

## CHAPTER 5

The Social Model of Disability in Higher Education: attention to tensions

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### Introduction

It is our intention in this chapter to do three things:

- to identify and briefly describe various features of the Scottish, and sometimes the UK, Higher Education (HE) and disability landscape;
- to look at the question of whether these features find their natural home within one theoretical model of disability rather than another;
- to think about whether the identified features of the landscape pull in importantly different directions, in some tension with each other.

Behind this is the question of whether, in the process, we can identify the dominance of one rather than another model within the HE setting, and, of course, of which model this would be.

An underlying concern is what an HE sector in which the social model prevails would look like. This in turn raises the question of whether some of the mechanisms for getting there might not, *prima facie*, seem to embody or exemplify medical or individual models. We introduce these issues at various points in the discussion, and consider the question of whether the social model end might not incorporate some medical model means.

### **The Scottish Higher Education and disability landscape**

In looking at the salient features of the higher education and disability landscape, we will firstly think about the broad features and thereafter focus on some of the detail.

The movement to promote improved levels of participation from groups under-represented in Higher Education which occurred between 1980

and 1990 neglected disabled people. The

position has been addressed by the national Higher Education Funding Councils since 1992 and progress has been made (Hurst 1999: 65).

British higher education has changed from an elite system in the mid-1980s to a mass system in the 1990s through to the present with major changes in the composition of the student population (Riddell 1998; Watson and Bowden 1999). This greater diversity is evident in the increase in higher education of mature, part-time students and those from minority ethnic communities and socially disadvantaged groups. Disabled students have also benefited from this expansion, although they continue to be under-represented in the HE system, making up just under 4 per cent of students (Tinklin et al. 2002). In December 2002 the Higher Education Funding Council for England (HEFCE) published performance indicators for the first time detailing the level of participation of disabled people in higher education institutions (HEFCE 2002).

Currently, about 4% of students in UK higher education institutions have disclosed a disability, whereas 15% of the working age population have a long-term disability substantially affecting their day-to-day activities, the DDA definition of disability (Riddell and Banks 2001). However, a much lower proportion of younger people are disabled and some disabled people, including those with significant learning difficulties, would be unlikely to qualify for higher education. It should also be borne in mind that the majority of disabled students have dyslexia or unseen disabilities such as diabetes, asthma and ME, and less than 10% have significant physical or sensory impairments. It is likely that many people with significant impairments are currently unable to access higher education due to a range of financial, physical and cultural barriers, but the extent of under-representation is difficult to quantify (Riddell et al. 2002:2).

Whilst patterns of participation in relation to social class, gender, ethnicity and geographical location have been widely documented and analysed (Paterson 1997, 1998; Osborne 1999; Riddell and Salisbury 1999), disability has been frequently omitted from analyses, partly because, until relatively recently, statistical data from the Higher Education Statistical Agency (HESA) were not available (Riddell 1998).

However, a few localised studies (Baron et al. 1996; Hurst 1996, 1999; Hall and Tinklin 1998; Riddell 1998; Riddell et al. 2004) have suggested that whilst there is an increase in support for individual

disabled students, there still remain systemic barriers to be challenged; that the history and culture of an individual institution has a major bearing on policy and provision for disabled students; and that Funding Council short-term initiatives, whilst successful in instigating change, have not been linked to longer-term strategic developments either within HEIs or at a national HE policy level (Brown et al. 1997; Hall and Tinklin 1998; Riddell 1998; Tinklin and Hall 1999; Riddell et al. 2004).

To turn now from the general to the detail of the scene, we would identify the following:

### **1. Pedagogical concepts and theory**

In addition to the general picture above, we should note the accent on the concepts of the autonomous independent learner, (a fundamentally liberal notion) (Ryan 1999: 83-84) of transferable skills and the skills of 'graduateness' as core to the goals and business of higher education, and perhaps as what gives higher education its unique flavour.

### **2. The advent in higher education of anti-discrimination legislation**

This imports from the 1995 Disability Discrimination Act (DDA) a definition of disability substantially around functional limitation and deficit (DfEE 1995). But it also, and perhaps paradoxically, defines discrimination, in part, as the failure of those who create the environment of higher education to make reasonable adjustments to that environment (DRC 2002). Further, the Act promotes the duty to anticipate the foreseeable needs of disabled people, and to that extent, it is hostile to the *ad hoc*, reactive and individual approach to provision for disabled students. It is a further feature of the DDA Part IV that the failure to make reasonable adjustments may be justified by reference to academic standards, but only where these are central or core to a course.

### **3. Dedicated HE Disability Services**

Since the early to mid 1990s, these services have become larger, and more embedded and developed. By 1996 all Scottish Higher Education Institutions (HEIs) had a disability Advisor/Co-ordinator (Adams and Brown 2000, *forthcoming*). Since this time disability services in some institutions have grown dramatically in terms of both numbers of permanent Co-ordinators/Advisors and a diversity of staff roles and responsibilities – e.g. many institutions now employ specialist IT support staff and dyslexia tutors. While the remit of some services is the twofold one of being advisory to and supportive of the institution's teaching and other practitioners, and also being advisory to and providers (of equipment and other forms of assistance) for individual disabled

students, the weight of work in individual services is undoubtedly skewed towards the latter rather than the former. This may be seen to define such services in individual or welfare terms, and indeed, some such services are explicitly situated within what are called 'Student Welfare Services' (Adams and Brown 2000, *forthcoming*). Such services may therefore serve as a distraction from the objectives we might expect if we were to imagine an institution driven by the ideals implicit in the social model. These we would take to be the promotion and development of whole institution accessibility. To put this differently, this would involve the dismantling of disabling barriers to the participation of disabled students rather than the 'fix', usually retro, for difficulties and problems as they arise in the course of the negotiation by a disabled student of an unfriendly and inaccessible environment.

It is worth noting here that the availability of Disabled Students Allowance (DSA) is doubtless part of the driver for the substantially individual approach of disability services. The allowance is there to be applied for, and it would seem perverse of disability advisors not to support disabled students in their applications for whatever financial support is available. It remains to be seen whether the same level of provision will be made available to students who are ineligible for DSA, such as international and some part-time students, when institutions themselves have to take on this provider role, as a result of their responsibilities under the DDA Part IV. It may be that more cost-effective provision – loaned rather than owned equipment, general study skills support rather than individual dyslexia support, for example – will be sought.

#### ***4. Academic departmental services for disabled students***

Institutional structures supporting provision for disabled students often involve the establishment of the role of departmental, module, school or faculty disability coordinators or advisors. We can ask the same question of the microcosmic departmental role of the departmental disability coordinator as we did of the macrocosmic role of an institution's disability service – is the focus of work the meeting of individual disabled students' needs, or is it the development of the inclusive departmental teaching environment? Purely anecdotal evidence would suggest the former.

#### ***5. Funding formulae***

Scottish Higher Education Funding Council (SHEFC) Disability Premium Funding rewards institutions financially according to the numbers of students in receipt of Disabled Students Allowance (SHEFC 2001).

## **6. The theoretical assumptions of Funding Council-funded disability projects**

Projects such as the Scottish Higher Education Funding Council funded *Teachability: Creating an Accessible Curriculum for Students with Disabilities*, and some like-minded Higher Education Funding Council for England (HEFCE) funded projects, aim to support academic staff to identify and develop accessible provision of courses and programmes of study. The focus of this work is accessible curricula. While the concept of the accessible curriculum acquires its meaning through an understanding of the needs of those to whom curricula ought to be accessible, a major task of the work has been to convey the focus on curricula and their barriers, rather than categories of impairment (University of Strathclyde 2000). The perceptions of academic staff from some 70 plus academic departments as to the sites of barriers to access to curricula are documented in *Disability Needs Analysis, Access to the Curriculum* (SHEFC 2002). Over generalising somewhat, we would say that the perceptions lean towards the view that the problems reside with individual students and their deficits, rather than with any deficit in the teaching and learning environment of HE.

## **7. University and Colleges Admissions Service (UCAS) use of a system of medical classification to categorise disabled students during the application process**

This process introduced in the early 1990s was intended to enable students to disclose their impairment(s) to HEIs which, as a result of accessing such information, would endeavour to put in place the necessary services and support to meet disclosed needs.

### **Social or individual model: which one has the upper hand?**

The second overarching goal that we set ourselves for this chapter was to look at the question of whether these features find their natural home within one theoretical model of disability rather than another.

Space prohibits us from attending to all of the items listed above, and we have therefore attempted to do no more than hint above at the sorts of ways in which these may be developed towards a fuller discussion of their significance in terms of the theoretical oppositions of the social and individual/medical models. We have chosen to focus at greater length on four: pedagogical concepts and theory, the DDA Part IV, Premium Funding, and the UCAS classification of impairment. Of these, it is perhaps the UCAS classification of impairment that is most likely to elicit the claim that this is a medical model at its most extreme.

## **UCAS classification of impairment**

Disabled people are asked to self-classify under impairment headings right

at the point of application to higher education. Hurst (1996) argues that:

there is a danger that using the categories based on disability (impairment), the focus is shifted away from a social model of disability towards an individual/medical one (p. 129).

Ostensibly, the purpose of the invited disclosure is to assist institutions of Higher Education to ensure that support is in place to enable the student who makes the disclosure to participate effectively in what higher education offers. If this really is the purpose, then are we to expect that the lists of impairment categories will convey much needed information to the planners and providers of Higher Education, such that its environment is more ready for the diverse needs of all learners, some of whom may be disabled? If so, then it might be difficult to claim, with confidence, that the impairment listing, by itself, finds its natural home within the medical or individual model. In raising this possibility, we are suggesting the need to delve behind the features and details of the landscape we have depicted in order to identify their purposes, aims and objectives. If the purpose of a medical classification is ultimately to enhance the environment of higher education for disabled learners, then it might be difficult to claim that the classification in itself belonged with the medical rather than the social model. This would, instead, be an example of exploiting medical categorisation for the purpose of progressing the social model goal of creating an enabling higher education environment through the dismantling of disabling barriers.

One would have to add that, even if the UCAS classification can really be said to embody a medical/individual model of disability, it is not a very effective embodiment, because it is not a usable instrument for the practical purposes of the institution. However, the theoretical orientation of the classification aside, two points might suggest that the classification fosters only the illusion of meaning. The first is that within any impairment heading, the range of responses that individuals might require from higher education is vast. 'Blind/partially sighted' may mean that a student within this 'category' needs Braille, space to exercise a guide dog, a sighted guide, access technology, or nothing whatsoever. Without a detailed knowledge of the individual's requirements, we are no nearer to meeting the individual's needs. But secondly, we also have to know in much more detail what the academic, social and physical settings are which will dictate what the individual might want. Students

who have impairments do not have requirements in a vacuum, but only in relation to what it is that they are trying to access, and knowledge of that is at least as important as knowledge about the circumstances of any particular impairment.

These points suggest the need for a considered negotiation of the individual's impairment and associated needs with the environment of the course he/she undertakes, with particular emphasis on anything in that course which is thought to be core or non negotiable, and this in turn would appear to be taking us in the direction of highly individualised 'fixes'. But what 'fixes' precisely? How is the disclosed information used? In many institutions, it would be available for the Disability Service advisors who would usually make contact with the applicant or new student. And then what happens? Two things might happen: first, the student might be assisted to make a claim for DSA, and then individual support or equipment would flow from that. Second, the Disability Service might contact institutional staff to ask them to put in place some particular provision for the student – copies of overheads, for example, or advanced note of reading lists.

What emerges, then, is that the UCAS disclosure might result in either adaptation to the teaching environment, or in provision of personal equipment or assistance. Does the nature of the proposed solution lend support to the view that we are seeing in action one model rather than another? In either case, the categorisation under impairment headings has not been used in any meaningful way. The question, 'Would you like the Disability Service to contact you?' would have done as well as the current trigger for the subsequent interaction. The fact that it has featured as a pathway to either a solution based in adjusting the environment or providing the student with the individual solution would perhaps suggest that in itself the impairment classification is meaningless rather than theoretically laden. Furthermore, these categories of impairment in HE have not been subject to the same degree of critical scrutiny as has been the case with school level education, and as a result medical definitions continue to play a vital role in both resource allocation and information management systems (Hurst 1996; Riddell 1998). The former is most clearly manifested in the mechanism used by SHEFC to award the disability premium funding to HEIs (SHEFC 2001), to which we now turn our attention.

### **SHEFC's Disability Premium**

In 2001, SHEFC announced its intention to introduce various premia for under-represented students (SHEFC 2001). Among those

underrepresented groups identified for such funding were disabled students. The disabled student premium is awarded to HEIs annually as part of the main teaching and research grant. The funding is calculated on the number of full-time equivalent (FTE) students in receipt of DSA at an institution as reported to HESA. The number of students in receipt of DSA is intended to be a 'proxy' of the number of disabled students at an institution. Such funds are intended to meet the unspecified costs institutions incur as a result of teaching and supporting disabled students (SHEFC 2001). So, such funding might appear to be in line with social model thinking on disability: it is intended for whole institutional support and change; it is awarded as part of an institution's mainstream funding allocation (signalling that such activity is mainstream to HE generally and individual HE institutions).

However, there are some fundamental aspects of the method for both collecting and calculating this premium that would suggest opposition to the social model as it might apply to Higher Education. Firstly, the DSA figures reported to HESA cannot be entirely accurate. They depend on students reporting to their institution that they are in receipt of DSA and they also depend on institutions being able to accurately record and report such figures. But probably of more importance here is the fact that funding is only awarded to institutions where some external agency 'verifies' that a student is disabled – in this case being awarded DSA is seen to be 'proof' of impairment. Further, DSA is not available to all students. Those pursuing access courses, many part-time students and those from overseas are ineligible to receive DSA. Thus it might be argued that using DSA as the basis to calculate the funds available to each higher education institution is both divisive and exclusive, in that it rewards institutions for supporting certain disabled students and not others. Indeed, if the aim were to enhance inclusive, ready-for-all provision for disabled students, then it would seem counterproductive to reward institutions for reactive, *ad hoc*, individual and externally (i.e. DSA) funded provision.

Furthermore, premium funding is not ring-fenced, and institutions are not questioned on its use. If such monitoring were to operate so as to promote social model ideals, then we might expect to see funding council scrutiny of institutions' plans and preparation to meet the future needs of disabled students, not, or not only, through 'support' focused on individual students, but through the dismantling of identified barriers in the core academic activity and provision. But as we suggested above in our brief discussion of current work in the area of accessible curricula, it would seem that the necessary conceptual wherewithal, as well as the



political will, to support such shifts, remain to be developed. And anecdotal evidence suggests that some HEIs are moving in the opposed direction by withdrawing services previously routinely provided free to students in favour of assisting those students to claim for such services through DSA.

### **The DDA Part IV**

The Disability Discrimination Act, Part IV Code of Practice incorporates a number of strands which might suggest the absence of any thoroughgoing or consistent application of any one model of disability (DRC 2002). With the exception of severe disfigurement, we have a definition of disability that is around individuals' inability to do various things, i.e. based on functional limitation and deficit. But the Code is also explicitly critical of the *ad hoc* reactive approach to making provision for disabled students, and the recommendation that reasonable adjustments be made in anticipation, on the assumption that disabled people will be present in higher education in ever increasing numbers. It is a further feature of the DDA Part IV that the failure to make reasonable adjustments may be justified by reference to academic standards, but only where these are central or core to a course. Arguably, this and other comments ought to have the effect of encouraging academic staff to look inward at their course provision, and in asking whether this or that aspect of the course is 'core' they are not asking a question that is necessarily related to students' impairments, or about disability. If many of the exhortations in the Code of Practice were to find their way into common practice, with reasonable adjustments being routinely made, and teaching staff crystal clear about what is and is not absolutely essential for students to do, then arguably the environment of higher education would be less disabling for all learners.

Such exhortations would appear to stop short of enforcement. Cases will be brought not on the basis of an institution allowing disabling environments but on the basis of individual students not having adjustments made, or being treated less favourably. However, the Disability Rights Commission Act (1999) gives the Commission the same duties, powers and responsibilities as the Commission for Racial Equality and the Equal Opportunities Commission (DfEE 1999). This theoretically might include the power to inspect and initiate action against an institution for its failure to promote and develop an inclusive climate of readiness for diverse learner needs, as opposed to supporting an individual student to bring an action. If it believes that discrimination is taking place or has taken place then the Disability Rights Commission can carry out an investigation. Yet if no individual disabled student or

applicant has been substantially disadvantaged by the failure to make reasonable adjustments, can discrimination be deemed to have occurred? The anticipatory nature of the duty to make reasonable adjustments might suggest that it may have. The Code at 2.17 gives the second meaning of discrimination:

When a responsible body fails to make a *reasonable adjustment* when a disabled student is placed, or likely to be placed, at a *substantial disadvantage* in comparison with a person who is not disabled [s 28S(2), Sch 4C paras 2 or 6] (DRC 2002: 14).

Thus if the environment is such that disabled students have not yet been placed at substantial disadvantage, but it is likely that they will be, then discrimination will actually have occurred, and the DRC investigative powers could kick in. Enforcement thus does not exclusively attach to individuals' treatment and consequent complaint.

It remains to be seen whether the DRC has the staff or the will to act in this way. But if the real enemy, in the light of the social model, is the disabling environment, then the DDA Part IV at least theoretically leaves open the possibility of its attack by the DRC.

### **Pedagogical concepts and theory**

The notions of the autonomous or independent learner, of transferable skills, and of a special bundle of skills which go under the name of 'graduateness' are ideas often taken to be the distinctive aspirations of modern higher education. They receive corresponding attention in many of the Quality Assurance Agency for Higher Education's (QAA) *Benchmarking Standards* (QAA 2003). Nevertheless, we also observe that almost completely absent from the benchmarking standards and from discussions of the overarching goals of higher education is any implicit or explicit understanding either that the standards may be achievable in alternative ways or that in some cases, alternative standards may be both acceptable and appropriate. Such an absence may serve to exclude or disable some students unless acknowledgement is made of the ways in which adjustments, where necessary, can be incorporated.

The idea of the autonomous learner bears several different interpretations. Mowthorpe (1999) glossed the expression as meaning a learner who is organized, attends lectures, and meets deadlines. Obviously Socrates, who notoriously liked to spend time in idle chatter with his friends, would have made heavy weather of a modern degree! Fazey and Linford (1996) offer a more hopeful diagnosis: an

autonomous learner is one who is 'actively involved in the learning process' (p. 186). Boud (1988) describes student autonomy in learning as 'not a characteristic of a student which resides in a student, but a relational quality of student and task' (p. 34) It is this kind of thinking, we suggest, that allows us to construct a meaningful idea of higher education as accessible to disabled people. If you cannot be an autonomous learner unless you make it to the nine o'clock class, then many people, some of whom are disabled, will never qualify as autonomous learners. But the nine o'clock class rule is too restrictive. It represents misplaced concreteness; a mere example of good student behaviour is elevated into a principle which all must satisfy.

What about the idea that higher education fosters above all certain transferable skills of information management? It may be that such a view is not intrinsically unfavourable to disabled people, whose skills may involve, for example, the organisation of complex living arrangements, planning, including financial planning, or recording and storing information, and of interpreting ambiguous and corrupt information streams.

The category of transferable skills as especially important goals of higher education leads naturally to the next category, that of 'graduateness'. On its face, each of these categories consists of a group of skills which it is the goal of higher education to produce or to certify. Does a student have the capacity to process information effectively, to summarise, to identify the main points of an argument? Then he or she has transferable skills, or perhaps 'graduate' skills. It becomes a question of fact whether a particular disabled person can achieve these skills. The skills are given, as it were; the point is, can this individual learn them?

The relational interpretation of autonomous independent learning (Boud 1988) was less welcoming of the idea that there is on the one hand a target state, and on the other a set of individuals who may or may not achieve the target. Instead it prompts us to ask: given an important subject matter - history, say, or mathematics - what barriers exist to stop people developing such a relationship to this subject that they become autonomous learners? And are there any barriers which stand particularly in the way of some disabled people?

Graduateness has this in common with the category of autonomous engagement with a subject matter, that at face value it seems to identify a common characteristic of the graduate which transcends subject

specialisms. A graduate in engineering or hotel management should have a great deal in common with a graduate in art history. It is however unlikely that this will literally be found to consist in a core of common skills (as supporters of the transferable skills idea propose). Graduateness in fact is probably best conceptualised as a set of skills and attributes which are believed to characterize a graduate, as long as we remember that the content of this set shifts with time and social milieu. Having duelling scars is no longer an attribute of graduateness, nor is being able to quote Horace from memory. But the value of graduateness as a set of skills which can be invoked as a criterion that everyone must meet is that no one is precisely sure what now does make up graduateness. Thus, to some people it is obvious that a graduate must be able to get up on her feet and speak in public on a business related matter. Or she must be able to spell correctly. Or she must have the self-confidence to take responsibility. Or she must at least not be subject to disabling mental illness ... the list goes on.

If our suggestions about the shifting nature of the meaning of transferable skills and the skills of graduateness are accepted, then we are perhaps encouraged towards the view that what higher education properly consists in is socially constructed. And perhaps most specifications of the aims of education are incurably ideological. The idea of the autonomous learner stands in the liberal tradition, i.e. the view that the educated person is likely to have character qualities (an inquiring mind) which make the good citizen. The proponents of the transferable skills view are technocrats of a sort. Higher education is about the skills that hard-headed people can see are important to make society work. The idea of graduateness is the natural expression of social conservatism. As society changes, so we can expect suitably time-lagged changes in the content of graduateness.

In both of the cases where the attempt is made to characterise the aims of higher education by specifying a content - teach transferable skills, teach 'graduate' skills - the models of disability, social and individual/medical, come head to head when you try to operationalise the content. This is especially true for the graduateness idea. Because the idea of graduateness is palpably socially constructed and contested, it is obvious that a particular conception of graduateness can function - one might almost say, be intentionally deployed - to exclude people who are different in any way, including people who are disabled. Yet a person who refuses to allow a student to progress because he is timid, or stammers, or cannot spell, will typically try to interpret the position in terms of the individual model. It is a deficiency in the student which stops

him achieving the given goal.

But it is also true, though less obviously, for the idea of transferable skills. The question here is rather how the important skills are to be defined. Is taking notes the important thing, or digesting information? Is visualising the important thing, or interpretation? It is here that the social model gets its purchase.

In the case of the autonomous learning model, we have seen that there are those who would interpret autonomy in a relatively concrete way as the sort of self-control and discipline which gets somebody out of bed at seven o'clock. We have suggested that this interpretation does scant justice to the ideals of Western education, as well as being inherently hostile to many disabled students.

## **Conclusion**

The third intention for this chapter was to think about whether the identified features of the landscape pull in importantly different directions, in some tension with each other. Behind this is the question of whether, in the process, we can identify the dominance of one rather than another model within the HE setting, and, of course, of which model this would be.

We have tried to look behind the HE and disability scene in order to identify the presence or otherwise of one or another theoretical model of disability. This has involved a consideration of purpose as well as practice: we have considered the possibility that social model ends could conceivably be served by what are at least *prima facie* medical or individual model means.

If one takes the view that economic factors are likely to have determining importance in driving institutional change, one will expect such things as DSA arrangements to have greater importance in practice than theoretical consistency in the way people conceptualise disability. It is indeed likely that the general arrangements through which institutions are responsible to funding councils, and the larger political agendas that these arrangements represent, are likely to be determinative of future developments. So our concluding comment is a modest one. In the case of HE provision for disabled students, we would argue that there is evidence of a lack of coherent direction, with single initiatives and arrangements often evidencing a lack of theoretical clarity, thoroughgoingness or commitment. But in so far as financial arrangements and rewards hold sway, the medical or individual models would appear to have the upper hand.

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