

# Guidelines for Including Volunteers with Disabilities in Museum Work

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## **Acknowledgements**

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## **Disclaimer**

This tool kit should only be used to evaluate the **potential** abilities and limitations of individuals. It should not be used as a method of assessing medical conditions or disabilities. The use of this tool kit is wholly at the individual user's risk. The authors and project team accept no responsibility for any injury or death caused in the use of the tool kit or in the user's subsequent actions.

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## Introduction

Disability is no longer a barrier to being included in a range of social activities. As a consequence of anti-discrimination legislation employers, educational institutions, public bodies and service providers are required to make reasonable adjustments so that *'disabled persons are not placed at a substantial disadvantage in comparison to persons who are not disabled'* (Disability Discrimination Act 1995). Disabled people are now included in many areas of employment, education and other aspects of society. In the same way, potential volunteers with a disability can be included in museum work. The Disability Rights Commission document, Recruiting, Retaining and Developing Disabled Volunteers (see: 'Useful Contacts') outlines the benefits of taking on volunteers with disabilities, including:

- access to a pool of useful, skilled and available talent.
- developing an awareness of disability amongst volunteers helps to improve customer care.
- an organisation's reputation can be enhanced.

The guidelines are divided into a number of sections each one dealing either with background issues or specific guidance.

|                     |                                                                                                                                                                                                                                                                                                            |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability          | This section of the report provides a background to the nature of disability in the UK today, as well as a short explanation of the theory that underlies the legislation.                                                                                                                                 |
| Legislation         | This chapter gives a more detailed overview of the disability discrimination legislation. It explains the legal definition of 'disability' and the obligations of employers and service providers, including the making of 'reasonable' adjustments, as well as the legal position of disabled volunteers. |
| General Guidelines  | In this chapter general issues covered relate to knowledge and understanding, access to buildings and making reasonable adjustments. Guidance for good practice is provided, including aspects such as attitude, successful inclusion, coping mechanisms, peer support, social aspects and wider benefits. |
| Specific Guidelines | Guidance is provided in relation to specific disabilities, including dyslexia and other learning difficulties; hidden disabilities; visual impairments; hearing impairments; restricted mobility; mental health difficulties; Asperber's Syndrome and Autism.                                              |
| Useful Contacts     | This section gives a list of useful contacts for further information with regard to the various issues raised in these guidelines.                                                                                                                                                                         |

## Disability

Demographically, people with impairments make up a significant proportion of the UK population with one in seven people meeting the Disability Discrimination Act definition of disability (Disability Rights Commission 2006).

There are many myths about what disability actually is and who the 'disabled' are. To some, it is the wheelchair user or person using crutches. However, the reality is very different; these individuals make up only a very small proportion of disabled people. Disability covers a wide range of different conditions and impairments:

- sensory impairments – sight and hearing
- fluctuating or recurring conditions like epilepsy or ME
- progressive conditions such as Motor Neurone Disease, Cancer and MS
- organ specific conditions, like heart, liver or kidney disease, and asthma
- developmental conditions such as dyslexia and Asperger's Syndrome
- learning difficulties
- mental health difficulties
- restricted mobility.

The main point to emphasise is that it is not always apparent whether someone has a disability as the vast majority of disabilities are not visible and would only come to light if the person told you about it or if an incident occurred. These 'hidden' disabilities can however have a major effect on the quality of someone's life and their ability to carry out normal day-to-day activities.

Another myth is that the legislation now requires employers and service providers to go to excessive lengths to include everybody in the activities they are involved in by making major physical alterations. The legislation requires employers and service providers to make 'reasonable' adjustments in the light of practical and financial resources. For example, access ramps to County Council offices, libraries or a theatre, as well as the public areas of museums, can be argued to be 'reasonable' as these are public buildings and an accessible service should be provided for all users. However, a different solution may be considered to provide appropriate access into a temporary office where some short-term work is being carried out; it is up to the employer or service provider to justify and document that decision.

It is important to understand that not everyone will be able to do everything; providing an environment and adapting tasks where all things can be done by all people is unrealistic. For some people, restrictions in their ability may preclude them from certain tasks. The criteria used to establish whether a person can do a specific task should be based on their individual ability, what they can actually do. The legislation requires us to examine the nature of a task and then determine if, 'reasonably', it can be done in another way. The fact that it has always been done in a particular way is not a valid response. People have to be dealt with on an individual basis to discover the possible adjustments that may have to be made for them as a person with unique capabilities and limitations.

Making reasonable adjustments need not be onerous or financially crippling as long as it is approached in the right way through communication, flexibility and common sense.

## Disability Theory

There are several 'models' of disability that have attempted to define disability and the barriers that an individual with an impairment can face in society. Models of disability are not merely a series of exclusive options where one is perceived to be superior to another, but they provide us with a continuum of how society's attitudes towards disability have changed over time. These are important as the tension between them has provided the context for the drafting of the recent legislation. The three major models are outlined below.

### **The medical model**

This considers a person with a disability as 'ill', a subject for treatment, cure and care with the focus on the individual. This is how many people still see disability.

### **The charitable model**

This sees a person with a disability as a tragic individual. They are an object of pity who need to be cared for and protected from the rigours of everyday life. The disabled person is often segregated from mainstream society.

### **The social model**

This shifts the emphasis away from considering that there is something 'wrong' with a person with a disability to the view that disabled people are often excluded from participating in everyday activities because of the physical, social, economic and attitudinal 'barriers' created by society. This model focuses on the need for society to change.

Some aspects of the social model have had an important impact on the anti-discrimination legislation. This is especially the case with the anticipatory requirement for service provision and providing the rationale for making reasonable adjustments.

## The Legislation

The major piece of legislation that covers disability discrimination is the Disability Discrimination Act (DDA) 1995. This was supplemented and amended by the Disability Discrimination Act (DDA) 2005. The new Equality Act 2010 which came in to force on 1 October 2010 simplifies the anti-discrimination legislation by combining it all within one Act of Parliament. The legislation targets issues of employment and the provision of services and does not directly cover volunteers; however, it provides a legal definition of disability and establishes the principle of making 'reasonable adjustments'.

### Definition of Discrimination

Discrimination against a person with a disability is defined as:

- treating them less favourably than other people because of their disability
- failure to make any required 'reasonable adjustments' for a person with a disability
- victimisation or harassment.

### Reasonable Adjustments

In respect of all aspects of an activity, and the physical features of premises where this activity is carried out, there is a duty to make reasonable adjustments so as not to place a person with a disability at a substantial disadvantage in comparison with people who are not disabled. In deciding what is 'reasonable', the following factors can be taken into account:

- effectiveness
- practicality
- financial and other costs
- the extent of financial and other resources
- the availability of financial or other assistance
- the extent to which it would disrupt other activities
- does not compromise the health and safety of people within a given environment.

### Disability Discrimination Act 1995

Part 2 of the DDA 1995 deals with employment issues and places a reactionary duty on employers, with Part 3 of the DDA covering service provision placing an anticipatory duty on service providers.

### Definition of disability

In a strict legal sense a person with a disability is defined as someone who has:

*'A physical or mental impairment which has a substantial and long-term adverse affect on their ability to carry out normal day-to-day activities' (DDA 1995)*

The specific terms in this definition require further explanation.

### Impairment:

The underlying cause of an impairment is not important, what is important is the effects the impairment has on a person's ability to carry out their day-to-day activities.

Recognised impairments include:

- sensory impairments – sight and hearing
- fluctuating or recurring effects – e.g. ME, epilepsy
- progressive – e.g. Motor Neurone Disease (MND), Muscular Dystrophy, Cancer, HIV, Multiple Sclerosis (MS)
- organ specific – asthma, cardiovascular disease, liver and kidney disease
- developmental – autistic spectrum disorders, dyslexia, dyspraxia
- learning difficulties – difficulties with processing the information used for learning

- mental health conditions/diseases, including personality and behavioural disorders
- injuries to the body or the brain.

Individuals will have differing degrees of these conditions, so for some they may have only a small range of the accompanying traits or impairments, whilst others will have considerably more. Some people will be covered by the DDA from the point of diagnosis, even though impairments are not necessarily impacting on their function (e.g. MS, Cancer and HIV) as amended by the Disability Discrimination Act 2005.

### Exceptions:

The following are not considered to be disabilities in the legal sense:

- substance addiction (the addiction itself is not seen as an impairment, but its effects can constitute an impairment e.g. liver disease or depression resulting from alcohol abuse)
- hay fever
- arson
- kleptomania
- a pre-disposition to physically or sexually abuse others
- exhibitionism
- voyeurism
- tattoos and non-medical body piercings.

### Substantial and adverse effects:

This is defined as a limitation going beyond the normal differences in ability which exist among people. In assessing this, several factors need to be taken into account including:

- the time usually taken to carry out an activity
- the way in which an activity is usually carried out
- environmental conditions e.g. temperature, humidity, lighting.

Note that progressive impairments such as cancer, HIV and MS are classified as 'substantial' from the moment of diagnosis.

### Long-term effects:

The definition of whether an impairment has a long-term effect is:

*'It has lasted at least 12 months and is either likely to last 12 months or likely to last the rest of a person's life. These limits do not apply to people with HIV, MS or cancer, who are defined as disabled from diagnosis.'*

This includes fluctuating or recurring impairments, if these are likely to recur.

### Normal day-to-day activities:

An impairment is considered to have an effect on an individual's ability in one or more of the following cases:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- perception of the risk of physical danger.

These should be interpreted and applied in the broadest sense, as it is impossible to compile a complete list of normal day-to-day activities. They do not refer to the detailed

or specialised aspects of a particular task; however, many aspects of tasks still involve normal day-to-day activities.

An impairment may not directly affect someone in carrying out normal day-to-day activities, but it may affect the way in which they carry out those activities e.g. because of pain, fatigue or medical advice.

## **Disability Discrimination Act 2005**

The DDA 2005 also introduced a number of new duties including a number relating to Public Authorities:

- the need to eliminate discrimination that is unlawful under the Act
- the need to eliminate harassment of disabled persons that is related to their disabilities
- the need to promote equality of opportunity between disabled persons and other persons
- the need to take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons
- the need to promote positive attitudes towards disabled people
- the need to encourage participation by disabled people in public life
- for the public body to publish a Disability Equality Scheme (DES) with an associated action plan.

## **Equality Act 2010**

The Equality Act 2010 replaces several pieces of existing anti-discrimination law with the aim of simplifying the legislation into one single act. The new Equality Act 2010 came in to effect on 1 October 2010 and tackles discrimination in a wide range of areas including ethnicity, gender and sexual orientation, as well as disability. The purpose of the Act is to encourage and support a society in which:

- people's ability to achieve their potential is not limited by prejudice or discrimination
- there is respect for and protection of each individual's human rights
- there is respect for the dignity and worth of each individual
- each individual has an equal opportunity to participate in society
- there is mutual respect between groups based on understanding and valuing of diversity and on shared respect for equality and human rights.

## **Volunteers and the Anti-Discrimination Legislation**

Volunteers with a disability are not directly covered by the anti-discrimination legislation which, at present, is targeted towards issues of employment and the provision of services. There are only three areas where a disabled volunteer would receive the full protection of the legislation:

- where the volunteer has a legal contract;
- a work placement as part of vocational training; and
- where an organisation uses volunteering to assess an individual's suitability for employment.

However, even though the picture regarding volunteers is not clearly defined, the principle of not discriminating against a disabled person is well established. The situation remains fluid. In 2009 Volunteering England set up the 'Volunteer Rights Inquiry' in response to a number of high profile cases of volunteers being poorly treated by volunteer involving organisations, including issues of disability. The interim report (see: Useful Contacts) considers a number of options:

- a change in the law

- an Arbitration Service
- a Volunteer Complaints Commissioner
- a Volunteer Ombudsman.

A final report is due during 2011, and whatever the outcome it is likely that museums using volunteers will be expected to fulfil a number of duties in relation to volunteers who have a disability.

## Discussion

The legislation, in the form of the DDA 1995, DDA 2005 and the Equality Act 2010, provides a particular legal definition of disability. It also sets out what constitutes 'discrimination' and what are the obligations of employers and service providers. It also establishes the principle of 'reasonable' adjustments to ensure that people with disabilities are not discriminated against. At present this does not cover disabled volunteers, but it is unlikely that this will remain the situation in the future.

Although there has been a lot of effort put into defining the terminology used in the legislation, much of the language still remains vague; this is especially the case for what actually constitutes a 'reasonable' adjustment. This vagueness should be viewed as something positive as it allows for greater flexibility. Not every situation is exactly the same and a set of exhaustive and detailed 'rules' would not be able to cover every single event. Individuals with the same disability can also be very different to one another. Nonetheless, as time goes on, case-law will start to develop and frame what is determined to be 'reasonable' and 'unreasonable'. Another factor is that the legislation only provides us with a 'legal' definition of disability; how do people with disabilities view themselves? Indeed, do they actually see themselves as 'disabled' at all?

If an impairment is just something that stops you from doing a particular thing for either physical or cognitive reasons, then perhaps we have all experienced impairment at some point in our lives? An interviewee who has Multiple Sclerosis provided a view of the experience of being disabled:

*'I think with sensitivity, and being aware that we all have disadvantages of one sort or another things could be a lot more inclusive than they are at present. I am sure that if the idea that we cannot all do everything could be got across, it would be a lot better. That is being a human being, not a disabled person.'*

Disability is not just about theoretical frameworks, nor legislative definitions, it is fundamentally about people and a set of 'attitudes': how people with disabilities see themselves, and how others see them. This goes beyond any Act of Parliament or abstract theory, and yet it is crucial to successfully implementing the 'spirit' of the legislation and we should always aim to promote an inclusive approach to service delivery and employment.

## General Guidelines

### Successful inclusion

Disability is a very individual thing; one person's condition will be very different from another, even if they are 'labelled' with the same disability. Each person must therefore be dealt with on an individual basis, which means that detailed advice and provisions will not be applicable to every single case and only general recommendations can be made.

There are four basic factors that will lead to the successful participation of volunteers in museum work:

- an attitude of acceptance;
- open discussion to facilitate planning;
- flexibility in providing adjustments/alternatives; and
- a recognition that ability is an attribute that will change and develop with experience and time.

Attitude is often the greatest barrier. Of the greatest importance is the approach taken to, and the attitude of other people towards, disability. This includes fostering the understanding of different levels of ability within a particular group of volunteers, as well as amongst staff.

Peer support is potentially of very great importance. This may be difficult as it can raise issues of confidentiality, but it is often something that tends to happen naturally and grows organically, and should be encouraged. It may also reduce the amount of special provision that has to be made, to the benefit of both the volunteer and the museum. The provision of support workers and mentors for individual volunteers can also be a successful strategy. Indeed, difficulties with particular tasks are not always due to a disability.

The social aspects of working as a volunteer in a museum are something that is also extremely important, and may be one of the main reasons why an individual has volunteered. Full participation in the social aspects of working in a museum needs to be ensured along with the other activities.

An open discussion of the type of work a volunteer will participate in will facilitate successful participation, and will ensure that a volunteer has full access to the relevant facilities, environments, tasks and activities.

Many adjustments involve basic practical solutions rather than major practical difficulties or financial implications. Making provisions for people with a disability need not be difficult or costly if it is approached in the right way. Many museums will already have a specific disability policy, or it can be incorporated into existing policies, procedures and working practices.

There is also a danger of over-compensating when implementing adjustments or providing assistance. Some individuals may even take exception to special arrangements being made for them. Experience shows that once an individual has had a task explained and shown to them, they should be allowed to find the easiest way to do it themselves. The result is that they work out their own adjustments through supervised trial and error.

An individual's abilities are not static but dynamic, changing and developing as they gain more experience and are able to extend their perceived limitations. It may be that adjustments needed when a volunteer commences work in a museum could be lessened or even abandoned later on.

### Making reasonable adjustments

The first thing to emphasise is that, in reality, not everyone can do everything. This applies to both disabled and non-disabled people, and is certainly the case with some of the work involved in museums. For the purposes of audit and to demonstrate an organisation's commitment to meeting the requirements of the legislation and inclusive agenda, it is important to document discussions and reasonable adjustments and to review these on a regular basis.

Making adjustments does not have to be difficult; it will involve five main things:

- an attitude of acceptance and understanding
- communication – discussing the situation with a volunteer with a disability, they will know what they are capable of doing
- flexibility – finding other ways to do a job
- common sense – finding what is practical and will work, and not over-compensating for someone
- regular reviews/appraisals of the situation and of any adjustments.

### **Acceptance and understanding**

The basic knowledge and understanding of disability can be gained through Disability Awareness Training, which should be made available to all staff to help promote the inclusion of all volunteers. Museum work is very much about team effort and personal interaction and Disability Awareness Training will be of benefit to everyone involved.

### **Communication**

An understanding that most disabilities are not particularly ‘visible’ is essential. As part of a two-way process, there should be a willingness to understand this on the part of the museum and a willingness to supply full information on the part of a disabled volunteer. This will be most successful where the volunteer is fully aware of their potential abilities. For activities that they have not done before a method of self-evaluation such as the ‘Museum Volunteer’s Tool Kit’ can be of immense value for informing this process. A volunteer can also advise on any technological aids, which will help in making any provision easier. It is therefore important to encourage the full disclosure of any impairments by the volunteers, while emphasising the confidentiality of this information.

Preliminary discussions with individual volunteers to identify their potential abilities and limitations can help in formulating a strategy whereby they can fully participate in a range of activities. The boundaries for disclosure of confidential information to museum staff and other volunteers can also be set, and medical, Health and Safety and risk factors assessed. If deemed necessary, individual Risk Assessments can be written; this may be particularly relevant for fire egress. This is part of the process of foreseeing potential difficulties and making appropriate plans.

### **Flexibility**

More pragmatic and viable solutions lie in the way in which work is managed; it is simply a case of being prepared to be flexible and make changes if necessary.

The question that has to be asked is: can the work be done in another way so that a specific individual can undertake it? Saying that a job has always been carried out in a particular way is not good enough. Making adjustments is about treating each case individually and finding out if there is a ‘reasonable’ way to include a person with a particular disability as a volunteer.

### **Common Sense**

With a willingness to be flexible and consider whether there is another way that a particular task can be done, most adjustments become simple common sense.

### **Review**

A regular review of the provisions is an important part of this strategy as it ensures that any special arrangements will reflect the changing nature of ability, and any provisions made will not become a set of rigid ‘rules’. A successful strategy that can enable the development of volunteers’ abilities and greater participation can be achieved where as few adjustments are made as possible.

The adjustments that might have to be made can include:

- making adjustments to premises and aspects of the physical environment such as furniture
- flexible working hours
- giving them, or arranging for them to be given, training

- acquiring or modifying equipment
- modifying instructions or reference manuals
- providing a reader or interpreter
- providing extra or targeted supervision, or special mentoring.

### **Access to buildings**

Normally, the public areas of museums will be fully accessible for visitors with a range of impairments. However, some of the working areas in museums may not be so accessible. In considering making alterations the cost and feasibility can be taken into account and advice on this can be found in the list of useful contacts at the back of these guidelines. However, other options can also be considered such as moving the location of specific activities to more accessible parts of the building if this is possible.

### **Physical**

This is the actual physical provision that has to be put in place in order to allow for the inclusion of people. It may involve cases such as providing wheelchair access or simply supplying written material in alternative formats for dyslexic or visually impaired volunteers. This is what the general perception of providing access involves. The provision of what is 'reasonable' needs to be considered carefully in each individual case.

## Specific guidelines

This section of the guidelines looks at the issues surrounding some of the main impairments that are represented amongst the population at large and the factors that may be involved. It suggests specific areas that may have to be considered, especially with regards to providing reasonable adjustments and health and safety, and where further advice and information can be found.

It is important to stress that each volunteer should not be stereotyped; the need is to understand how an individual's impairment may impact on a specific role. Each volunteer should be considered on an individual basis regardless of the 'type' of their impairment.

### 1. Including volunteers with dyslexia and other learning difficulties

A learning difficulty is not indicative of below average intelligence, it is simply a difficulty in receiving and processing information in what is seen to be the usual way. Indeed, dyslexia, dyspraxia and similar conditions can be understood simply as a different spatial awareness. The effect it actually has will vary greatly from individual to individual and may, but not always, include:

- effective communication and comprehension
- difficulties with reading and writing, especially spelling, and with detailed information
- poor organisational skills
- with dyspraxia, possible difficulties with balance and hand-eye coordination.

#### Key action points:

- the provision of written materials in different formats and different colours
- the provision of coloured overlays and screen readers
- specialist IT equipment, although most computers already possess the necessary facilities such as spell checkers
- the careful checking of records and written materials; this may already be part of normal working procedures
- one-to-one instruction/supervision
- special training courses
- dyspraxia – individual Risk Assessments.

#### Key sources of information (see section on 'Useful Contacts'):

- Foundation for People with Learning Disabilities
- British Dyslexia Association
- Dyslexia Action.

### 2. Including volunteers with hidden disabilities

This covers a range of disabilities including diabetes, asthma, epilepsy, chronic fatigue syndrome (ME), heart conditions, cancer and similar conditions.

- the effects on an individual may be primarily physical, especially fatigue
- there may also be cognitive effects
- medication
- some conditions may be fluctuating or recurring, e.g. epilepsy and ME.

#### Key action points:

- a full understanding of the capabilities and limitations of an individual
- medication and dietary needs, and the facilities to deal with these
- flexible working practices
- specialist office equipment
- individual Risk Assessments.

**Key sources of information (see section on ‘Useful Contacts’):**

- Equalities and Human Rights Commission
- Diabetes UK
- Cancer Research UK
- Epilepsy Action.

### **3. Including volunteers with visual impairments**

These can range from people who are partially sighted to those who are totally blind. It does not include people who wear glasses to rectify their vision; it refers to people whose vision causes them ‘substantial’ difficulties with conditions such as tunnel vision or peripheral vision. The criteria for ‘partial vision’ can be obtained through the RNIB.

**Key action points:**

- health and safety will be an overriding concern with aspects such as safe access to, and through, buildings
- the provision of written materials in different formats and different colours
- the provision of coloured overlays and screen readers
- specialist IT equipment
- individual Risk Assessments.

**Key sources of information (see section on ‘Useful Contacts’):**

- Royal National Institute of Blind People.

### **4. Including volunteers with hearing impairments**

The two main issues with impaired hearing are communication and Health and Safety.

**Key action points:**

- establish the preferred method of communication; note that hearing aids may have limited effectiveness under certain conditions such as in crowded rooms
- the provision of information in a written format if necessary
- when attracting their attention, do not approach them from behind
- individual Risk Assessments
- aids to communication, e.g. induction loop.

**Key sources of information (see section on ‘Useful Contacts’):**

- Deafworks
- Royal National Institute for Deaf People.

### **5. Including volunteers with limited mobility**

This will include volunteers with a range of conditions including arthritis and RSI, which will restrict their level of mobility and will include wheelchair users. It is important to note that some conditions may be progressive.

**Key action points:**

- people with limited mobility will have very individual abilities and limitations
- access to buildings and facilities
- flexible working practices
- special equipment
- individual Risk Assessments – health and safety, including fire egress, will be paramount, not just for the individual concerned, but also for other volunteers.

**Key sources of information (see section on ‘Useful Contacts’):**

- Arthritis Care
- Access Association
- Centre for Accessible Environments
- Multiple Sclerosis Society
- Motor Neurone Disease Association
- Parkinsons UK
- Spinal Injuries Association
- Stroke Association.

People with limited mobility know what they are capable of doing better than anyone else. Discussions on possible limitations and reasonable adjustments are essential.

## **6. Including volunteers with mental health conditions**

There is a great amount of stigma surrounding mental health and people with a mental health condition may be very reluctant to declare it. It is also very much a ‘hidden’ disability.

**Key action points:**

- establishing boundaries for disclosure and confidentiality
- flexible working practices – they may have ‘good’ days and ‘bad’ days
- medication and the facilities to administer
- provision of a ‘support’ worker.

**Key sources of information (see section on ‘Useful Contacts’):**

- MENCAP
- Mind

## **7. Including volunteers with Asperger’s Syndrome and Autism**

Asperger’s Syndrome is part of the Autistic Spectrum and the issues surrounding this and Autism may include communication and comprehension, as well as personal interaction, restricted and repetitive behaviour. It is not indicative of below average intelligence.

**Key action points:**

- effective communication
- special training
- one-to-one instruction/supervision
- provision of a ‘support’ worker.

**Key sources of information (see section on ‘Useful Contacts’):**

- Autism Resources
- Asperger’s Syndrome Association.

## Summary

Making museum work accessible to all volunteers is not a difficult task if it is approached in a thoughtful way and managed pragmatically. Not all of the measures or adjustments put in place will work the first time but, with a positive and flexible approach, solutions to difficulties can be found. The main factors involved are:

- a culture of acceptance - not everyone can do everything
- knowledge and understanding - methods of self-evaluation can enhance this
- dealing with every case on an individual basis - every individual disability is different
- flexible provisions and attitude - ability will change and develop with time and experience
- pragmatic, practical solutions - finding different ways of doing things
- regular reviews of general and individual procedures

The provisions made to include disabled volunteers can be of benefit to other volunteers and all museum staff.

## Useful Contacts

Downloadable resources and guidelines can be found on many of the websites listed in this section which are some of the major sources of advice and information.

### Legislation

Disability Discrimination Act (DDA) 1995. London: HMSO.

Disability Discrimination Act (DDA) 2005. London: HMSO.

Disability Rights Commission 2006. Employment and the Disability Equality Duty. Available at: [http://www.dotheduty.org/files/The\\_DED\\_and\\_employment\\_a\\_straight\\_forward\\_guide\\_2006.pdf](http://www.dotheduty.org/files/The_DED_and_employment_a_straight_forward_guide_2006.pdf) [accessed: 26/06/10]

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Government website:

[http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights\\_](http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights_) [accessed: 26/06/10]

Volunteer Rights Inquiry:

<http://www.volunteering.org.uk/WhatWeDo/Policy/Volunteer+Rights+Inquiry/Volunteer+Rights+Inquiry+qa.htm> [accessed: 04/08/10]

### Disability Awareness

National Register of Access Consultants: <http://www.nrac.org.uk/index.html> [accessed: 26/06/10]

DLF Disability Awareness Factsheet: <http://www.dlf.org.uk> [accessed: 26/06/10]

### Guidelines

#### Accessible Buildings:

BSI. 2009. The Design of Buildings and Their Approaches to Meet the Needs of Disabled People – Code of Practice. BSI 8300.

‘Approved Document M: Access to and the Use of Buildings.’ Available at: <http://www.planningportal.gov.uk/england/professionals/en/4000000000988.htm> [accessed: 26/06/10]

English Heritage 2004. Easy Access to Historic Buildings. Available at: <http://www.english-heritage.org.uk/publications/easy-access-to-historic-buildings> [accessed: 04/08/10]

#### Accessible Websites:

BSI. 2006. Guide to Good Practice in Commissioning Accessible Websites. PAS 78.

#### External Access:

English Heritage 2005. Easy Access to Historic Landscapes. Available at: <http://www.english-heritage.org.uk/publications/easy-access-historic-landscapes> [accessed: 04/08/10]

<http://www.fieldfare.org.uk> [accessed: 26/06/10]

‘See It Right’: <http://www.rnib.org.uk> [accessed: 26/06/10]

‘Good Practice Guidelines for Including Disabled Students in Archaeological Fieldwork Training’: [http://www.heacademy.ac.uk/hca/archaeology/features\\_resources/guides](http://www.heacademy.ac.uk/hca/archaeology/features_resources/guides) [accessed: 26/06/10]

'Inclusive, Accessible, Archaeology' (includes ASSET): <http://www.britarch.ac.uk/accessible> [accessed: 26/06/10]

'Inclusive Curriculum Project': <http://www2.glos.ac.uk/gdn/icp> [accessed: 26/06/10]

'Recruiting, Retaining and Developing Disabled volunteers':  
[http://www.vhscotland.org.uk/library/misc/DRC\\_Guidance\\_for\\_Volunteer\\_Opportunity\\_Providers.pdf](http://www.vhscotland.org.uk/library/misc/DRC_Guidance_for_Volunteer_Opportunity_Providers.pdf) [accessed: 26/06/10]

## Support Organisations

Access Association: <http://www.access-association.org.uk> [accessed: 26/06/10]

Action on Access: <http://www.actiononaccess.org> [accessed: 26/06/10]

Arthritis Care: <http://www.arthritiscare.org.uk> [accessed: 26/06/10]

Asperger's Syndrome Foundation: <http://www.aspergerfoundation.org.uk> [accessed: 26/06/10]

Autism Resources: <http://www.autism-resources.com> [accessed: 26/06/10]

Centre for Accessible Environments (CAE): <http://www.cae.org.uk> [accessed: 26/06/10]

Deafworks: <http://www.deafworks.co.uk> [accessed: 26/06/10]

Diabetes UK: <http://www.diabetes.org.uk> [accessed: 26/06/10]

British Dyslexia Association: <http://www.bdadyslexia.org.uk> [accessed: 26/06/10]

Dyslexia Action: <http://www.dyslexiaaction.org.uk> [accessed: 26/06/10]

Epilepsy Action: <http://www.epilepsy.org.uk> [accessed: 04/08/10]

Equality and Human Rights Commission: <http://www.equalityhumanrights.com> [accessed: 26/06/10]

Foundation for People with Learning Difficulties: <http://www.learningdisabilities.org.uk> [accessed: 26/06/10]

MENCAP: <http://www.mencap.org.uk> [accessed: 26/06/10]

Mind: <http://www.mind.org.uk> [accessed: 26/06/10]

MS Society: <http://www.mssociety.org.uk> [accessed: 04/08/10]

Parkinsons UK: <http://www.parkinsons.org.uk> [accessed: 04/08/10]

Royal Association for Disability and Rehabilitation (RADAR): <http://www.radar.org.uk> [accessed: 26/06/10]

Royal National Institute for Deaf People: <http://www.rnid.org.uk> [accessed: 26/06/10]

Royal National Institute of Blind People: <http://www.rnib.org.uk> [accessed: 26/06/10]

Sensory Trust: <http://www.sensorytrust.org.uk> [accessed: 26/06/10]

Spinal Injuries Association: <http://www.spinal.org.uk> [accessed: 04/08/10]

Stroke Association: <http://www.stroke.org.uk> [accessed: 04/08/10]

Volunteering England: <http://www.volunteering.org.uk> [accessed: 26/06/10]

Web Accessibility Initiative: <http://www.w3.org/WAI/Policy> [accessed: 26/06/10]

## **Museum and Heritage Organisations**

Association of Independent Museums: <http://www.aim-museums.co.uk> [accessed: 26/06/10]

Association of Local Government Archaeological Officers: <http://www.algao.org.uk> [accessed: 26/06/10]

British Association of Friends of Museums (BAFM): <http://www.bafm.org.uk> [accessed: 26/06/10]

CADW: <http://www.cadw.wales.gov.uk> [accessed: 26/06/10]

English Heritage: <http://www.english-heritage.org.uk> [accessed: 26/06/10]

Heritage Lottery Fund: <http://www.hlf.org.uk> [accessed: 26/06/10]

Historic Scotland: <http://www.historic-scotland.gov.uk> [accessed: 26/06/10]

Museums, Archives and Libraries Council: <http://www.mla.gov.uk> [accessed: 26/06/10]

Museums Association: <http://www.museumsassociation.org/home> [accessed: 26/06/10]

National Council for Voluntary Organisations (NCVO): <http://www.ncvo-vol.org.uk> [accessed: 26/06/10]

National Trust: <http://www.nationaltrust.org.uk/main> [accessed: 26/06/10]

National Trust for Scotland: <http://www.nts.org.uk/Home> [accessed: 26/06/10]

Northern Ireland Environment Agency: <http://www.ni-environment.gov.uk> [accessed: 26/06/10]

RCAHMS: <http://www.rcahms.gov.uk> [accessed: 26/06/10]

RCAHMW: <http://www.rcahmw.gov.uk> [accessed: 26/06/10]