policies on disabilities via the study guidelines which are presented in hard copy to each student at the beginning of the educational year.



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A disclosure is requested in the form of a letter written by an independent professional. The contents of the document must give a detailed account of the student's disabilities in order for the School to facilitate full and effective participation within the learning process. The document must state the nature of the disability, the effect that it will have on the student's studies, how the institution can facilitate teaching and learning and the timeframe of the disability. The student needs to disclose the disability before the School can accommodate and facilitate the required actions.

Disclosure which results in a retroactive process of evaluation and accommodation will be at the discretion of the School. A student who is diagnosed during an academic year will be subject to evaluation by an external medical practitioner or professional consultant who is required to give professional feedback regarding whether the student has been disabled during the student's academic time and to what consequence regarding teaching, learning and evaluation. The diagnosis may verify physical, mental or addictive disabilities which may result in poor attendance, failure or a lack of optimisation of the educational process by the student.

It is at the discretion of the School to change evaluation processes or re-evaluate a student based on external professional motivations. Students with dyslexia will be offered verbal assessments for theory or a combination of verbal and written. Students with disabilities may be allowed additional time to submit work for evaluation. Students with hearing impairments are facilitated by detailed support notes for theory and practical, the lecturer ensuring that face to face contact is maintained for those that lip read, or the lecturing wearing any support technology linked to a cochlear implant, and sub-titles on all visual support material shown in lectures if available on the media. Students may be supported with additional one-to-one briefing sessions if there are cognitive difficulties. If a student is required to take a leave of absence due to the diagnosed disability, it is at the discretion of the School, based on professional advice, as to how the leave will affect the student's studies and required attendance. It is possible that a student be offered a deferred exam based on medical grounds.

Any disclosure of a disability will be deemed private and confidential within the institution; yet formal internal disclosure procedures are followed in order to facilitate the optimal functioning of pedagogical scenarios. The necessary information will be dispersed to all relevant lecturers and staff members with whom the student interacts in order to accommodate and create optimal universal designs for learning. Professional remedial help which is outside of the School's universal design capabilities is the responsibility of the student.

#### **Communication**

Students are requested to communicate their disabilities in writing to their Head of Department who will bring it to the attention of the Executive Head. A meeting will be held between all relevant parties to discuss the institution's ability to facilitate the successful education process of the student within the specific programme. Where possible the institution will accommodate and make use of universal design practices to optimise students' participation within the teaching, learning and assessment processes.

The school acknowledges that the administrative and academic staff are not qualified to make any medical diagnoses. For this reason, a diagnosis from a medical practitioner is required especially with regards to applications to the Academic Board for exceptions to the rule such as extended submissions and alternative assessment processes.



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If a staff member has an account of a possible disability or disorder with a student or staff member based on ongoing poor or deteriorating academic performance and interaction, the lecturer must report this to the Executive Head in writing.

It is in the best interest of the lecturer to be discrete, yet reporting of psychiatric disorders, additive tendencies, or other disorders which are accommodated based on disclosure and continued medical supervision are seen as an act of protection for the student and other students, staff and the institution at large.

If a student has an account of a possible disability or disorder which another student or staff member displays, the student must report this either to the Student Representative Council (SRC), a Course Co-ordinator or to the Executive Head either verbally or in writing. From here either the SRC or Course Co-ordinator must report the incident to the Executive Head who will hold a meeting with the relevant parties with the intention of facilitating and improving the situation.

The Executive Head has both a digital file and hard copies of information pertaining to all students with disabilities and disorders which the institution is aware of. All reported incidents will be added to the file in order to have a detailed recording of all information related to the students.

#### **General Conduct**

It is expected that all who enter the School act in a civil manner without intent to harm. It is at the discretion of the School to remove or suspend a student who contravenes this safe environment and negatively impacts on the quality of education. The School endeavours to facilitate all students within the list of possible disabilities and disorders which are physically possible to accommodate.

#### **Staff**

Staff members are not required to disclose a disability or disorder when applying for a position at the School, yet non-disclosure advocates non-facilitation therefore it is in the staffs' best interest to disclose issues which effect their work and job description. There will be no adverse repercussion from the School for non-disclosure after the fact, except for sex offenders and applicants with criminal records. It is at the discretion of the School to do a background check on any lecturer applying for a position at the School.



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Accommodation of disability?	Type of Disability
YES	<p>Attention deficit disorder with/without hyperactivity (ADHD):</p> <p>ADHD refers to a chronic disorder that initially manifests in childhood and is characterized by hyperactivity, impulsivity and/or inattention. Not all of those affected by ADHD manifest all three behavioral categories. Can lead to difficulty in academic, emotional, and social functioning. May be associated with other neurological, significant behavioral, and/or developmental/ learning disabilities.</p>
YES, but only on condition that the student can function independently	<p>Autistic spectrum disorders:</p> <p>Autistic spectrum disorders impact the normal development of the brain in the areas of social interaction and communication skills. Students typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities, find it hard to communicate with others and relate to the outside world. - A medical practitioner, preferably a specialist (paediatrician or psychiatrist) must diagnose students.</p>
YES, on condition of disclosure and continued medical supervision	<p>Behavioural/conduct disorder (incl Severe behavioural problems):</p> <p>Students with behaviour / conduct disorder usually have little concern for others and repeatedly violate the basic rights of others and the rules of society. Children and adolescents act out their feelings or impulses in destructive ways. Offences often grow more serious over time. Such offences may include lying, theft, aggression, truancy, the setting of fires, and vandalism.</p>
NO, as the School offers programmes that fall within the visual arts sector	<p>Blindness:</p> <p>Loss of useful sight. Blindness can be temporary or permanent. Damage to any portion of the eye, the optic nerve, or the area of the brain responsible for vision can lead to blindness. &lt;3/60 in the better eye, after maximum correction.</p>
YES, but only on condition that the student can function independently	<p>Cerebral palsy:</p> <p>Cerebral palsy describes a group of chronic conditions affecting body movements and muscle coordination. Caused by damage to one or more specific areas of the brain, either traumatic, infectious, or developmental. Major types include spastic, dystonic, athetoid and ataxic and they can be quadriplegic, diplegic or hemiplegic. A medical practitioner must make the diagnosis.</p>
YES, but only on condition that the student can function independently	<p>Deafness:</p> <p>Students who experience a <u>severe</u> hearing impairment and who depend on specialised educational support. Hearing must be assessed through an auditory test and the hearing loss should be more than 61 dB at 0,5; 1; 2 and 4KHz in the better ear</p>
NO as the School offers programmes that fall within the visual arts sector	<p>Deaf-blindness:</p> <p>Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs different from children with deafness or children with blindness.</p>
YES, but only on condition that the student can function independently and on condition of disclosure and continued medical supervision	<p>Epilepsy:</p> <p>Disorder caused by the sudden overactivity of brain cells and characterized by repetitive attacks of a diverse nature. Seizures (or convulsions) occur when there is abnormal electrical discharge in the brain. This may be triggered by chemical imbalance or a structural abnormality. Seizures differ in cause, nature, severity, management and long term effect.</p>



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YES, but only on condition that the student can function independently	Hard of hearing: Students who experience a moderate hearing impairment and who are in need of additional specialised support. Hearing must be assessed through an auditory test and the decibell loss must be more than 31dB for persons under the age of 15 and more than 41dB for persons 15 years and older
	Mild to moderate intellectual disability: Students with an intellectual disability have significantly lower than average intellectual ability and deficits in social and adaptive functioning, that is, limitations in such areas as communication, social, daily living or movement skills. Students with mild to moderate intellectual disability are academically functioning on level below 75% of that of their peers. (See moderate to severe intellectual disability below) IQ tests are no longer administered considered administered appropriate
NO, as the programme needs will not be fulfilled	Moderate to severe/profound intellectual disability: Students with moderate to severe/profound intellectual disability are academically functioning on a level below 50% of that of their peers. Some identifiable causes include: hereditary factors; chromosome abnormalities, such as in Down Syndrome; brain damage before or at birth; brain damage after birth due to illness or accident; malnutrition or other deprivation in early childhood.
	Partial sightedness / Low Vision: Low vision is impairment of visual functioning even after treatment, e.g.an operation and/or standard refractive correction (has been given glasses or lenses) and has a visual acuity of less than 6/18 to light perception, or a visual field of less than 10° from the point of fixation (i.e. 20° across) but who uses, or is potentially able to use, vision for the planning and/or execution of a task
NO, due to the constrains of the building	Physical disability: Students with a significant physical disability that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying.
NO, as the programme needs will not be fulfilled	Severely intellectually disabled: Students who experience severe intellectual disability and are more than two years behind their peers.
YES, but only on condition that the student can function independently	Specific learning disability: A specific learning disability is a disorder in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written) language or nonverbal means. This disorder manifests itself with a deficit in one or more of the following areas: attention, reasoning, processing, memory, communication, reading, writing, spelling, calculation, coordination, social competence and emotional maturity.



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<p>YES, on condition of disclosure and continued medical supervision</p>	<p>Psychiatric disorder:</p> <p>These disorders must be diagnosed by a psychiatrist or psychologist and could include:</p> <p>Personality disorders: Mental illnesses that share several unique qualities. While many disorders vacillate in terms of symptom presence and intensity, personality disorders typically remain relatively constant.</p> <p>Adjustment disorders: Disorders in this category relate to a significantly more difficult adjustment to a life situation than would normally be expected considering the circumstances.</p> <p>Mood disorders: These include those disorders where the primary symptom is a disturbance in mood. In other words, inappropriate, exaggerated, or limited range of feelings, e.g. bipolar disorder, major depression disorder, etc.</p> <p>Anxiety disorders: The primary feature is abnormal or inappropriate anxiety such as Acute Stress Disorder, Obsessive-Compulsive disorder, Phobias, Posttraumatic Stress Disorder, etc.</p> <p>Psychotic disorders: The major symptom of these disorders is psychosis, or delusions and hallucinations. Delusions are false beliefs that significantly hinder a person's ability to function, e.g. schizophrenia</p>
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(DHET questionnaire 2010)



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