

DRAFT TRANSCRIPT

>> Welcome, everyone. We are going to give it a few minutes for people to arrive. It has just gone 2 o'clock, so we'll wait 2 or 3 minutes and then I'll begin the introduction. But welcome.

For those that have joined already, feel free to use the chat at the bottom of the screen, and introduce yourselves to one another and to each other. I'll be kind of going through a bit of an introduction which will explain the Q&A and nature of the session today. So get yourselves comfortable and grab that brew -- I live in the north -- so that's either a cup of tea or coffee, not fermented alcohol, however tempting.

So the numbers are steadily creeping up.

I think what we'll do is make a start. Thank you for joining us this afternoon. My name is Brian Lutchmiah, I'm the chair of NADP and I welcome you to week 9 of the inaugural NADP virtual conference. For the first time ever we have nearly managed it my friends because next week is our final week we are having a networking event, from 3-4 pm next Wednesday afternoon. Feel free to sign up for that as and when you get some time.

DRAFT TRANSCRIPT

Hopefully you are in the right place, I'm pretty sure you are in the right place, not physically, obviously I mean virtually. The session we will be going on to shortly is called Teamwork Makes the Dream Work which I love as a title, I have to say. It is for academics and disability teams in working collaboratively and we are kindly joined by Idalina Rodrigues and Rachel Davies from De Montfort University and for the first time during the conference this will be a live webinar, so we haven't got a video, we have slides and such. Do bear with us because it will be new to us from an NADP perspective, but hopefully it will go very smoothly.

Note a few things before we do start. We have live captioning. Richard Purcell from Caption.Ed is very kindly supporting this week's session and for those that wish to have captions, you will have got the link directly to receive the captions alongside the Zoom session itself. There is a short video on the webpage which introduces the system. But we know from our own use and experience over the course of the conference that it's a very good piece of software that is being used, quite accurately, I have to say. I'm not saying that with a surprise in my tone. Although there is a slight amount of surprise, because you never really know,

DRAFT TRANSCRIPT

I have seen all sorts of captions in my time, they are not all appropriate.

The video of the presentation and the webinar transcripts will be on the website as soon as we can. We will be recording the webinar and captioning the webinar post-session. Feel free to use the chat page and share some practice et cetera. If you have any specific questions for Idalina or Rachel or both, please do add them to the Q&A tab. Obviously because it's a live session they will only answer at the end of the session. So please bear with us. I will be asking Helen Young who is on our board of directors and she's our Q&A expert -- she is -- she will be asking Idalina and Rachel the questions on your behalf. Jo Wilkie is our administrator as well and she'll be just making sure that things tick along smoothly. So you have any problems pop them in the chat and we will try and resolve them as we are able to.

I don't think there's anything else I need to add.

>> Richard has also put the link again for those needing captions into the thread as well, so if you haven't received it directly, look in the chat for the captions.

>> Thank you Helen, that has also reminded me,

DRAFT TRANSCRIPT

we have a couple of videos I'll talk about at the end of the session but she's kindly put the link into the chat if you need to refer to those.

So without further ado, I'm going to pass on to Rachel and Idalina. Enjoy.

>> Thank you, Brian. I'm going to try and share the slides that we are going to use. So crossing fingers that that works. So thanks Brian for having us both at the conference. My name is Rachel Davies and I work for the disability and support team at De Montfort University and I'll ask Idalina to introduce herself.

>> I'm Idalina Rodrigues, I'm one of the senior lecturers in the speech and language therapy team, and I'm also the clinical education lead. So the main focus of my role is supporting students with their clinical learning and placement learning whilst they are on our programme.

>> What we are hoping to talk about this afternoon is to give you some ideas about how we work collaboratively together as academics and a disability team and look at some of the benefits and advantages to everybody in working in a collaborative way.

However, I'm just having trouble progressing the

DRAFT TRANSCRIPT

slide. To give you background, the institutional context because that's quite key to this work. At De Montfort University we have a universal design for learning policy that operates across the institution and that clues within the student we team as well as among academics teams and as a result of that we are trying to find more and different ways to engage with learners across the institution. That can be so that we can enable students who perhaps wouldn't put themselves forward for individual support services to access the learning and the support that we offer. It makes sure that as wide a range of students benefit from the student we support service.

In addition to that we have a whole organisation approach to student wellbeing at the university and that's called HealthyDMU. As a result of that, student wellbeing is seen as everyone's business within the university whether you work in the library, disability service, you are an academic colleague or in the security team, we have all got a role to play in terms of enabling student wellbeing and make sure they have the information they need to keep themselves healthy.

The team I am part of is disability team, mental health and wellbeing service and international student

DRAFT TRANSCRIPT

support team and all of those teams and more within the university contribute to our course initiatives programme, that is student we support that is part of many, many undergraduate and post graduate courses throughout the university and its general focus is in a very broad sense on student wellbeing.

Over to Idalina.

>> Thank you, Rachel. What I really wanted to talk about was to tell you a little bit about our speech and language therapy programme at DMU and hopefully make it relevant to the context we are talking about today. We are a three year programme, students complete placement learning, so go out to placements within the east midlands to develop their skills in speech and language therapy and do it across a three-year programme.

The work we do is approved and regulated by professional bodies, so by the Healthcare Professions Council, who regulate allied health professionals amongst other healthcare professionals across the UK and we specifically are regulated by the Royal College of Speech and Language Therapists, because the students we are training, we are training in a way that is core to our principles at the university, but in the broader

DRAFT TRANSCRIPT

context of meeting the requirements of those professional bodies.

Our students complete placements and what they do there is kind of do the role work as a speech and language therapist but under the support and supervision of practice educators and they are qualified speech and language therapists.

What is key to note there is as speech and language therapists and that's my background, I'm a paediatric speech and language therapist by background, we are skilled in supporting individuals to reach their potential and facilitate strategies that support people given the particular needs they have.

Our students are working with people who are skilled and trained to support others which is key. Really important to remember that those speech and language therapists are working within a healthcare or education context wherever they are based and so they are not specifically employed by us as a university. So all of the work we do to support our students, they work closely with us but it's important to note they are not employed by us.

What I thought might be helpful is to give a little insight into the role of speech and language therapists

DRAFT TRANSCRIPT

and nature of the work but it has a relevance to the students we are supporting on placement.

One of the key roles is to be flexible and knowing that you might need to manage change depending on your client's response. If you are working with a client, you need to be flexible and responsive to them as well as considering what you need in that situation. There might be limitations for some of our students depending on where they are working. So one that springs to mind is if a student of ours is out working in the home of a client there might be limitations as to the physical space in that person's home or getting orientated in a particular way to work with them.

A key factor that Rachel and I often discuss as we work together is that our students are working in settings where a situation might need to be adapted to meet the client's needs. For example, if we have a student going out on placement and one of their roles is observing a child to learn a little bit about their speech and language and communication needs, they might need to be adaptable within that environment to meet the needs to get what they need to out of that session with the child. That might require what starts as a session sitting on the floor playing with the child, they

DRAFT TRANSCRIPT

might follow them into the playground or garden to get a real live sense of that child's communication.

It might be that -- I know we have talked in the past about a student who talked about the length of sessions and we needed to work through with that student that they might need to amend what they do within a session depending on a client, because the client might fatigue so the session needs to be shorter or they might not have got what they needed and the session needs to be longer.

Given what our students are needing to work in that flexible way, Rachel and I often discuss how we can best support them. One of the things that is important about placements and can often bring up some logistical opportunities and challenges, is that our placements -- we're based in Leicester -- and our placements are across the East Midlands region, so covering quite a wide area. For those of you from a bit further afield, we cover areas like Nottinghamshire, Derbyshire, Lincolnshire et cetera and a student might need to travel, have multiple bases across a day within a locality, and so we consider travel that our students need to experience.

As I said at the beginning, we are regulated by

DRAFT TRANSCRIPT

professional bodies and our students must demonstrate competencies across their knowledge and skills and so any support strategies that we put in place to support a student whilst on placement need to adhere to that guidance.

Thanks, Rachel. Next slide. Hopefully by thinking about the nature of our programme, there's a clear context for why Rachel and I and our respective teams work so closely together. Our students are made up from a diverse population we are really proud of. That includes students with a range of needs, and if you can see some examples on the screen, a recent year final year cohort of students we encourage them to look at material relating to their health needs or learning needs to us. I have put up some examples on the slide. You can see a range there. In a recent year where students have declared information regarding their health, and regarding their learning.

Students will or may be known to the disability advice and support team and it's helpful for Rachel and I and our teams to join up. We talk to students about making reasonable adjustments. So whatever the requirements of that particular placement they might be going into so it might be working with adults in

DRAFT TRANSCRIPT

a hospital setting or children in a school setting, we talk to students about given their set of circumstances what can be best done to support them whilst at the same time maintaining that level of patient care.

I think that's a really key piece of terminology for us in terms of adjustments and what can be made that's reasonable and I think it really makes us think about what is reasonable and what can happen in a setting for example what can be changed in the environment to support the student and also it's for the benefit of those that the student is working with. As I say to students, it's also for the student's own benefit and priority to make sure that we do what we can and we do what the student requires to give them access to the greatest range of opportunities and outcomes within a placement.

It's really important that students feel that they are able to work with us to get the most out of their placement. Given this role and I talked a little bit about what that might involve and what might happen in a particular setting, we talk to the students about what is possible and what might not be possible in a particular setting. Sometimes there can be despite our best efforts and intentions some tension between what the

DRAFT TRANSCRIPT

student requests or requires, the necessity to make sure there's the opportunity for them to demonstrate their learning, and the practicalities and logistics.

I have examples to talk through. I had a student not so long ago and Rachel and I discussed requested that given their set of circumstances that their placement was not more than X amount of miles away from the campus and their home that was quite close to campus because of the travelling that they need to do. The student's learning profile meant that in order to complete the programme they needed some paediatric experience and those placements that we had that were paediatric in focus that were local to the campus were community-based and therefore involved a lot of travel -- would involve a lot of travel in the day for the student. They would have multiple trips to make in a day. So we talked through with the student what that might mean for them.

Another example was a student who spoke to both Rachel and I about attend -- the possibility of attending placements in the afternoon only as that was one of the things that would support her given her health need. That student required working with an adult client group and when we talked to the person supporting her, they

DRAFT TRANSCRIPT

attended if the student only attended in the afternoon there might be limited possibility as to the groups she would see and miss the opportunity to interact with nurses and doctors and so it resulted in a blended approach where she attended some mornings and mostly afternoons. That was something Rachel and I worked on together to make that happen.

Next slide, please, Rachel. Before Rachel goes on to talk a bit more about how we support our students as whole groups and cohorts I wanted to give an example of how we work with students individually if they have declared a specific area of support that they require and crucially where they have given us consent to share that information with the practice educators, so with the setting they are going out into placement with.

My kind of key point here from this slide is that it's very much a joint plan, it's done jointly with the student. We ask the student if they made a declaration and told us a bit about particular area that they wish to discuss, it might be a particular health need, we discuss that with them and ask them to give us some information, not just the diagnosis but the impact and what are the strategies they use to support their learning. Then we draft a letter together with the student to the setting

DRAFT TRANSCRIPT

they are going to work in, talking about what the student themselves will do, strategies that they know already to support them, that they may have been supported to arrive at by discussion with teams such as Rachel's and their widest support network and we talk about the things we'll request from a setting and how this will fit in practically.

For example if rest breaks are a requirement, how will that work in a hospital ward. How might that work in a nursery school. We plan to try logistics allowing to do this as early in the academic year, she says with a smile, to give the student the most student to discuss with their family and friends support but also the official support networks that are available in the university.

So Rachel will talk about how we support our students as a whole group.

>> Thanks Idalina.

So up on screen I have just given you an overview of some work that I did with Idalina and her students in 19/20. Each academic year the programme that we device and work on together with the students changes somewhat because we try and be responsive to the needs of particular groups at particular times in their course. So in last academic year 19/20 we worked

DRAFT TRANSCRIPT

together with year, 1, 2 and 3 but in different ways.

The titles that you can see on screen are the titles of team taught sessions so we develop and deliver these sessions with the students and usually in a workshop style approach.

We try and make as many links as we can between the generic skills that we are asking students to develop for example presentation skills and the specific context of the speech and language therapy programme. For example when we were looking at presentation skills and how to feel confident about giving a presentation we put that in the context of presenting a client's case history within a multidisciplinary team meeting. So we worked together to develop this content and to teach it.

As well as delivering workshops embedded within the students' timetable, so they are there as their normal requirements, they are not an added extra, we have written some additional material that goes into the handbook for students around wellbeing topics and how students can access support for disabilities and for their wellbeing or generally whilst they are out on placement.

So this working closely together means that we learn a lot about one another does, I have learned an awful lot about the course and needs of the students

DRAFT TRANSCRIPT

within Idalina's course and we'll talk later in the session about the impacts of that.

But what I'd like to do now is give you a little bit of an idea of the activities that we might offer to students within these workshops. You'll see they are aimed not necessarily just at students who declare a disability, they are activities that are suitable for any student on the programme and people can access them in different ways. Some sessions will feel more relevant to particular students than others. But generally speaking everybody should be able to get something from each workshop we run.

I'm going to talk you through an activity we do with our first year students. This is closely linked into the HealthyDMU approach, that's our whole approach to wellbeing. What we try and do in that session is encourage the students to interact with all the information and support that's available to them on campus at the university but which they don't necessarily have a good awareness of or don't necessarily know how to find that information. So we use the HealthyDMU hub, an online portal, which they can book disability appointments and take part in activities and so on in the university.

DRAFT TRANSCRIPT

That is up on the screen and perhaps Helen if you would be kind enough to share that URL through the chat box people can look at that. It's an open website to give an idea of what we do.

I'll bring you on a brief tour of that website. Hopefully up on screen you can see the front page of the HealthyDMU hub. This is structured around the five ways to wellbeing I think most people will be familiar with as a model of wellbeing. Scrolling down, students can access a range of different types of information about various aspects of wellbeing through this portal.

They can book on to events so during a normal term time there are lots of face-to-face events but they can also book on to online events here and get financial information and student discounts here. This gives them access to a range of different categories of support. I'll choose one, the be active tab. If students have a look at this information there's a range of different services that they can access around physical wellbeing, taking part in sport and physical activity on campus.

This is a resource we encourage students across the university to interact with, but the healthy working workshop particularly drives them to look at this resource. Any student can access it on their phone on

DRAFT TRANSCRIPT

the app. So we encourage them to do that in the workshop and so I'm going to stop sharing the website now and show you the kind of activity we might ask them to do with that information.

So up on screen you can see a couple of case studies which we use with students to ask them to think about wellbeing and these were co-written by Idalina and I. We have Prakash, who is a first year student, who has a placement every Wednesday in a residential care home near Melton Mowbray. For people who aren't familiar with Leicestershire, that's about 20 miles outside of Leicester. It's a rural market town. The student lives in Leicester in halls and doesn't drive, so they have to travel to their placement by bus. This student has spoken to their GP about anxiety, particularly when travelling to unfamiliar places and he has a lot of worries and concerns about making the journey to placement.

Once he's on his placement he just comes home at the end of the day exhausted, lies on his bed, orders a Dominos and all of this is having a negative impact on his wellbeing, his motivation is very low. So students might choose to work on the Prakash case study or they might choose to work on Molly's. She's also a first

DRAFT TRANSCRIPT

year student who has some financial difficulties and as a result she's working a part-time job, taking all the shifts she can as a result of the financial problem. But as a result she's having some difficulties around managing her time and balancing her study and placement. That balance between placement responsibilities and other responsibilities is a key crunch point for speech and language therapy students and that's something they often come and discuss with Idalina and her colleagues. That's why we have included it in this case study. As a result she started missing some placement days and lectures either because she has to work or she's tired.

So we present students with these case studies and ask them to use the HealthyDMU website and we give them about 15 minutes to come up with fairly detailed plan of advice and suggestions for either Prakash or Molly, information that might be useful, place that they might go to on campus in order to resolve their particular dilemmas. When students have completed their activity with partners we ask them to share their advice and we use Mentimeter to gather their responses. The feedback from evaluations we have done with students about our programme has revealed to us that they find using Mentimeter in

DRAFT TRANSCRIPT

engaging in discussion on the course. That's partly because it's an anonymous tool, because people can put comments on up there and Idalina and I can respond to them within the workshops but students don't have to identify themselves as being the person with that worry. So it means people are freer and able to take part in discussion even if there is somebody who doesn't feel comfortable speaking up within a group setting. That has been a useful tool for us to engage students.

That is one example of the kinds of activities we do. And hopefully it's giving you an idea how we are linking together our students and the knowledge and Idalina and her team have as long as with our knowledge of wellbeing and mental health issues.

In order to work together in this way we think there are a number of elements that need to be in place within the organisation you are working in. I have written an oral for the journal about this in a bit more detail and the information about that is on the slide if you would like to take a look at it. In brief, it's important there is institutional support if you want to take on an embedded approach around wellbeing and disability. Because if there is an institutional support, you end up relying on people's good nature, but if

DRAFT TRANSCRIPT

people leave or move on or if their workload increases they may no longer have time or resources to take part in an embedded approach. So having an institutional support is really key.

It's important academic staff see wellbeing as part of their role because it's not traditionally part of an academic role other than as a personal tutor. So academics teams who have that idea that it's a part of their role is crucial. Both of us have found it's key to have time to work collaboratively. But we need to have three or four meetings across the year to get together and plan what we are going to do and work collaboratively to device material.

The disability team need to have as part of their role facilitating this embedded working, otherwise when our responsibilities increase, this is the kind of work that's easy to put to one side. So those elements we think need to be in place in order for this to be a successful approach.

So I'm going to hand over to Idalina now for the remainder of the presentation to talk about her perspective on how things have worked.

>> Thank you. As Rachel began to talk about, there's lots in place for us in order to work together and

DRAFT TRANSCRIPT

have some really clear benefits for us to work together and to work in this way. I certainly have a much better understanding of Rachel's role, so on a personal note knowing what as a member of staff is available to me as an academic member of staff in order to best support my clients, I know that I have got support from Rachel and her team.

As you can imagine and as everybody is experiencing at this time of huge change especially, the university is constantly working to make sure the facilities and the things that are available, so that HealthyDMU websites being updated given the current context. It's really helpful to be able to identify things earlier and be able to signpost those to our students and I know working with Rachel will give me the most up-to-date knowledge I can share with my students.

For us specifically as an SLT programme, as a programme that is regulated by the healthcare and professions council, engaging students very early on in their healthy wellbeing and seeing their role -- seeing it as part of their role that they have got a responsibility to maintain their fitness to practice, engaging them in that process of looking after their ability to do the role, getting them to think about that as a student sows the

DRAFT TRANSCRIPT

seeds for them going on to do that throughout their career. So from a continuing professional development perspective, we are getting them early in thinking about their responsibility to be fit to practice.

One of the things that we want to do a lot more of is collecting the feedback from the placement settings that the students are going into as well as the students themselves and colleagues and we have made changes and tweaks as you do along the way to the way we do things and so gathering feedback about the students' perspective and the practice educators' practice will be key in the way we work together in future.

Our professional body requirements are key to all we do and it is really helpful to work with a team who can work closely with students to talk about how the support from the university can help them whilst they are on placement, even though they are not on campus, they still have that support available to them.

Fundamentally to us as training allied health professionals, all of this really correlates to the role of a speech and language therapist and -- next slide Rachel -- that to me is a really satisfying way of thinking well actually what we're doing in our academic work while we are on campus really feeds into the SLTs of the

DRAFT TRANSCRIPT

future. So just as a few examples, work around healthy working and time management, those are all professional skills that an SLT is going to need in their career.

Encouraging students to think about what the challenges and opportunities and how we can overcome them as we did in the example Rachel showed with the examples, those are a key part of continuing development. So the students leave as qualified SLTs but go on to develop their career and we are embedding those skills. Rachel talked about presenting information and being able to present a client's profile, their clinical profile is a fundamental skill and helpful that we have given them the building blocks there.

I think crucially the work that we do with our final year students really is that bridge into being an autonomous clinician and those skills around managing time and workload are those they will continue to use on into their career. Thank you.

>> So that brings our presentation part to an end so I'll stop sharing the slides and at this point head over to Helen for any questions.

>> Firstly just to say thank you both Rachel and Idalina that was really brilliant as a presentation, a lot of

DRAFT TRANSCRIPT

food for thought there certainly. Danielle asked a question, does De Montfort has a academic disability lead on every course?

>> No and officially Idalina isn't our academic disability lead. Each tutor has -- academics have a job as disability support, so there are links between the facility structure and central disability team but my role is to go out and make links with people like Idalina who feel it would be beneficial to have some embedded input within their programme. So I may on some courses be working with several academics on different modules of the programme to embed different kinds of input.

>> Excellent. If I could just add in there, Helen, I think one of the things that work so well is given that the main part of my role is about supporting students when they are away from campus on clinical placements, we dove tail really well because a lot of the strategies and thinking around how we can support students that we do as a team, of course includes that support on campus. But there is often additional requirements and additional things that need to be thought of given that these students are going out to work -- they do a huge part of their learning away from campus so we need to think about how their needs can be supported and how

DRAFT TRANSCRIPT

they can be supported to achieve. So I think there's a real -- there's a natural fit there. For me as part of my academic team to link in with Rachel and her team so closely.

>> Yes I think that makes perfect sense.

Somebody else has asked do you also use the embedded training to highlight and consider the needs of different clients including those with disabilities in practice?

>> I think what works really well and Rachel kind of touched on that earlier is many of the examples that we use in our teaching when we're thinking about supporting others given the very nature of the role of a speech and language therapist we can also talk to students about working with people who have got speech language and communication needs which rarely exist in isolation. It's likely people have other difficulties and other needs and we don't -- it's very rare that you work with just the person who is on your case load, you work with their family and wider multidisciplinary team. So there are often really clear links -- to a student people that are entering a profession where they are going to be working with a range of different people, what's lovely is they get the

DRAFT TRANSCRIPT

academic kind of learning and on campus learning, if you will, about a whole range of different disabilities that people may have and the speech language and communication needs are associated with them, but also get to experience how the workforce themselves have a support network available to them.

Rachel.

>> I was going to look at it from a different angle, part of what we try and do with the embedded programme is secretly provide mental health support without people noticing. So one of the groups we are interested in supporting is students who never in a million years would put their hand up and say I need support, I have a condition, so this is one way of supporting them if you like as much as we can without people noticing.

So we draw on specialist knowledge and draw on strategies for supporting mental health and a range of disabilities within the embedded programme that we do. A good example of that is with some courses I do run workshops with them how to work effectively in a group when they have a group project and that draws heavily on our experience with working with students on the autism spectrum and we look at it from a position of

DRAFT TRANSCRIPT

difference. So we ask students to consider how they and their colleagues might have additional needs of various kinds and we identify disabilities but also put in caring responsibilities, being a commuting students and ask them to consider the impact of how they work in groups.

So there is specific disability support in there but it's not very obvious unless you know when you are looking at it and that's absolutely intentional because the stuff that's flagged up as disability support, some people already access and if you like this is for people who wouldn't see themselves as needing or wanting to be accessing that discreet support.

>> That's a really important point to make and the point of the inclusive agenda and reach the people who don't get support otherwise. Idalina, you mentioned examples of case studies and people having difficulties with travel across locations or only being able to attend things in the afternoons, I wondered have you found there has been any impact in terms of COVID-19 in terms of people being able to access things remotely which they couldn't do before.

>> Definitely. I almost feel there's two parts there, there's a bit of my academic work, I'm using that

DRAFT TRANSCRIPT

for a shorthand for on-campus, but also clinical learning in placement and I think we anyway pre-COVID if we can remember such a time, all our lectures were recorded, material goes up in advance in a modifiable format, I think that's what you call it, you can spot the not tech savvy person, but where students can have a PDF version and modifiable version of materials in advance et cetera, that has been really supportive for some students.

But again really helpful for students to be able to revisit something and go back to that. Exactly as you say now, just the talking -- we're in the time where we're talking to local services and providers about placements for the next academic year and there is that kind of discussion about work that can and will be done online. So for some of our students and I think of a few in particular, where in the past we talked about like cases like that student attending afternoon only might miss out on that multidisciplinary team in the morning, actually that might feel a bit different for the next academic year because it's very likely it would be happening online to some degree.

I think there are some new challenges for us especially in the health sector mainly about

DRAFT TRANSCRIPT

confidentiality and where students are going to access information that might be sensitive et cetera. I think that needs to be part of our risk assessment, to consider that. But I do see some real advantages for students where, you know, I might not have thought twice about saying we'll have to arrange a visit at that location, whereas now it might be can we see if we can set up something like this in order for us to have those discussions.

So I think telehealth is something that has always been there, so working with clinicians and clients working online is thing there and has been growing but of course due to recent events has shot up the priority list. There's some really exciting things happening. So a long answer to your question, so yes, I really think there has definitely been some challenges as we can all attest to, but I think some real advantages not just for physical access but support and supervision for a student when they are out on placement could be done in this way. So, yes.

>> Thank you so much. I'm just looking at the chat. People if you have any questions for Idalina and Rachel, it was such a thorough and thing presentation I know some of the questions were answered as she

DRAFT TRANSCRIPT

went along so that may be it. But do pop your questions in the Q&A box if you have anything.

Can you tell us about how the relationship developed initially? Was it the university --

>> We are lucky in that we are quite a big disability team so my role is entirely about doing this embedded work. I used to be a dyslexia specialist within the time prior to that. I'm lucky in that I have the luxury of time to go out and meet academics colleagues. We started a small project and then we spread by word of mouth. Initially I met Idalina, one of her colleagues passed her on to me or her to me, I'm not sure who it was and suggested we work together. It's really valuable having that as somebody's role because it does take time to go out and meet colleagues to build up relationships with them.

Part of my job is what I think of in kind of schmoozing and I go to things on campus with the intention of meeting colleagues like Idalina and finding out more about what I do and giving them the sales pitch for this approach.

>> I think it might have been a bond over schmoozing because that feels like kind of my role for arranging placements and things like that. I think

DRAFT TRANSCRIPT

I -- so my background is as paediatric SLT and I'm relatively new to HEI, the last three years, so I think for me there are lots of success stories and lots of case studies that we can think of that have had a positive outcome, but no doubt and really truthfully, it can be quite a challenging situation to think we need to get these outcomes -- we don't have the luxury of many, many placements in lots of different settings, how do we get the best outcome. I think it feels like quite a natural fit to say we need to support these students and we are expecting the standards -- the standards are incredibly high, we expect a lot of our students to enter not just the world of higher education but enter the working world as students really early on in their programme, in their course. So I do think it's our duty to kind of put that support round them.

I really like the point Rachel made about they are supporting the students as a whole group to get to some of those -- we work through those case studies and I'm sure there are students in the room and knowing from just talking to my personal tutees saying I won't have flagged that I had found that challenging, but actually now I have looked at that bit on HealthyDMU I am going to that class or am going to drop into the

DRAFT TRANSCRIPT

library support or go to the breathing space room for some time. That's helpful. So I think that's worked really well.

>> I think what I'd say is we have lots of anecdotal information from students saying as a result of this I have taken some action. What is really important to do and important to institutions and I haven't got a solution for it, is to provide hard evidence of this sort of approach. So it's not a quick and easy way to say we did this so achievement levels went up. I think it's about really creating a culture within a course where issues around disability and mental wellbeing are openly spoken about, where there's clearly inbuilt support, so it's clear to the students that the academic staff and the institution regard those as important issues and that they want to support them.

So it's about a cultural approach really, but it's kind of hard to pin down the value of that.

>> As you say there's so much anecdotal evidence and feedback from students which is still brilliant in itself. Do you have student ambassadors, who have benefited from the wider wellbeing at De Montfort or if you know of people with disabilities

DRAFT TRANSCRIPT

that have been on placements and it has gone really well, do you ever capture that in videos or anything to communicate with other students and reassure them from a student point of view?

>> As part of the course specific programme we donated and we do that really intentionally because we want it to be invisible. So we want it to be just part of what the academic offer is of their course. So we don't want anybody to notice it. So although I work for the disability team I never say I work for the disability team because half the room switches off because it's not relevant to them.

As a wider student welfare team we do use student ambassadors on a range of events and we do use them and also alumni to create like video materials we use in teaching. I don't know, Idalina, what you do with regards to that on your programme?

>> We, I think one of the things I find the most useful is the discussion with students in creating that document where I talked about where they talk about their specific situation because often -- so maybe not so much at a whole group level, but for those individual students sometimes it will come from of the student, they might say to me, "Have other students found this

DRAFT TRANSCRIPT

difficult? Or have other students been on placement here, what did they find?" what I do is openly say to students ever year is we have a buddy system where students are kind of buddied with the year above and can share that. That's done completely randomly, so there's no sort of allocation. So I will say specifically to students, maybe a student who went through the programme and was worried about requesting rest breaks on placement and when they have come back and I have said if there's a student in future who has those same queries how about going for a coffee with them and having a chat. That's not just in this strand of work, as a programme we're really -- it's that old adage, so speech therapy is a small world and we do try and foster that with our students and make them a cohort and they are really good at sharing with each other. So they almost make ambassadors of themselves and share with each other.

I think there is some -- I might stand at the front and say it, but there's some kind of value in another student saying, "If you talk to your clinician about this, that will be fine, or I have done that and got some support from that person, that has been really helpful." So they are great at using twitter and just even their

DRAFT TRANSCRIPT

own -- there will be the virtual learning environment feature we use for our programmes, they are very good at using that to talk to each other. And when prompted or asked, we are as a team quite good at putting them in touch with others. I would say it probably works a lot more informally than formally.

>> Sue has asked a quick question and I think we'll have time for this and draw to a close. What is the breathing space room?

>> The breathing space is an area on campus, it's kind of neighbouring our chaplaincy area, it's a quiet area, where we offer mindfulness courses, so students and staff can attend mindfulness on a daily basis in that space.

We also run personal development work shops within there. Other than that, there's a kind of quiet room which students can go in and have as a bit of a chill out zone. If they want quiet time but more social, there's a seating area and kettle, that kind of area, so students sometimes also use that as a quiet zone. So that's popular, for example, with students with autism spectrum conditions, they use that as a social space sometimes because there's other students to meet there but it's not as noisy and loud as perhaps some of the

DRAFT TRANSCRIPT

eating facilities on campus at lunchtime.

So any student or member of staff can use it. It's something that's underused actually. We are always encouraging people to use that, but it's lovely to have a secular space as well as the traditional chapel and prayer facilities and all of that.

>> Can I add to that, because my experience when we are talking about student wellbeing, it's so wide and when you are talking about working with departments like chaplaincy who I'm sure will be like all universities where there's an all faith and none, so you don't necessarily have to be religious or necessarily have a faith leaning. One of the things that came into my mind is the whole university approach which is what you are really digging into, the academic and professional services element, but also the institutional approach from a cultural point of view.

So I suppose my parting question would be has that been a top-down approach? Is that a cultural element that has been cascaded down from your professional team through to academic programmes or is it the other way.

>> I would say it starts in the middle and goes up and down, Brian, if you like. So the HealthyDMU

DRAFT TRANSCRIPT

approach like a lot of what we do at DMU their favourite year of working is to have a project for a year or two around a topic. So the HealthyDMU approach included senior managers and staff from around the university steering and building that project. Then it becomes university-wide and that's supported by everyone from the vice chancellor downwards. But it is developed from all staff and all levels of the organisation. So one of our key partners around health and wellbeing and certainly in the embedded programme I work on is the sports development team at the university.

So another course I work with was for them to provide some archery with that and I was the broker for that to happen. So you are quite right, it's teams across the university of all different types that kind of get included in this approach.

>> Thank you for that. That kind of sits where my thinking would be and I think working in professional services sometimes we get to a closed door or dead end and actually knowing that we have the abilities to influence hierarchically whether that's down or up -- and I'm not a fan of hierarchy, but I think you know what I'm saying -- I think it's good food for thought and I think there will be plenty of practitioners thinking how

DRAFT TRANSCRIPT

can I draw that into my organisation and how can I influence similarly. Because I think the model you have described today is very good one indeed.

>> Thank you.

>> Thank you for that. Is there any more, Helen?

>> No, I think that was all of them. That's the only ones I can see, I think looking at the time it'd be best to bring it to a close.

>> Okay. So a big thank you to Rachel and Idalina for the time after the preparation and also I'm aware for all the delegates we are in the midst of clearing in what is an exceptional challenging year. So thank you for taking the time to deliver the session today but also to those that are able to join us.

Before we close, I'd also like to thank Helen for pulling all those questions together as I said so expertly at the start of the session. As you will have noticed on the chat there are two videos that are up on the website for this week. The first is the accessibility revolution in AT, it has been kindly posted by Richard Nind and the second is modernising Solent University's disability service for the new decade. Do check those out. Please do access those as and when you need to.

DRAFT TRANSCRIPT

The booking is now open for next week's webinar which is A Potential New System Approach to Improving Students' Mental Health by the NHS and David Rose and Sue Tarhan. This was mentioned at the beginning of our session. But just to remind all delegates, please submit any photos and videos on what you have done to relax and support yourselves during lockdown. We'd be really interested to know. It has been a challenging time for all notwithstanding working in professional services, but right across the sector, across higher education. So being able to share your experiences and thinking about -- it'd be ironic if I did not say to look after our students' wellbeing in its broadest sense and to look after our own wellbeing in delivering that practice is of key importance, so your tips will be highly valued and welcomed I'm sure by ourselves and the membership.

My final point is we are still open to receive articles for our forthcoming journal. The closing date is 12 September. As and when you do get some time do feel free to contact the office and do submit your journal articles in the usual way.

Is there anything there I have missed Helen or Jo.

>> I don't think so.

>> Thank you ever so much for your time. If

DRAFT TRANSCRIPT

I can say to the panelists there has been a little bit of a change of plan so if I can switch off our videos and mics and if you can leave the meeting in an orderly fashion I'd be grateful. And take care of yourselves over this week and the coming weeks, look after your students, yourselves and each other.
Bye bye.