

## CHAPTER 7

### Power, Policy and Provision: disabling barriers in higher education in Wales

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#### **Introduction**

The Government has recently introduced, for the first time, legislative protection for disabled students in higher education in the form of the Special Educational Needs and Disability Act (SENDA) 2001. In response, Higher Educational Institutions (HEIs) have begun to change policies and practices towards disabled students. This chapter analyses this legislative initiative and the subsequent development of policy and provision towards disabled students.

I will concentrate on three main interconnecting issues - power, policy and provision. The first section of the chapter considers overarching issues of power, drawing on the social and medical models of disability and their potential influence on policy. For example the adoption of a social model implies a focus on rights, because it recognises that disability results from the social, environmental and attitudinal barriers within society. In contrast, the medical model encourages an approach that stresses student's needs rather than rights, because it is aimed at changing or compensating the individual, rather than challenging the barriers that exist. The second section reviews the policy agenda and priorities adopted by the Welsh Assembly towards disabled students in higher education. For example, how far has policy sought to achieve equality and inclusion for disabled people? The final section concentrates on the experiences and views of disabled students in one Welsh HEI of the impact of disability policy and provision.

#### **Power**

Definitions of disability powerfully influence the development of policy and provision. It has been argued that the dominant and most powerful model in defining disability has reflected a medicalised/individualised

stance (Oliver 1990). From this perspective, disability results directly from individual impairment and functional limitations, with an underlying assumption that human potential and ability are restricted.

This approach has increasingly been contested by disabled people. During the late 1960s and early 1970s the social model of disability was developed and the Union of Physically Impaired Against Segregation (UPIAS) adopted a definition which differed radically from previous approaches:

In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society (UPIAS 1976: 14).

From this perspective disability results directly from social, environmental and attitudinal barriers and not individual limitations. Policy and provision developed within a social model will, therefore, be aimed at dismantling the disabling barriers within society, whereas policy and provision developed within a medical model will be aimed at changing the individual.

Those with power are often in a position to define disability as social problems and protect their own self-interests and values. Once defined in this way, individuals become stigmatised and confined to social expectations of ability/dis-ability. This social construction approach accords with an 'everyday' account of social problems where the social problem is individualised and is seen as given, natural and absolute (Hulley and Clarke 1991). The so-called 'objective' criteria of disability are subsequently reflected in the development of policy and provision by those in influential and powerful positions. Therefore, the development and implementation of policy and provision in higher education could potentially be dependent upon who holds the power, defines the problem, and provides the solution.

The dominant approach towards disabled students in higher education has historically reflected a 'needs' led discourse with policy and provision aimed at resolving individual problems (see final section of this chapter.) However, a 'rights' discourse begins to challenge these power relations and practices (Armstrong and Barton 1999).

Closely associated with these power relationships is the use of

terminology that transmits dominant ideas and values. Stereotypical images and assumptions are maintained through the use of terms that are potentially stigmatising and might devalue individuals (Thompson 1998). The term 'special needs' was originally adopted to signify a move away from the medical categorisation of disability, but the term is 'now perceived by many as simplistic, pejorative and patronising' (Tomlinson 1995: 7). Nevertheless, 'having special needs' has become embedded in educational discourse and provision (Barton and Armstrong 2001: 704).

Arguably, legislation has also reflected this needs based approach with a medical definition sitting at the heart of the Disability Discrimination Act (DDA). The Act defines disability as:

a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities (DfEE 1995a: Part 1.1.1)

According to this definition, the 'effect' must be (i) 'substantial' (more than minor or trivial); (ii) 'adverse'; (iii) 'long-term' (likely to last at least 12 months); and (iv) affect 'normal day-to-day activities'. The definition focuses on the effect of impairment and not on the disabling barriers within society. This is reinforced in the DfEE's *Guidance on matters to be taken into account in determining questions relating to the definition of disability* (1995b). Where activities are categorised as 'normal' this means that others are treated as 'abnormal', thus reinforcing the stereotyping and stigmatisation of disabled people.

The Northern Officers Group, an organisation of disabled people involved in local government, has campaigned for the Government to adopt a contrary social definition:

A disabled person is a person with an impairment who experiences disability. Disability is the result of negative interactions that take place between a person with an impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it justify, disability (Northern Officers Group 2003: 1).

There is a concern amongst disabled people that unless legislation recognises the adverse effect of a medicalised conceptualisation of disability, policy and service provision will continue to view disability as an individual deficit.

The area of higher education was originally omitted from the DDA framework. HEIs were lawfully able to bar a disabled person just because they were disabled. In 1997 the Government set-up a Disability Rights Task Force (DRTF) to address the failure of the DDA. Its report *From Exclusion to Inclusion* (DRTF 1999) recognised the limitations of the definition of disability contained within the DDA, but retained the medical model approach. Issues relating to the provision of services for disabled students in higher education were considered and the discrimination that exists in post-compulsory education was condemned, but the report ignored claims of indirect discrimination. The DRTF (1999) recommended that higher education should be covered by civil rights legislation either as a separate section of the DDA or as separate legislation focussing solely on post-16 education.

In response the Government implemented the Special Educational Needs and Disability Act (SENDA) 2001, which addresses the exemption of higher education from the DDA and is now included as Part IV of the DDA. Since, September 2002 it has been unlawful to discriminate against disabled people or students on the basis of 'less favourable' treatment and HEIs are required to provide 'reasonable adjustments' where disabled students might be substantially disadvantaged. HEIs are required to change policies and practices, but if the interpretation remains within a medical/individualised framework the danger is that disability will continue to be viewed as stemming from abnormality and lack of ability. Notably, the language of 'special needs' persists and politicians and policy makers have continued to reinforce these stereotypical views of disability in the very naming of the Act.

The voice of disabled people has been largely absent and excluded in the development of legislation and policy (Oliver 1990; Drake 1999, 2002). Consequently, everyday assumptions of disability based on a medicalised conceptualisation and needs approach are mostly reflected in legislation, policy and provision. Admittedly, the Government has increasingly recognised the benefit of 'consultation' and 'participation' from under represented groups in the policy making process and has sought greater representation. However, as Arnstein (1969) argued, citizen participation ranges from non-participation (manipulation and therapy), through degrees of tokenism (informing, consultation and placation), to degrees of citizen power (partnership and delegated power).

The Government is in a powerful position to pick and choose who to include and exclude in the process of consultation and the outcome will

be greatly dependent on whose voice is heard. In the past, the Government has turned to traditional charities which are well resourced, powerful and often entrenched in medical model thinking, to represent disabled people. Campbell and Oliver (1996) have distinguished between these traditional charities *for* disabled people and organisations and coalitions *of* disabled people. Research by Drake (1992) demonstrated that the priorities voiced by organisations run by non disabled people *for* disabled people reflected issues of needs, whereas the priorities voiced by organisations led *by* disabled people reflected issues of rights and citizenship.

In summary, disability legislation, policy and provision has, historically, reflected the values and beliefs of those who hold power and the voice of disabled people has remained largely absent from consultation processes. Disabled people and academics have expressed their concern over this failure and argued that legislation and policy needs to accord with the experiences of disabled people. The failure to include a social model definition at the heart of the DDA could potentially result in the formulation of policy and provision aimed at meeting needs and offering compensation, as opposed to reflecting rights and equalising opportunities.

### ***Policy***

This section discusses the policy agenda in Wales towards disabled students in higher education and considers the priority and commitment afforded to disability issues by the National Assembly for Wales. It illustrates how the overarching issues of power have influenced the development and implementation of policy in Wales.

The statistics used throughout this section are based on Higher Educational Statistics Agency (HESA) data for 2001/02. Although these statistics provide evidence of low levels of participation in higher education by disabled students and demonstrate inequalities, it is important to remember that HESA data represents and reinforces a medical conceptualisation based on a student's 'disability'.

In 1998 parliament passed the Government of Wales Act, which established the National Assembly for Wales (Transfer of Functions) Order 1999. This enabled the transfer of the devolved powers and responsibilities from the Secretary of State for Wales to the Assembly to take place in July 1999. The National Assembly for Wales (NAW) develops and implements policy within allocated funds received from Treasury. A priority of the Minister for Education and Lifelong Learning,

Jane Davidson AM, and the Education and Lifelong Learning Committee was to ensure that a high level of education was available to all the people of Wales. The committee contended that education was the key to liberating talents, extending opportunities and creating wealth (NAW 2000).

In response, a number of high profile investigations and reviews into higher education have taken place in Wales over the last four years. These have comprised a *Policy Review of Higher Education* by the Education and Lifelong Learning Committee (NAW 2001), an *Independent Investigation Group on Student Hardship and Funding in Wales* (Rees 2001), a report on the *Patterns of Higher Education Institutions in Wales* (Ramsden 2002) commissioned by Higher Education Wales (HEW) and the Higher Education Funding Council for Wales (HEFCW), and *Reaching Higher – Higher Education and the Learning Country: A Strategy for the Higher Education Sector in Wales* (NAW 2002).

The Government announced in 1999 its objective of widening participation in higher education to include at least 50 per cent of young people aged below 30 by 2010. Central to issues of widening access, as part of the Welsh Policy Review of Higher Education, two of the major themes were social inclusion and equal opportunities. The Policy Review (NAW 2001: 35) recognised the important link between higher education and employment for disabled people and that higher education provides an opportunity for disabled people to reach their full potential. It further reported that disabled people were seven times more likely to be unemployed than were their non-disabled peers. The number of higher education students in Wales known to have a disability in 2001/02 represented 5.6 per cent of the student population. In order to achieve equality of opportunity and greater social inclusion, the under-representation of disabled students needs be addressed as part of the widening participation policy. The Ramsden Report (2002) contained a section on widening participation and discussed attracting students from non-traditional backgrounds, and referred to qualifications of entry, mature students, ethnicity and social class. However, it made no reference to disability. Welsh Assembly policy also failed to consider the issue of disability among ethnic minorities in their discussions on widening participation, even though HESA data for Wales indicate that only 0.2 per cent of disabled students were from an ethnic minority in 2001/02.

Disabled students were also absent from the written evidence

submitted by Higher Education Wales (2001) to the investigation into student hardship and funding. The evidence recognised the conflict between tuition fees and widening access and discussed this in relation to low-income families and mature students, but did not discuss the potential effect on disabled students. The investigation (Rees 2001: 30) did however recognise that disabled students experienced particular financial hardship

due to:

- (i) taking 'time out' from studies for health-related reasons;
- (ii) not being able to find work to supplement income;
- (iii) students living in university accommodation (often the most adapted and most appropriate accommodation) not being eligible for housing benefit;
- (iv) delays in receipt of Disabled Students Allowance (DSA) and inconsistencies in its allocation and administration.

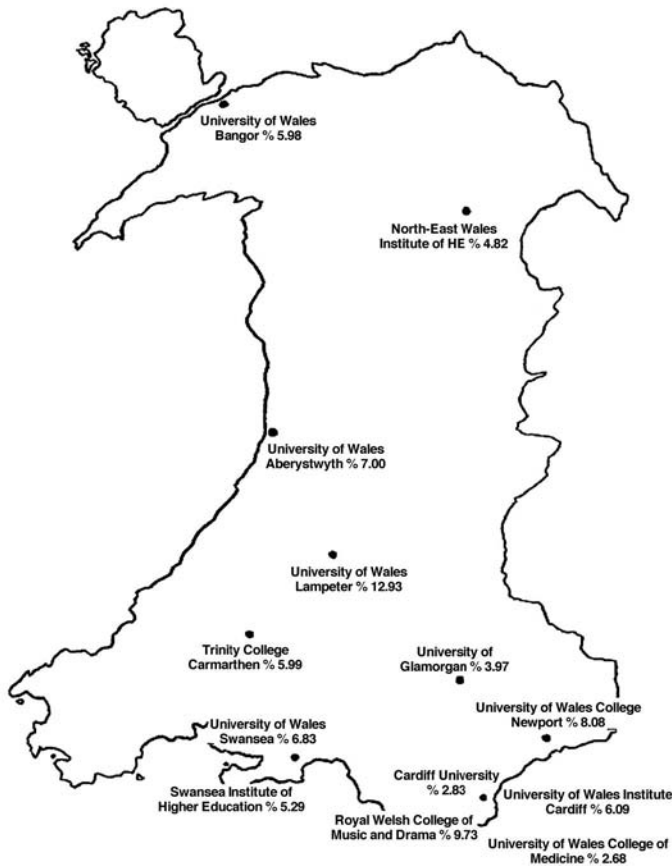
The investigation recommended an Assembly review into the anomalies between the support systems and benefits systems affecting disabled students. However, the Assembly felt unable to respond to this recommendation as Welsh policy must comply with overall UK policy.

The conflict between widening access and fees has been recognised by the Assembly and it has been agreed that the variable 'top up' fees announced by the Secretary of State for Education and Skills, Charles Clarke, in the White Paper *The Future of Higher Education* (DfES 2003) will not be implemented in Wales before April 2007 (NAW 2003a). Future responsibility for student support and tuition fees will be transferred to the Assembly in line with policy for Scotland and Northern Ireland (NAW 2003b).

The Policy Review recognised that the fear of debt was a barrier for students from poorer backgrounds and that this was reflected in subtle ways; students were, for example, applying to HEIs closer to home to minimise costs (NAW 2001: 89). The Review failed to consider the likely

disproportionate effect on restricting disabled students' choice of courses, institutions and methods of study.

Wales has 13 HEIs and the percentage of disabled students per HEI ranges from the University of Wales College of Medicine with 2.7 per cent to the University of Wales Lampeter at 12.9 per cent. As the Policy Review recognised, more students are choosing to study closer to home because of the fear of debt. This suggests that universities, such as Lampeter which are located in more rural areas are forced to make up their student quota in other ways, including taking increased numbers of disabled students. If this is the case, disabled students will be even more limited in their choice of institution and course of study. These figures also highlight the low level of participation by disabled students at the College of Medicine compared to a higher level of participation (9.7 per cent) at the College of Music and Drama.



**Figure 1: Percentage of Disabled Students by Higher Educational Institution in Wales**

The development of disability policy in Wales has appeared to lack the level of expertise found in Scotland and England. The Scottish Higher Education Funding Council (SHEFCE) and the Higher Education



Funding Council in England (HEFCE) both established a National Disability Team (NDT) to provide high levels of support. Wales has no such initiative and also lacked the level of financial commitment towards disability provision compared to Scotland and England. The disabled student premium was introduced in Wales in 2002/03 with an allocation of £200 per eligible student (those recorded in HESA returns as full time and in receipt of DSA) (HEFCW 2002). This amount was maintained in 2003/04 at a total cost of £351,400. In addition, a further £148,600 was made available for various disability initiatives (HEFCW 2003). However, in Scotland the disabled student premium represents £591 per eligible student at a total cost of £1,222,000, with a further £250,000 available for disability initiatives (SHEFC 2003). Although in England funding is calculated differently (based on the proportion of students that each institution recruits in receipt of DSA) the allocation for 2003/04 represented £10,317,138 (HEFCE 2003a), with a further £5.48m allocated for 2003/05 towards improving provision for disabled students (HEFCE 2003b). The lack of funding in Wales conveys to HEIs an underlying message that disability provision is not a high priority.

Like the Westminster Government, the Assembly are also in a powerful position to pick and choose who to include and exclude in the process of consultation and representation. The Independent Investigation Group on Student Hardship and Funding in Wales was specifically requested by the Assembly to take evidence from the appropriate interest groups, such as those representing students, providers of education courses and representative bodies (Rees 2001: 3). The 'listen and learn' approach to the consultation process was extensive and 1500 organisations and individuals were invited to present evidence, but arguably the most powerful voices stemmed from the professional bodies. As part of the Policy Review, the Disability Rights Commission, Skill and RNIB Cymru submitted evidence to the Education and Lifelong Learning Committee and were commended for 'eloquently' explaining the 'needs' of disabled students (NAW 2001: 35).

In summary, the Welsh Assembly have recognised the low level of participation by disabled students in higher education and that, as a consequence, disabled people are less likely to reach their full potential. However, despite a number of high profile reports on widening participation, disability policy remains low on the policy agenda. The Welsh Assembly did seek extensive consultation on policy, but the voice representing disabled students appeared to be that of professional bodies and traditional charities, with the focus continuing to be based on meeting needs.

## ***Provision***

The final area of discussion examines the experiences and views of students at a Welsh HEI. As part of my PhD research I distributed a questionnaire to all students registered with the Disability Office at a Welsh HEI. From the completed questionnaires I selected twenty students to interview, and it is their views that are discussed here. The students were selected to achieve a representation of impairment categories of impairment as used by HESA, while also reflecting a range of backgrounds and characteristics, such as gender, ethnicity, age, experience of different courses and subject areas and level of study.

For many of these students the first barrier was whether to declare a disability or not when applying to the institution. As Simon explained, 'you are torn between wanting to say and not wanting to say'. Students generally felt a reluctance to 'say' because they felt concerned that they might be labelled, treated differently or even rejected from their choice of course or HEI.

The students interviewed wanted to be independent and not rely on anybody or anything. Independence was important, but in this context was associated with remaining silent. Silence was perceived to create a level playing field, with achievement through individual merit. Students developed their own strategies of coping but when these failed they felt forced to disclose. As Emma stated:

In some ways I wanted help, but I didn't tell anyone there was a problem, so if I had actually gone and looked for help it would have been better for me. As a result, she had to suspend her studies in her second year.

The reluctance of students to disclose a disability can result in serious consequences for them. Therefore, how can HEIs encourage students to disclose a disability and address this barrier of disclosure? As long as the focus of policy and provision reflects a medical model and is needs-led, students will feel stigmatised and be reluctant to disclose. If policy and provision encompassed a social model response and recognised a rights focus, this might begin to reduce the stigmatisation experienced by students.

Nevertheless, the majority of the students viewed disability in terms of the medical model. Disability resulted from their impairment, they were at fault and it was their responsibility to adapt and fit in to university life. Students voiced judgements about disability and made comparisons

between varying degrees and types of impairment. George, who had a hearing impairment and difficulty talking, but who was able to walk with support, told me that being able to walk meant you could go anywhere and do anything. In contrast, James who had mobility difficulties insisted that communication skills were far more important than anything else. Judgements were also made by the students about the appropriateness of studying various courses. For example, Gareth, a dyslexic student on a mechanical engineering programme, expected departmental attitudes to vary. He thought that not all courses would be appropriate for someone with dyslexia. Students' own perceptions appeared to reflect the everyday assumptions within the HEI setting.

Although students viewed disability in terms of individual impairment, students also recognised that provision had the potential to overcome or reinforce disabling barriers. For Dawn, a visually impaired student, receiving copies of overheads prior to lectures meant being able to follow lectures on the same basis as everybody else. Without them she had difficulty following the lecture and keeping pace with her class.

The learning experience of students was very dependent on how far departments and academic staff listened to, and responded to, their concerns. For instance, James had found his department exceptionally supportive and responsive and felt that his opinion and advice was actively sought on issues of disability. However, in other instances students felt that their views were perceived as insignificant. They also felt daunted in having to inform and remind lecturers about their disability. Some students did not know who they should go and see, or where to go, or found the whole process time consuming and demoralising.

Staff perceptions also varied, not only across the HEI, but within departments. Some lecturers recognised the disabling barriers experienced by students and others continued to see disability as a consequence of individual impairment. Dawn had experienced very different responses from different lecturers. Some lecturers had provided her with extensive notes and directed her to specific reading and other lecturers had told her 'to sort herself out'. Other lecturers had drawn attention to her impairment by their comments and actions and, as Dawn argued, 'they are actually making you different to everyone else'.

During the interviews, students also discussed their relationship with the Disability Office. Some felt a sense of gratitude towards the Disability Office, David, who was having numerous difficulties, told me 'they have

done enough already, they didn't have to do what they've done. I'm grateful for what they've done'. The relationship between these students and the Disability Office appeared to be based on meeting needs. Other students had felt very let down, George, who had studied as an undergraduate at the HEI and was currently working towards his Masters, told me:

They don't care, they don't care at all about the disabled student ... they don't have a clue what is going on. ... I don't have anything to do with them, so I just sort things out for myself. So that's much better, 'cos it gets things sorted out.

Students often felt that help was promised, but did not always materialise, and that they had to be proactive in ensuring issues were resolved.

A fear of being threatened and bullied by the Disability Office came out in Natalie's interview. Natalie asked me about the number of questionnaires I had received back from students, as she was aware of students who would not complete my questionnaire because of 'a fear' of the Disability Office 'finding out'. Students from special educational backgrounds appeared to be more afraid and lack confidence compared to students from mainstream backgrounds. Where students had raised concerns about the Disability Office they often felt there had been a failure to address these issues.

Central to the student experience was the Disabled Students Allowance (DSA). The DSA was introduced to cover additional costs and expenses incurred by students. It is awarded through the students' local education authority (LEA), with the student required to attend an assessment centre. The students in my research sample experienced long delays in waiting for assessments to be carried out, in equipment and software arriving, and in receiving suitable training in the use of the equipment and software. These delays caused them significant anxiety and affected their coursework. The assessment process was generally disliked and viewed negatively. Students felt disappointed that assessors failed to listen to them and Gareth commented that when he had his assessment he was told 'you need this, this and this, because your symptoms say'. The assessor seemed to have fixed preconceptions within a medical/individualised model and made suggestions that Gareth knew would not be appropriate. When Gareth made alternative suggestions he felt that these were ignored. Gareth had felt quite confident about the assessment process and told me:

I've played this game for many years now, all the way from assessments in Bangor to assessments in Cardiff. I'm a bit used to it. I wasn't overwhelmed by it.

The assessment for Rachel, however, was difficult and she had felt pressurised into agreeing with the assessor's recommendations. The assessment left her very upset and she told her mother what had happened. Her mother stepped in and the assessment was changed. Rachel's opinion apparently carried little weight.

Two assessors were present at Dawn's assessment and she felt completely ignored, while the jargon used during the assessment reinforced an unequal power relationship.

It was a waste of time ... I was just sitting there and these two blokes were having this discussion like over my head ...all this like computer jargon and I had no idea what they were on about and so even if I did want to say and butt in, I wouldn't have known what they were talking about in the first place.

Assessors were considered to be 'experts' by the students and in most cases students accepted their recommendations. For example, the equipment and software that arrived for James was not adequate and as James told me 'I was told it was the best. I accepted it and it turned out not to be'. Some students had on-going problems with their equipment, and most students I talked to purchased additional software to meet their requirements.

Overall, the assessment process reflected a medical model approach, with the assessors defining the problems and providing the solutions. Students were also unaware of their entitlements and often accepted the word of the assessor as final. Only one student knew he had the right to administer the DSA directly and not through the HEI.

Students viewed disability as isolating, but where they had formed friendships they had found invaluable support. Often when everything else failed it was friends who had stepped in and lent equipment, taken notes, read material and offered assistance. However, not all students found it so easy to 'fit in' and make friends. Some were conscious about using laptops and dictaphones in lectures; others felt excluded as Dawn explained:

You never get any of the other students coming to say hello or anything, or we are going for coffee, do you fancy coming?

Having friends helped to break the isolation and to overcome the feeling of being excluded, but deeply ingrained in students' attitudes was a medical view of disability. Ash et al. (1997), researching colleges of further education, also found that student attitudes were entrenched in a medical model of disability.

Preconceived ideas of disability were also prevalent throughout the Students' Union (SU) and societies. The advice and support offered by the SU was welcomed by students who viewed it as a place to turn to in times of crisis, but did not view it as a body in which they could participate. Events held by the SU were often at inaccessible venues and when James stood for the SU elections he found it difficult to campaign effectively. In my own experience of attending SU meetings, I asked for paperwork in a suitable format and when this request repeatedly failed and I raised my concerns with the General Secretary, I was told that 'I should be grateful for the help I received'.

The SU viewed disability as meeting needs and not in terms of rights. Societies were also seen as exclusive, as Philip found when he approached one of the societies and met with a negative reaction. Attitudes in the SU, as throughout the HEI, appeared to be stuck in a medicalised/ individualised conceptualisation of disability.

Getting involved and having a voice in HEI life seemed beyond the reach of students. Emma expressed an interest in the departmental student staff committee, but felt that those normally elected were 'the ones that might run a club or society, and literally have a fantastic life, and they are into everything'. I asked students their opinion about starting a society/forum where they could share ideas and experiences. This suggestion was welcomed as a way to offer support and to bring about change. Several students said it would have been useful to have known how other students had managed and how they had resolved difficulties. As Emma commented 'it is only when you have experienced something directly yourself can you really understand'. This was linked to bringing about change as Paul argued 'in order to make things work there must be student input, otherwise it's just academic staff and professionals'; and as Marcie commented, 'staff are not aware of problems'.

The students I interviewed wanted to study and do well, but as James

commented it is 'sheer damn hardworking determination' that gets disabled students through. Students have to struggle and overcome all the disabling barriers in higher education just to be able to study. Other research has produced similar findings (Preece 1995; Hall and Tinklin 1998; Borland and James 1999).

In summary, my interviews highlighted a range of experiences and views among disabled students within a HEI setting. It was evident from the student's comments that HEI perceptions generally reflected a medical model view. This was illustrated when discussing issues of disclosure, experiences within academic departments, interactions with support and assessment staff and in their relationships with other students. In addition, students often felt their own views were regarded as insignificant or simply ignored. However, students also recognised that, potentially, by sharing their experiences, change was possible.

## **Conclusion**

By examining power, policy and provision, it is evident that the voice of disabled people has remained largely unheard in the development and implementation of policies in the field of higher education. The views and 'representation' of disabled people has largely been dominated by, or taken over by, charities, and professional bodies. This has resulted in the formulation of legislation and policy, as with the DDA, that followed a medical model approach and failed to accord with the experiences of disabled people. However, if a social model interpretation was adopted then this has the potential to bring about radical change within higher education, with the everyday perceptions of disability being challenged and the diversity of all students being valued.

Although, student views and experiences varied considerably from discussions on impairment and disability, relevant courses of study, coping with academic life, claiming allowances, to relationships with HEI staff and other students, it was apparent that students were trying to fit in to HEI life. However, this does not challenge the 'everyday' assumptions of disability. Instead, it is about students negotiating the barriers that exist in higher education. Disabled students now have legal access to higher education, but this is not inclusive while they have to adapt to the existing, exclusionary environment.

The Welsh Assembly has stressed the importance of higher education in creating 'equal opportunities' and acknowledged the specific barriers experienced by disabled people. Nevertheless, little effective policy action has been taken, leaving a strong impression that the social inclusion of disabled people remains a low priority.

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