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# **Evaluation of Provision and Support for Disabled Students in Higher Education**

Report to HEFCE and HEFCW by the Centre for  
Disability Studies and School of Sociology and Social  
Policy at the University of Leeds

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# Executive summary

## The aims and methods of the research

### Introduction

This report summarises results and findings from an investigation commissioned jointly by HEFCE and HEFCW. The research project focussed on higher education (HE) provision and support for disabled students, and was carried out mainly between February and August 2008. Using a mixed methods strategy, the research team explored and analysed institutional responses to disabled students across England and Wales. While the activities of higher education institutions (HEIs) were central to the research, the study also included further education colleges (FECs) involved with HE students.

### Approach and methods

The investigation had four main components:

- (i) An historical review**, looking especially at developments in policy, regulation and official advice over the last ten years, and the implications within the sector. This was primarily desk-based.
- (ii) A review of the information base** in terms of previous research studies and reports, to explore progress made and provide an evaluation of the robustness of available data. This was primarily desk-based.
- (iii) A national survey covering both England and Wales**, to gather information on the ways in which disability support is organised, the utilisation of funding, and the extent of progress towards better practices. This was implemented through a questionnaire, reinforced by further information from key informants and website work. An additional small-scale survey exercise was carried out at the end of the project, to enhance information that had been received from some of the informants. This touched on disclosure of impairments and take-up of support.
- (iv) A set of case studies** to examine salient aspects of institutional practices and performance through direct contacts with participants. This involved some telephone and email contact, but centred around visits to seven institutions, six in England and one in Wales.

Three groups of institutions were contacted for the national survey. First, a 50% sample was generated for HEIs in England, made up of 67 institutions. Second, this was complemented with 20 FECs in England. Third, a separate sample was drawn for Wales in consultation with HEFCW, involving nine institutions (seven HEIs and two FECs). Each HEI and FEC was sent a questionnaire via email, with some slight differences in questions between England and Wales.

Fifty-one HEIs and 13 FECs in England returned completed questionnaires: an overall response rate of above 73%. In Wales, there were eight responses from a sample of nine institutions, constituting nearly 89%.

# **Disability policy and higher education**

## **Introduction**

Much has changed in the relationships between disability, and further and higher education. Whereas once disability was considered almost exclusively an individualistic medical problem, it is now widely regarded as an equal opportunities issue on a par with gender, race, ethnicity, sexual preference and age. From the 1990s onwards, government policies aimed at addressing barriers to mainstream living for disabled people have grown in scope and reach, with the 1995 Disability Discrimination Act (DDA) marking an important stage. In line with these developments, access to **HE** for disabled students has moved up the agenda. It is clear that widening access to HE has become a major priority for successive governments.

## **Government policy on disability in higher education**

Key factors in practice on national disability equality today include the Disability Equality Duty (DED), the trend towards a proactive approach, and the associated requirement for a Disability Equality Scheme (DES). Effective implementation and compliance are important.

## **Developments in England**

HE developments over time have been influenced by specific reports and ideas about provision, and through the activities of HEFCE and other bodies (via strategic planning, specific initiatives, production of guidelines, etc.). An approach that may become more significant over the next few years is Equality Impact Assessment (EIA).

## **Policy in Wales**

Parallel progress has occurred in Wales, with HEFCW playing a proactive role. Matters such as legal requirements, specific initiatives, guidelines, and the EIA are clearly on the agenda for Welsh institutions, just as they are for English ones.

## **Funding to address disability in universities and colleges**

Key steps on funding have included specific projects, as well as the introduction of Disabled Students' Allowance (DSA), mainstream disability funding allocation, and disability premium funding. Over time the levels and coverage of student support have been adjusted upward, and extended (see Appendix 2 for the recent levels of support available), although disabled students from some categories still may not meet DSA eligibility criteria.

In overall terms, the chapter charts what has been a successful accumulation of measures and innovations encouraging change. There remain some important limitations and difficulties, however, and scope for further action from governmental organisations and departments.

## **Review and evaluation of the information, research and data base**

## **The approach to the review**

The chapter provides a 'rapid review' of existing research into HE provision for disabled students, and considers the robustness and reliability of published data.

## **Mapping and appraising the evidence base**

A classification adapted from a Social Care Institute for Excellence (SCIE) study is used to categorise available evidence into five forms: 'organisational knowledge'; 'practitioner knowledge'; 'policy community knowledge'; 'formal research knowledge'; and 'user knowledge'. This is followed through in subsequent sub-sections, covering what is available and its strengths and limitations.

## **Progress and problems: key points from the literature**

As the amount of published material is very substantial, the chapter concentrates commentary around examples from key studies characteristic of the particular sub-domains of enquiry. Amongst materials discussed are some illustrative key data on the statistical profile of disabled students as they enter and pass through HE.

## **Measurement issues**

Impediments arise in identifying and tracking the progress of students with diverse and complex impairments. Some extant measurement strategies are reviewed, and suggestions are offered on the safety of the inferences that may be drawn from them.

The brief for the present research report included an exploration of issues around the measurement and classification involved in profiling the progress of disabled students in HE. Building on the literature, the research identified several challenges. In summary these relate to:

- The definition of disability itself
- The classifications and codes used in survey instruments and administrative data
- Differences in working definitions across organisations (affecting comparability of databases)
- Difficulties in agreeing on measures to describe types of impairment
- Issues in using 'self-report' for purposes of measurement or monitoring
- The associated matter of disclosure
- The formal assessment of progress of students.

Dispute colours many aspects of the measurement process: basic definitions, consistency of classification, techniques of data collection, and assessment methodology. Thus it is difficult for an evaluator to be confident about attribution (for example, in making causal inferences that particular changes are attributable to particular policy initiatives).

Despite the difficulties, the general figures for disabled students are likely to gain in accuracy as more sensitive methods are used in respect of declaration.

## **Towards a more rigorous measurement system**

There are paths to improvement that may help towards more rigorous measurement, and strengthen the basis of statistical analysis. Understanding the range of measurement problems is itself part of the solution. Safe inferences can be drawn if data limitations are explored alongside the primary gathering of evidence. The way forward is likely to be incremental, and more about data linkage and interpretation than production of new instruments and indicators.

Four specific suggestions are made. First, analysis should concentrate on portions of the evidence base in which measures are common and stable. Second, better co-ordination across governmental agencies would be helpful on data issues. Third, in approaching the search for data on specific impairments, institutions should develop classifications and measures that relate well to what needs to be known in order to generate appropriate and supportive responses. Finally, more sensitivity should be achieved in gathering information on impairments. Methods to facilitate disclosure should respect confidentiality, separate students off as little as possible from the mainstream, and be better embedded into administrative procedures and institutional routines.

## **Survey results for England**

This chapter presents material from the national survey, enhanced by additional insights from websites.

### **Dedicated services, ‘equality champions’, and support for specific impairment groups**

There is some form of dedicated support service provided for disabled students across institutions in general, although there is a mixture of approaches. Disability services are becoming quite well established, but core staff numbers remain relatively small. 53 of the English institutions indicated that they had an ‘equality champion’ for disabled people, and only eight felt that they did not.

41 informants claimed that their institution provided support for all the types of impairments identified. The biggest group catered for – according to overall responses – covered students with dyslexia. Responses suggest that specific impairments are attracting a great deal of attention within most institutions. The groups cited most often as not having their needs met sufficiently were students with mental health difficulties (18 institutions), followed by students with hearing impairments (nine).

### **Disability Equality Schemes (DES)**

The website review showed that a DES had been produced in most institutions, and a large majority make the full scheme available to read online. Even so, there appeared to be some exceptions. We could not readily find the DES in eight of the English cases. Taking institutions overall, we conclude that although progress has been made there are some surprising gaps.

A few institutions had not yet consulted students, even though this is expected in relation to the DES. Some appropriate monitoring is taking place, in terms of numbers of disabled students, impairment groupings, courses taken and outcomes, but monitoring of other issues may be

somewhat weaker. Questionnaire responses showed that more than half the institutions had an annual report available to download from their website, but that some had not produced this report or were unable to provide an answer to our enquiry.

Most institutions have some form of training available for staff, whether general equality or disability-related training. Some institutions also provide training related to students with specific impairments. Not all training, however, is compulsory for all staff.

Most institutions indicate some representation of disabled students in committees or advisory panels, but 16 negative responses were received on this.

## **Institutions' use of HEFCE mainstream disability funding allocation**

HEFCE's mainstream disability funding allocation was being used primarily to provide general dedicated disability services, technical assistance and equipment, or improvements to campus accessibility. Also important were providing individual support services (such as personal assistants), staff training, and supplementing DSA for individual students. There was a spread of activities, however, across most identified expenditure areas. Some of the answers in this part of the questionnaire pointed to leverage and complementarity effects. Thus, HEFCE mainstream disability funding can be a stimulant to more resources being found.

Allocation methods for HEFCE funding varied considerably, but many institutions use a method of allocating a block grant to some form of central support service, whilst others allocate it to disability services. Monitoring of such spending seemed to be relatively under-developed, although there was some evidence of annual reporting or regular review.

Institutions were asked to estimate approximately how much of their budget for disabled students was covered by HEFCE's mainstream disability funding allocation. 40 institutions selected a figure below 50%, and the largest group chose the range 1-24%.

A later question on the impact that fluctuations in funding had on planning seemed to confirm the valuable nature of this money for institutions, with the largest group of responses pointing to 'some effect' (and five noting a 'substantial effect'). It certainly seems that HEFCE monies are important to institutions.

The questionnaire asked whether there were external sources of funding other than those from HEFCE or the DSA that institutions had used to meet the needs of disabled students. Half of those responding to the questionnaire answered 'yes', but a substantial number gave a negative answer, suggesting that HEFCE support plays a substantial role. 66% of informants indicated that their institution supplemented external funding so as to meet the needs of disabled students.

For institutions involved in franchise arrangements, it seems that the colleges provide the support to disabled students in the majority of cases, although in some instances the university provides supplementary support.

## **Individual funding for disabled students**

For students in receipt of or applying for DSA, a range of services is offered and at different stages by most institutions, with many offering support and guidance at the early stages.



The majority of institutions offer some form of financial support in the event of DSA delays. Access to Learning Funds were often cited as substitute funding. Part-time and international students were mentioned as groups lacking support through funding such as the DSA.

The survey sought to discover the level of awareness and financial support activity relating to less visible impairments. Large numbers of comments were offered in response, and 54 informants stated that their institution did take steps to uncover undeclared impairments. The extent and scope of comments suggested some strong awareness of specific issues around disclosure, although it was not clear how far particular resources are being allocated to this. (See also Chapter 7.)

## **Admissions, access and audit**

It is important that information is provided that is specifically relevant for disabled people. There was a reasonably encouraging response on this, although there were some evident gaps in information provision, relating particularly to ‘accessibility maps’ and student groups.

Campus accessibility seemed to be an area that the majority of institutions had made improvements to over the last ten years, and most had carried out an access audit within the same period. Despite this, it was noted that there was still a need for more progress.

## **Institutions’ self-evaluation of progress**

As a conclusion to the Leeds team’s part of the questionnaire, institutions were offered the opportunity to rate their own progress in developing good practice in supporting disabled students. This was sub-divided across twelve topic areas. The exercise revealed significant differences for differing areas of activity, across responses from institutions as a whole. While not meant to provide a reliable finding in statistical terms, this showed that there may be less confidence over institutional activities in some areas than in others. In line with conclusions arising in various other parts of our work, we found less assertion implicit here about success both in the mainstreaming of disability issues into university business, and for institutional progress in consulting and involving disabled students.

## **Conclusions on survey results for England**

This section draws together findings (as above) from the returned questionnaires, within 17 bullet points.

## **Survey results for Wales**

The returned questionnaires for Wales were from eight institutions, comprising seven HEIs and one FEC. The questionnaires were slightly different from those for England (taking into account variations in funding). As in Chapter 4, Chapter 5 draws on website information as well as questionnaire responses.

## **Dedicated services, ‘equality champions’, and support for specific impairment groups**

Most institutions have some form of support service for disabled students, largely as part of a broader equality service (although in many, core staff numbers are relatively small). Six respondents identified an ‘equality champion’ within their institution.

Inquiry into provision of support for students with specific impairments showed that those with dyslexia appear to be the biggest group catered for across all institutions. Those groups of students whose needs are perhaps not being met sufficiently seem to be those with mobility impairments and hearing impairments (each mentioned by a quarter of the respondents).

## **Disability Equality Schemes**

A Disability Equality Scheme (DES) had been produced by the majority of institutions, according to our website review. There was evidence of consultation with disabled students in all but one institution; the collection, publication and monitoring of data on disabled students in most institutions; and the production of an annual report in over half of the institutions.

All institutions have some form of disability training available for staff, and some have additional general equality training. This training, however, is only compulsory for staff at one institution.

The questionnaire asked whether disabled students were represented directly in any committees or advisory panels. Somewhat in contrast with the responses from England, the Welsh answers to this question showed almost all institutions involving disabled students (in some way) formally.

## **Institutions’ use of HEFCW disability premium funding**

Key destinations for funding within institutions were the provision of technical assistance and equipment (75% of institutions), improving campus accessibility and providing dedicated disability services (50% each).

Allocation methods for HEFCW funding varied considerably, but half of the respondents who provided a response claimed that their institutions use a method of allocating a block grant to a central support service. Some form of monitoring of such spending is evident within three of the institutions.

Institutions were asked to estimate approximately how much of their budget for disabled students was covered by HEFCW’s disability premium funding. Half of the informants chose a figure of less than 50%. When asked about the impact that fluctuations in funding have on the continuity of planning, the largest group of responses stated ‘some effect’ (as with the English institutions), with 50% selecting this option. Only two of the institutions have any other external sources of funding available than those secured through HEFCW or the DSA for disabled students. Seven institutions supplemented external funding to cover the costs of provision for disabled students.

For institutions involved in franchise arrangements, it seems that the colleges provide the support to disabled students in the majority of cases, although in some instances the university provides supplementary support.

## **Individual funding for disabled students**

The initial website check revealed that all of the Welsh institutions provide some form of information on DSA on their site, although, as with English institutions, the level of detail provided varied.

For students in receipt of or applying for DSA, a range of services is offered and at different stages by most institutions. All of the institutions offer some form of financial support in the event of DSA delays. Financial contingency funds were often cited as substitute funding.

All eight informants claimed that their institution did take steps to uncover undeclared impairments. The comments received in relation to this question addressed a range of ways in which this might be achieved, including dyslexia screening being available to students, information campaigns, the use of a “health check questionnaire sent to all students at enrolment”, or through links with other services. The areas most frequently identified were similar to those identified by the English institutions. (See also Chapter 7.)

## **Admissions, access and audit**

All institutions provided some form of specific information for disabled students at application stage, although the provision of ‘accessibility maps’ and information on student groups is available at less than half of the institutions.

The majority of institutions had made improvements to campus accessibility over the last ten years, and all who answered the question had carried out an access audit within the same period. Despite this, it appears that there is still room for progress.

## **Institutions’ self-evaluation of progress**

As in the questionnaire for England, institutions rated their own progress in developing good practice in twelve topic areas. This revealed significant differences for differing areas of activity, across responses from institutions as a whole. There was less self-confidence over institutional activities in some areas than in others. Strikingly, the two areas scoring lowest in Wales matched those for England. On the other hand, Welsh respondents placed their institutions’ performance slightly higher on providing equipment. The indications that this question gave reinforce two themes already found for performance in England. Thus, we can have some doubts about the degree of commitment made so far either to consultation and participation on the one hand, or mainstreaming of disability issues into university business on the other.

## **Conclusions on survey results for Wales**

This section draws together findings from the returned questionnaires within fifteen bullet points.

# **The case studies**

## **Introduction**

Seven institutions were visited to gather information to complement and enhance the national survey.

## **The sample institutions**

The sample covered a range of institutional types, geographical settings, and campus features. There was also some diversity in the institutions selected as regards the numbers of students they had in receipt of DSA.

## **Practices and progress across the sample institutions**

All institutions were making progress with provision for disabled students. There was, however, some disagreement between stakeholders about the extent of good practice, the urgency of speeding up change, and the degree to which disability was in fact embedded throughout the institution. All the case study institutions demonstrated an awareness of, and commitment to, the broad principles of disability equality in HE, although work to achieve such equality was still very much ongoing. Specific examples were referred to of innovative practices in supporting or working for disabled students. These ranged from actions on transport or accessibility information, to the appointment of an Accessible Curriculum Project Officer, to consultation with disabled people's organisations.

## **Limitations and constraints**

A number of constraints and areas for improvement were highlighted. These concerned: student access to dedicated resources and related issues around assessment and disclosure; the limited involvement of disabled students; problems with continuity of funding; difficulties over physical access needs; problems in teaching and learning; gaps in staff training; uncertain support from above (central management, etc.); and limitations in external support and monitoring.

## **Conclusions**

Key findings from the case studies of institutions are summarised as follows:

- Levels of commitment and knowledge are often high amongst staff whose work regularly includes or focuses around disability issues. This reflects changes that have taken place in institutional environments in recent years, moving towards fuller recognition of disability.
- All institutions were making progress with provision for disabled students, although there was uncertainty across stakeholders about the extent of good practice, the urgency of speeding up change, and the degree to which disability was acknowledged in mainstream thinking and action. Staff directly engaged with disability issues can often cite positive examples of change and innovation, although they may also be well aware of barriers that remain.

- Work to achieve greater equality was very much an ongoing task, and the case study organisations could best be characterised as *institutions in transition*.
- There can be problems of delay and poor communication affecting the meeting of individual support needs. Institutions could seek to reduce delays in processes (perhaps especially where these concern access to resources), and improve the flows of information. Targeting of information and advice is likely to be most effective where it includes all students, rather than being focussed too tightly on the groups whose needs are most clearly visible from the outset.
- Consultation, participation and feedback mechanisms do not seem well developed, and deserve more attention.
- There is not always adequate continuity and reliability of funding for services and student needs, and this can affect performance of essential work, planning, and innovation. Some informants noted here the difficulty of planning ahead, because of the fluctuations in HEFCE mainstream funding (as perceived by individual institutions).
- While progress has been made on access and allied issues, much remains to be done, and students can still find themselves facing very difficult situations.
- Improvements in learning and teaching have been made, but practical and attitudinal barriers sometimes remain.
- Staff training is not as far-reaching or mainstreamed as might be hoped, and the seriousness of staff commitment to improved understanding and better practice is thought to vary. As far as we can judge, disability awareness training seems undervalued within institutions. One hypothesis might be that time and resource problems facing teaching staff may have combined with limited levels of senior management commitment, to delay positive change and diminish the commitment to training. This cannot be verified within the limits of our present study.
- Officers engaged with disability issues day-to-day are not always convinced about the strength of commitment of their senior managements. Thus it is difficult to confirm that disability issues are being mainstreamed effectively into university and college business in strategic and planning terms, despite good work at the support officer and unit levels.
- External regulation and support are seen by some informants as having important roles to play, but there are some doubts expressed about the adequacy of monitoring and guidance.

## **Good practice developments in England and Wales**

### **Introduction**

Chapter 7 draws together information on progress within institutions, indicating the overall ‘state of play’ on good practice and innovation across the sector. No similar review has been available previously for England and Wales.

A large number of institutions feel they have something particular to offer in terms of their work towards good practice, and many can identify areas in which they feel strong. There is quite a rich array of positive work in hand, demonstrating strong proactive efforts. We were surprised not to find more examples of good practice cited in relation to one or two of the specific aspects of HEI and FEC operations that had been identified for attention through our literature review and initial contacts. Nonetheless, there clearly have been major shifts towards engagement with disability in recent years, and no particular overall pattern to suggest that best practice is to be found predominantly or disproportionately within any particular types of institutions. A small group of specific references in questionnaire responses to links with other aspects of 'difference' (with mention of mature students, etc.) came from newer universities. This may reflect priorities related to recruitment patterns and the composition of student populations. In a similar way, the infrequency across our sample of explicit commentaries on part-time students might perhaps be an indicator of a relatively low level of interest. We can add that some respondents referred to specific HEFCE-funded work, to illustrate their own involvements with good practice.

## **Good practice developments amongst HEIs and FECs**

Examples of good practice offered to us by institutions were grouped into nine main areas that had been identified for investigation at the outset of this research (although with some overlap between categories). An additional category was subsequently added, to cater more particularly for responses provided via our small-scale supplementary survey focused on relationships between take-up and good practice on disclosure (see also Chapter 4). The ten categories are shown below. Some of these areas attracted more direct mentions of good practice than others.

### ***Physical access needs of disabled students and potential students***

Only a fairly small number of examples were directly referred to as good practice under the heading of physical access needs (although 20 institutions saw this as an area of strength for them). Perhaps improving access has become sufficiently regularised to not seem worthwhile citing as a distinctive focus of institutions' innovation and good practice. We also encountered possibilities of technological changes complementing alterations in physical design. This points towards future thinking about using electronic resources to move towards the 'smart campus'. Thus sites and buildings would increasingly incorporate a range of electronic and mechanical devices and aids; thereby enabling people to navigate and pass through spaces more swiftly and freely, providing immediately accessible information, adjusting environments to meet needs of individual users, and alerting students to potential barriers.

### ***Equipment and space needs of disabled students***

On some topics, website information improved the impression given in questionnaires. This was so for the topic of meeting equipment and space needs, on which 27 of the institutions indicated in responses that this was an area in which they felt strongest.

### ***Communications (and information) needs of disabled students and potential students***

Examples of good practice were offered relating to communications and information provision for students, or the training of staff (aimed especially at helping them to perform well in terms of understanding and communicating).

### ***Financial provision and needs for disabled students***

Given the importance of financial provision, it was expected that an area for regular attention would be the circumstances experienced by disabled students themselves. We were surprised, however, that good practice examples offered to us did not highlight specific in-depth explorations or monitoring of financial experiences, opportunities and barriers.

### ***Relationships between take-up and good practice on disclosure***

There is support for the argument that good practice and appropriate mechanisms within institutions can raise disclosure and take-up levels. Informants generally take a positive view of the impact of better practice on disclosure of impairments, indicating that experiences have been enhanced where more sensitive practices have developed. On the other hand, some made clear the potential difficulties of evidencing the relationship in terms of statistics or other hard data.

### ***Dedicated resources***

This category attracted a very large number of responses in the national survey and is clearly an important area for action, since 54 of the institutions completing the questionnaire saw it as an area of strength for them. Dedicated resources can be fairly general or generic in focus, or target support on specific groups such as students with dyslexia or mental health difficulties.

### ***Adoption and implementation of appropriate formal practices and procedures***

This involves mainstreaming of disability issues by adjustments to existing arrangements or mechanisms, as well as new practices of record-keeping, audit, testing, or impact assessment. In questionnaire responses there were a few references to information and monitoring systems falling under this good practice heading. More institutions, however, noted as good practice their activities or documentation around rules, codes, guidelines or support and intervention tools. This was suggestive of ongoing innovation and consolidation at formal, procedural and practical levels.

### ***Consultation and participation***

The survey drew few direct mentions of student involvements as instances of good practice, and perhaps there may be a gap in institutional recognition of priorities here. Discussions with informants, however, confirmed understandings that working towards inclusion requires involvement of disabled students in regularised consultation, and EIA will require this.

### ***Communications and interactions with external organisations and environments***

Apart from mentions of support for placements, relatively little specific illustration was offered on good practice in dealing with potential employers, career paths and further training opportunities. This may be another significant gap.

### ***Relationships with other dimensions of 'difference' amongst students***

Most respondents said nothing specific about aspects of 'difference' outside disability itself. Perhaps this might be because there are not many ongoing or recent projects tackling such linkages directly, but also because interest in new activities often focuses around impairment categories (rather than sub-dividing disabled people on lines of ethnicity, age, gender or sexual orientation).

## **Defining good practice**

Good practice is being defined and detailed in a wide variety of ways within and across institutions. With this in mind, it is important to keep innovations and practices under review, and to build up consultation processes. A balance is also needed between interventions focussed on specific impairments on the one hand, and the overall learning and living environment on the other. There is movement forward on both fronts, but a preoccupation with responding to impairments should not be at the expense of improved procedures and 'generic' concerns.

General disability awareness training can be invaluable along with equality training work, but it is also necessary to consider the implications of needs arising for disabled students around specific impairments, in various areas of activity. Thus it is important to work with staff to improve the particular services they offer at detailed levels, taking account of impairment issues. There can be reservations, however, about some attempts to simulate or convey to staff the potential responses or perceptions of disabled students. Simulations (and forms of role-playing) focussed around specified impairments may not properly reveal the experiences of students, but at the same time it might also be difficult to develop generic standards that accommodate the unique circumstances of individuals. Nonetheless, institutions should not rule out good practice focussed around improving sensitivity within teaching, even if training methods involve attempts to predict how particular kinds of materials may be received. Thinking in terms of *prediction of impact* is a better approach than simulation, since it implies less about the capacity of staff to put themselves in the place of disabled students. A key expectation, to ensure good practice is achieved, is to integrate consultations with disabled people into specific stages of the development process for training packages relating to teaching and assessment.

## **Conclusions on good practice**

There is a wide and sometimes impressive variety of positive developments and innovations reported from institutions. Nonetheless, there seem to be some areas of activity (such as consultation and participation, work to facilitate exit pathways, or the monitoring of the financial experiences of specific groups) where we might have hoped to hear more. Our review also provides some confirmation of the view that there are potential benefits from more sensitive practices on disclosure, as far as potential take-up of support by disabled students is concerned.

## **Conclusions**

This study has assembled a 'snapshot' of what is happening across the sector, along with a background analysis that locates recent trends, events and research contributions. There is justification for optimism about trends, but still much room for further positive change.

### **Three mutually reinforcing stages of development within HE**

Although activities overlap and mutually reinforce one another, we can characterise positive change within institutions in terms of three stages, steps or trends. First, during earlier periods there was an emphasis particularly on responding to physical impairments, by improving access and reducing barriers. Work on this continues within universities and colleges, because campus and residence environments still present many problems. Physical change may be complemented increasingly via concerted technological improvements using electronic systems.

A notable shift has taken place more recently, with considerable effort going into responding to less visible impairments and to enhancing support mechanisms and systems for individuals. This can be seen as a distinctive second stage or trend. Implications include exploring better methods of delivering teaching, improving communications, training staff, and looking afresh at assessment and curriculum delivery. There is emphasis on more systematic appraisal of needs and better response systems for impairments of several kinds.



A third stage of development may also be emerging. This is exemplified particularly by the adoption of Equality Impact Assessment (EIA). EIA opens doors to embedding disability issues more firmly (and in a generic way) across core activities and central management processes of institutions, complementing and helping to consolidate ongoing work that is flowing from the other two stages. It also has potential to bring with it a more regularised and significant consultative approach to equality strategies.

## Key findings

- The climate of thinking about disability in HE has been transformed over the last ten to fifteen years, so that disability issues are now acknowledged regularly within support work, site planning, admissions, learning and teaching, and assessment. This is not to say that responses are adequate, but to accept that the overall environment of ideas and attitudes has shifted very substantially within many institutions. Inputs from official bodies (including HEFCE and HEFCW) need to be accorded recognition in the change that has been achieved (along with financial encouragement), although much remains to be done.
- There is widespread evidence of enthusiasm and innovation amongst key staff in HEIs and FECs, evidenced clearly in efforts to improve practices and provide better services across a large array of institutions. We have encountered staff that genuinely can be described as ‘equality champions’. A variety of useful projects and initiatives are helping towards better understanding, and feeding into developments in teaching, assessment and support. Some of the projects valued and cited by institutions in England as good practice have been sponsored directly by HEFCE, while others, in both England and Wales, have arisen out of a keen wish amongst staff to enhance day-to-day practices (such as communication within teaching).
- There can be no guarantee that students are always accessing the support to which they are entitled. This is mainly because of possibilities of unrecognised and unmet need amongst student populations. Despite the excellence of some of the support being given to those who can be most readily identified, students may ‘fall through the gaps’ in provision. This is a problem affecting planning and data. Meanwhile, events can still go badly wrong for individuals who are being catered for with delays, lack of continuity, poor staff awareness, access problems, and shortfalls in resources.
- Our material supports the view that there are potentially strong relationships between sensitivity in the handling of disclosure of impairments on the one hand, and levels of take-up of support and services on the other. While it is not currently feasible to generate large-scale quantitative comparative data to confirm this link statistically, the qualitative information gathered through our investigations points clearly to the importance of the specific approaches that HEIs and FECs adopt.
- While the trend towards better institutional performance, linked to specific impairments and to support systems, has been improving what is provided, it is less clear how much progress has been made in embedding disability matters in a more generic way within university business. It is uncertain how far central managements have yet adjusted to the needs implicit in taking a more holistic view, or in implementing EIA. There is also uncertainty over how far management commitment would be sustained across the sector independently of external pressures and funding. Although beyond our brief, there might be issues of compliance here.

- When referring to good practice, informants did not often emphasise successful participation or consultation, and this seems to be an area that remains underdeveloped, perhaps particularly in England.
- When reviewing the attention being given to needs and barriers along the pathways and trajectories of students, the research team found references to holistic approaches and ‘joined up’ activities, but might perhaps have hoped for more. Relatively little was mentioned about assisting or developing effective exit (or postgraduate) strategies. The limited amount of commentary offered on transition to postgraduate level might reflect various factors, including the stance on disability of external funders. Postgraduate opportunities – and access to the funding streams available via HEIs – might be a significant area for further review.
- The financial side of disability support work receives considerable attention within many institutions, and there is evidence of attempts to fill gaps in funding. On the other hand, little was brought to our attention to report detailed investigations into financial problems faced by disabled students during their time in HE, or the connections this might perhaps have with other aspects of difference or circumstance (such as having family responsibilities, studying part-time, etc.).
- The data position at the interface between HE and disability is rather weak. Research and evaluation face particular challenges, and within institutions the impression is of limitations in information collection and monitoring. The lack of internal data in some domains within HEIs and FECs may become a pressing issue as EIA becomes more entrenched, and there might be dangers of falling back too much on impressionistic methods. While small-scale qualitative investigations can generate useful insights from individuals and small groups, such methods need adequate contextual or comparative grounding.
- Differences between institutions may be significant, with some not even providing adequate website information, while others show that they have taken a range of excellent good practice steps. There does not seem to be any clear differentiation between categories of institutions.

## **Exemplars and descriptions of good practice and ways forward**

This part of the report illustrates some of the ways in which specific activities may carry good practice forward. Descriptions or exemplars of preferred practice are presented, each building on experiences or actions in one or more specific universities or colleges (and sometimes drawing on our survey information in general). They highlight selected present and emergent practices to provide pointers for a programme of ongoing developments across the sector.

In summary, the examples concern:

8.3.1 First steps towards the ‘smart campus’

8.3.2 Moving towards better websites

8.3.3 Addressing specific impairment needs within an inclusive environment

8.3.4 Procedural good practice: developing impact assessment (EIA)

8.3.5 Developing strategies for assessment and for training staff; the SPACE approach

8.3.6 Training and supporting staff to improve communication and delivery of teaching, and to better understand the impact of assessment methods

## **Generating an agenda for a good practice and innovation toolkit**

This section outlines ingredients that might together constitute a portfolio for ‘the proactive good practice institution’. The suggestions also indicate the agenda that would need to be explored in more depth to generate a good practice and innovation toolkit. Creating a toolkit would require a fuller exploration of possibilities and pitfalls.

## **Potential options and issues for the future**

**EIA** The development and implementation of EIA needs to be supported and monitored, as it could prove central to moving proactively beyond impairment-specific initiatives. Full implementation is likely to prove demanding and expensive in terms of staff time, and there are significant data implications. Options might be explored at national level for giving practical encouragement, and for looking into issues of data and consultation practice. Thus, we recommend further investigation around EIA, including deeper engagement with questions about data needs, staffing and procedural practicalities.

**Participation and consultation** There is a case for fuller and more diverse involvement of disabled staff and students (and their organisations) in the decisions and processes of some institutions. This issue may be especially salient for England. Perhaps moving forward on consultation practices might be an appropriate theme for further enquiry across HEIs and FECs.

**HEFCE and HEFCW roles** The ongoing positive impact of HEFCE and HEFCW became evident in our investigation, and the significance of supportive intervention should be fully understood in future planning. Although changes and innovations in funding and programmes can be of great value, there are also merits in having a clear sense of continuities in available levels and flows of dedicated funds, when seen from an HEI perspective. Although catalyst effects from funding or specific initiatives and projects are hard to quantify, these interventions do seem to have had a positive impact on the commitment to prioritise disability issues, amongst management and teaching staff.

**Resources and interventions** The pace and depth of positive change in numerous domains may be influenced strongly by future resource availability, both in respect of the fuller mainstreaming of disability equality, and the widening of commitment by individual teaching staff. Ongoing commitment by HEFCE and HEFCW will be significant for maintaining momentum, and for helping HEIs and FECs handle the costs of improved practices.

One modest option for the short term could be to encourage institutions to explore in detail the ways in which they might best handle the costs of change (cast in non-economic as well as financial terms), and to feed into such an exercise some advice on assembling the information on staff and allied inputs that will be needed for specific advances to be made.

More important, however, clear targeting of key areas for development could well prove invaluable as a further stimulus to institutions. One attractive option might be a rolling programme of encouragement, focussed on a succession of key themes year by year, with supporting or complementary expenditure available as better practices are developed or demonstrated. EIA (as noted above) could be a clear case for intervention, as could systematic consultation with students and staff. Another example might cover work towards better

engagement of staff themselves (including developing processes of participation and consultation for all staff in institutions, as well as more effective release arrangements to encourage take-up of training).

We have pointed to possibilities for generating a good practice toolkit, and one way to tackle this might be through a collaborative initiative under the leadership of HEFCE and HEFCW.

# Chapter 1

## The aims and methods of the research

### 1.1 Introduction

This report presents results and findings from an investigation commissioned jointly by HEFCE and HEFCW. The research project focused on HE provision and support for disabled students, and was carried out primarily between February and August 2008. Using a mixed methods strategy, the research team explored and analysed the institutional responses to disabled students across England and Wales. While the activities of HEIs were central for the investigation, the study also included FECs involved with HE students.

The material is arranged in eight chapters. This one gives details of the approach, methods and work of the research team. Chapters 2 and 3 then provide background coverage of the development of issues and policies in recent years, and of the features of the available data and research record. Chapters 4 and 5 present material from our national survey, providing a broad picture of the responses to disability across institutions in England and Wales. This is followed by a chapter drawing on a set of case studies, complementing the national survey. In Chapter 7, we make an analysis of good practice issues, using specific material drawn from the national survey and case studies, enhanced through follow-up contact work and additional enquiries. Finally, Chapter 8 brings together key findings, presents exemplars of good practice, outlines ingredients as first steps towards a good practice toolkit, and comments on ways forward for England and Wales.

### 1.2 Approach and methods<sup>1</sup>

The investigation had four main components:

- (i) **An historical review**, looking especially at developments in policy, regulation and official advice over the last ten years, and the implications within the sector. This was primarily desk-based.

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<sup>1</sup> The project was led and managed by Malcolm Harrison, who co-ordinated the findings, edited the overall text of this report, and directly drafted Chapters 1, 7 and 8. The case studies (Chapter 6) were led by Alison Sheldon, with support from Colin Barnes, Laura Hemingway and Bill Armer. Laura Hemingway implemented the national survey and website search with support from Harrison (Chapters 4 and 5), and Ray Pawson prepared the analysis of research records and data sets (Chapter 3). Colin Barnes led the historical review and related analysis of official policy trends (Chapter 2). Readers seeking further information about specific chapters may contact individual team members who were involved with particular elements of the investigation.

**(ii) A review of the information base** in terms of previous research studies and reports, to explore progress made and provide an evaluation of the robustness of available data. This was primarily desk-based.

**(iii) A national survey covering both England and Wales**, to gather information on the ways in which disability support is organised, the utilisation of funding, and the extent of progress towards better practices. This was implemented through a questionnaire, reinforced by supporting contact and website work. In addition, a small-scale supplementary survey was used at the end of the project to deepen knowledge on particular issues around disclosure and take-up of support.

**(iv) A set of case studies**, to examine salient aspects of institutional practices and performance through direct contacts with participants. This involved some telephone and email contact, but centred around visits to seven institutions.

### **1.2.1 Three foundations for the investigation**

The overview that informed the approach was based on three very practical foundations. First, the team identified nine inter-linked and overlapping areas, topics or domains, in each of which HEIs should be responding positively to needs and expectations. These were designed to be capable of capturing most of the key ongoing points for action across institutions in recent years, and provided a simplified checklist to assist the design of questions within the survey questionnaire. The checklist also helped when visiting individual HEIs or FECs. Appendix 1 lists these nine areas. Second, the project took account of the desirability of a reasonably holistic overview of student experiences and pathways, from pre-entry to exit stages, and of acknowledging how needs and activities should be seen in a 'joined up' way. This informed the case study visits, and also parts of our analysis of good practice (see Chapters 6 and 7). Third, it seemed very important to try to draw out information about institutional engagements not only at the level of specific impairments but also in terms of broad commitment to generic improvement of practices, and to the embedding of awareness within the mainstream business of HEIs and FECs. This was seen as a key concern within an approach drawing on the social model of disability.

### **1.2.2 Links with HEFCE study on the Disability Equality Partnership**

The research team liaised with staff from the parallel project commissioned at the same time by HEFCE to evaluate the Disability Equality Partnership (DEP). This partnership, between The Higher Education Academy, Action on Access and the Equality Challenge Unit (ECU), is mentioned again in Chapter 2, and aims to support embedding of the disability agenda and disability best practice across the HE sector, engage with emerging themes, and provide added value through joint working. A section of our national survey questionnaire was dedicated to meeting some specific needs for the project on the DEP, and is therefore not discussed in the present report (for the findings from the parallel project, see *Review of Disability Equality Partnership (DEP)*, Oakleigh Consulting, HEFCE, available at [www.hefce.ac.uk](http://www.hefce.ac.uk) under Publications/Research & evaluation).

### **1.2.3 The national survey**

The national survey involved preparatory work using websites, followed by delivery of questionnaires via email. This was preceded by local piloting to improve scope and questions, and detailed collaboration with HEFCE and HEFCW officers over question design, particularly

for some aspects of coverage (finance, franchise arrangements, etc.). For England, the full set of institutions was subdivided into categories as a check on adequacy of representation, but the sample was in any case sufficiently large to ensure inclusiveness (see below for the categories used). For Wales, the sample and the balance within it reflected advice from HEFCW. In the final stages of the project, a supplementary email questionnaire was sent out, targeted on selected informants drawn from the main samples. This was to gather additional insights on relationships between practice on disclosure of impairment and student take-up of funds and support.

### ***Website search objectives and sample***

The websites analysis covered some basic features of 96 institutional sites, and was intended to give initial insights and reinforce the questionnaire survey, rather than as a stand-alone exercise. The sites included were those for our email questionnaire samples for England and Wales, and for our initially selected case studies. Possibilities were explored for analysing website information in depth, but detailed reporting and thematic analysis lay beyond our brief, given the project time-scale. Nonetheless, in many cases we were able to check for availability of the DES, references to a dedicated disability services unit, the provision of information on financial and technical support, general access information, and accessibility of the websites themselves.

One key aim in reviewing institutions' websites was to obtain basic insights into the availability of particular forms of information relevant for disabled students. As the websites are amongst the first places that students may look for information, the material offered and the form in which it is presented can be important. Thus, the research included examining each website for information that a disabled student might wish to find out prior to applying to a university or college. For example, useful information might refer to matters such as whether there is a dedicated disability services unit or advisor, whether the DES is available online, what information is available about DSA, whether the website presentation can be altered/adjusted to a more accessible format (including text only versions, increased font sizes, changed background colour, etc.), the availability of 'access maps' or other guides to campus or residence accessibility, whether student support groups are in operation, or whether technical equipment is provided. On occasion it proved difficult and time-consuming to find certain information within a website, reflecting a lack of clear and transparent logic or ready accessibility (sometimes due to sites not working properly at the time of the search, or being updated). Overall, the material collected was not suitable or complete enough for reliable comparative tabulation but helped establish a broad picture, and some specific observations on the sites are given in later chapters.

### ***The national questionnaire survey: a three part sampling strategy***

The survey for England covered both HEIs and FECs, but with a distinct sampling strategy for each. The main aim was to ensure reasonable representation across the two sectors to provide a genuinely informative set of responses, but bearing in mind that the HEIs generally play a larger overall role for HE students than do FECs. In Wales, the scale of the survey was much smaller, so that a combined approach to types of institution was suitable. It was anticipated that most (though not all) parts of the questionnaires would be perceived as equally relevant across the HEI/FEC boundary, and good practice would be found in varying contexts. The three parts of the questionnaire sampling are outlined now.

- (1) A 50% sample was generated for HEIs in England, made up of 67 institutions. HEIs were assigned to six categories, within each of which a 50% random sample was drawn, and

the groups of selected institutions were combined to constitute the full sample. The groups were:

- 'New'/ post-1992 HEIs from large urban/conurbation areas
- 'New'/ post-1992 HEIs located in small towns/rural regions
- 'Old universities'/ HEIs that are large civic institutions
- 'Old' universities'/HEIs that are in small towns, on an outlying campus, and/or outside main conurbation areas
- Specialised institutions, small independent universities, affiliated colleges, etc.
- High status or 'elite' HEIs.

In addition, one institution was placed in its own category because of its very distinctive characteristics. There was an option in our planning to make marginal sampling adjustments to safeguard regional representation, and to ensure inclusion of some institutions in receipt of the higher levels of HEFCE funding for 2006/2007. Potential case study institutions were also considered at the time the survey samples were drawn, as it was desirable for questionnaires to be completed for all the visited institutions. In the event, the initial combined HEI sample for England was adjusted to reduce over-representation of Greater London institutions, but other changes to the random selection were slight.

- (2) The FECs in England were selected by starting with a simple randomised sampling of every seventh institution listed by HEFCE as relevant to the present enquiry's focus on HE. This was felt sufficient to provide appropriate FEC representation in the survey. Again, there were some marginal amendments to adjust regional representation, and to include three institutions that had received high levels of HEFCE funding. Twenty FECs were then included in the final sample, and were sent questionnaires.<sup>2</sup>
- (3) For Wales, a separate sample was drawn in consultation with HEFCW, involving nine institutions (seven HEIs and two FECs). The sampling frame for this selection was derived from combining two lists of potential respondents: twelve HEIs and six FECs. Regional representation was a significant factor for selection, along with ensuring a good range of types of university institutions.

### ***Questionnaire delivery, and response rates***

Some information was received about appropriate persons to be targeted for questionnaire delivery following HEFCE correspondence with institutions in England, but the response to this initial HEFCE letter was limited. Consequently – for most institutions – we selected contact names (often from disability services or student support services) to target alongside Vice-Chancellors or Principals. A HEFCE cover letter was sent to institutions with the questionnaire, and this (together with additional contact work from the research team) helped towards a good response rate for England. Fifty-one HEIs and thirteen FECs in England returned completed questionnaires, an overall response rate of above 73%. In Wales, with similar official endorsement, there were eight responses from a sample of nine institutions, constituting nearly 89%. The response rate for HEIs in England was lowest for the category containing specialised

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<sup>2</sup> The sample included two institutions listed in HEFCE records as FECs in receipt of the HEFCE mainstream disability funding allocation, but survey responses indicated that these were now apparently not receiving this type of funding. This should be kept in mind for the detailed questionnaire findings in Chapter 4.



institutions, small independent universities, and affiliated colleges, etc. This is a large and diverse group.

### ***The supplementary survey***

Sixty institutions were selected for a further smaller-scale enquiry. These were those HEIs or FECs across England and Wales that had already offered specific kinds of commentary in the full national survey. In effect, we returned to the informants from these colleges and universities to request fuller coverage, thereby adding more individual insights to what they had already provided. 23 replies were obtained, via a single email enquiry within a very compressed timescale.

### **1.2.4 The case studies**

Case studies were selected to represent a range of institution types and locations, and Chapter 6 gives information on these. One university directly refused to participate, either as a case study site or by returning the questionnaire, and a substitute institution was therefore selected as an alternative case study location. One case was in Wales, and six in England.

# Chapter 2

## Disability policy and higher education

### 2.1 Introduction

Much has changed in the relationships between disability, and further and higher education. Where once disability was considered almost exclusively an individualistic medical problem, it is now widely regarded as an equal opportunities issue on a par with gender, race, ethnicity, sexual preference and age. From the 1990s onwards, government policies aimed at addressing barriers to mainstream living for disabled people have grown in scope and reach, with the 1995 Disability Discrimination Act (DDA) marking an important stage in this change. In line with these developments, access to education for disabled students has moved up the agenda. Yet although overall numbers of students in universities and colleges have increased over recent years, those with accredited impairments remain under-represented, suggesting that continuing disadvantage or injustice may persist in relation to our HE system (Riddell et al., 2005). In effect, whilst expansion of HE has been accompanied by a substantial growth in general student numbers, the social composition of the student population has not changed very substantially (Lewis, 2002). At the same time, competition for places on particular courses and in higher status universities and colleges may have intensified.

The present chapter helps set the scene for our whole report by addressing the approaches of governments and governmental agencies in this policy territory, and by assembling a broad overview of change in policy and practice (particularly during the last ten years). Drawing primarily on selected key published sources, we chronicle some of the principal trends and concerns that have been salient in practice and provision for disabled students. It is clear that widening access to HE has become a major priority for successive British governments. Participation in HE is seen as being generally linked to improved life chances and higher earnings and, according to the 2003 Department for Education and Skills (DfES) White Paper, *The future of higher education* (DfES, 2003a), people with an undergraduate honours degree earn 64% more than those without one. This has prompted efforts to encourage disadvantaged students from non-conventional backgrounds to enter HE, in the interests of social justice and improved economic competitiveness (DfES, 2003b). There are signs of a slow but steady increase in the proportion of disabled learners, and the role of public policy has been one of the crucial influences here. Nonetheless, there are still many issues to address. An important ongoing concern, amongst others, must be the presence of unmet as well as recognised need. As is noted in Chapter 3, it remains difficult to gain an accurate picture of numbers of disabled students in HE. Here, the issue of disclosure – with its accompanying problems of labelling, and its requirements for sensitive staff practices – remains a central one.

Our review of policy change adheres to the social model of disability developed by disabled people and their organisations (Campbell and Oliver, 1996). That approach is summarised in the Statutory Code of Practice issued by the Disability Rights Commission (DRC, 2005), and is advocated by the Higher Education Funding Councils for England and Wales. It places the emphasis firmly on attitudinal or environmental barriers (HEFCE, 2006, p.34). In line with current best practice, 'disability' is distinguished from 'impairment and ill health', and is defined

by the Prime Minister's Strategy Unit as encompassing disadvantage experienced by an individual resulting from barriers to independent living, educational, employment or other opportunities, that has an impact on people with impairments and/or ill health (PMSU, 2005, p.8).

Section 2.2 discusses law, regulation and policy in general terms and in relation to educational provision for disabled students. Sections 2.3 and 2.4 review policies further for England and Wales respectively. Section 2.5 then discusses financial issues, and the funding policies and arrangements that have addressed disability issues.

## **2.2 Government policy on disability in HE**

### **2.2.1 International trends**

It is useful to begin by briefly placing UK policy on disability in HE in relation to that of other countries. The USA was the first western nation to introduce comprehensive anti-discrimination legislation, with the Americans with Disabilities Act (ADA) in 1990. This provided a legal basis for equal opportunities for disabled people, and prohibited discrimination on the basis of 'disability' (impairment) in employment, state and local government, public accommodations, commercial facilities, transport and telecommunications. It is notable that the ADA covered universities and colleges from the outset (OCR, undated). This is in contrast to the DDA, which did not address educational issues when introduced in 1995 (although these were covered from 2001). Clearly influenced by American traditions of individual rights and consumerism, the ADA also emerged as an extension of earlier civil rights legislation to prohibit discrimination against non-white Americans, and regulatory bodies were quickly established to ensure compliance. Matters moved more slowly in the UK, with the Disability Rights Commission (DRC) only coming into existence in April 2000 to facilitate 'the elimination of discrimination against disabled people'. The majority of cases brought to court in the USA under the ADA, however, have apparently centred on employment-related issues, with relatively few concerned with discrimination in education. Nonetheless, scrutiny on American university websites suggests that provision for disabled students is well embedded and systematic, and many institutions have now adopted inclusive principles appearing to cover all aspects of university life, founded on the notion of 'universal design' in *Implementing universal design in higher education* (Scott et al., 2007).

Turning to Europe, we find that the development of equality strategies for disabled students seems patchy. Indeed, despite the adoption of the social model of disability by the European Commission (CEC, 2003), interpretations of and responses to disability across European states vary considerably (Priestley, 2005). Although several countries now have some form of anti-discrimination policy to prohibit disability discrimination (particularly in employment), it seems that this rarely covers educational policy and practices (Hurst, 1998a, b; Riddell et al., 2005). In some respects, therefore, the UK may appear relatively active on disability at present, although it is useful to keep the US comparison in mind too, especially given its emphasis on universal principles. It would be useful to have more published comparative research about disabled students, although there has been some work around specific topics indirectly relevant to the present study (and we can note particularly a four countries comparison of how HE institutions manage student retention, from Van Stolk et al., 2007).

## 2.2.2 Developments in UK law and regulation

The legal definition of disability in the UK reflects an individual/medical approach to disability, so that a person is seen as having 'a disability' if he or she has a physical or mental impairment, "that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities" (DRC, 2005, Appendix B). Individual/medical definitions conflict with the social model interpretation advocated by the disabled people's movement and increasingly acknowledged within public discussion and official commentaries, and have been widely criticised by disabled activists and their organisations (Oliver and Barnes, 1998). Nonetheless, the DDA provided an important starting point for subsequent developments, and helped establish disability officially alongside other dimensions of the equality and difference agenda. Creation of the Disability Rights Commission (DRC) was also an important associated development, even if the organisation was short-lived. Like its predecessors the Equal Opportunities Commission (EOC) and the Commission for Racial Equality (CRE), the DRC's main activities revolved around the production of new codes of practice, the updating of existing ones, the provision of information and advice, conciliation and research. Initially, the DRC had the power to take up cases on behalf of individuals and organisations, but in practice its activities in this regard focused mainly on employment-related issues (Harwood, 2006).

The DRC closed its case work department in 2005 and, along with the OEC and CRE, was abolished in 2007. They were replaced by the Equality and Human Rights Commission (EHRC) which began operations on 1 October 2007. Government justification for the new body hinges on the assertion that it will bring together 'equality experts', and act as a single source of information and point of contact for individuals and organisations, in order to help "businesses tackle discrimination by promoting awareness of equality which may prevent court and tribunal cases" and tackle "discrimination on multiple levels" as some people may face "more than one discrimination" (Directgov, undated, a).

The omission of education from the DDA in 1995 was surprising, as Section 8 of the 1970 Chronically Sick and Disabled Persons Act had acknowledged the need for improved access to the built environment of universities and schools (OPSI, undated, a). In 2001, *DDA Part 4 – access to post 16 education* entered the statute books, and required colleges and HEIs to publish disability statements indicating policy, provision and future plans for disabled students. This was followed by the Special Needs and Disability Discrimination Act (SENDA), also in 2001, and implemented in 2002. This Act made it illegal to discriminate against disabled students. Discrimination is deemed apparent if institutions fail to make 'reasonable adjustments', or provide unfavourable treatment to a student relating to their impairment without justification. Institutions are expected to provide anticipatory adjustments, rather than responding in an ad hoc way to the needs of individual disabled students. As with previous anti-discrimination legislation, SENDA is a reactive law that requires individuals to complain before any action may be taken. In January 2001, however, the Prime Minister's Strategy Unit published the report, *Improving life chances of disabled people*. By adopting social model insights the document set out:

"...an ambitious vision for improving the life chances of disabled people so that by 2005 disabled people have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society." (Blair, 2005, p.6)

In 2003, there were some changes to the DDA via the Disability Discrimination Act (Amendment) Regulations, 2003. This was followed in 2005 by a further amendment, *Part 5* (DRC, 2006a), *the Disability Equality Duty* (DED). In contrast to previous policies this is a

proactive measure, which requires all public institutions, including HEIs, to produce a DES outlining plans to make the necessary changes in policy and practices to facilitate disabled people's meaningful inclusion into their facilities. The intention is that these schemes are to be reviewed and amended on a three-yearly basis. A DES provides a framework to assist authorities in planning, delivering and evaluating action to meet the general duty, and to report on these activities. Disabled people must be involved in the development of the scheme, and it should include a statement of the way in which disabled people have been involved; the methods for impact assessment; steps which will be taken towards fulfilling its general duty (the action plan); the arrangements for gathering information in relation to employment, and (where appropriate) its delivery of education and its functions; and the arrangements for putting the information gathered to use. The latter point meant, in particular, when reviewing the effectiveness of the institution's action plan and in preparing subsequent schemes (adapted from DRC, 2006a).

In 2006 the DRC published *Further and higher education institutions and the Disability Equality Duty: Guidance for principals, Vice Chancellors, governing boards, and senior managers working in further and higher education institutions in England Scotland and Wales* (DRC 2006b). This was followed less than 12 months later by *Understanding the Disability Discrimination Act: A guide for colleges, universities and adult community learning providers in Great Britain* (DRC 2007). Both documents provide extensive background information on institutional responsibilities under the Act, and guidance on the implementation of all aspects of the DDA and the DED for colleges and universities across the UK. In so doing they complement the *Codes of Practice* accompanying the legislation, which provide statutory and other guidance on materials on key topics pertinent to post-16 educational provision. (For a list of Codes see Appendix A, in DRC, 2007).

Research on the implementation of the DED by HEIs by the DRC in 2006 found that out of a representative sample of 21 institutions studied in England and Wales, only eight HEIs (38%) were assessed as being compliant with the requirements of the Disability Discrimination (Public Authorities) (Statutory) regulations (DRC, 2006c). Moreover, notwithstanding that the EHRC is charged with responsibility for monitoring and ensuring that public organisations and institutions fulfil their obligations under the DED (Directgov, Undated, a), there is as yet no indication of how this is to be achieved. Perhaps it might be argued that the Equality Act 2006 (OPSI, Undated, b) has weakened the rights of individuals seeking legal assistance in discrimination cases. Unlike its predecessors the EHRC does not have the power to represent an individual's complaint to an employment tribunal (except with reference to discriminatory advertisements and 'instructing or causing someone to discriminate'), nor is it required to consider all applications for assistance. According to one view, the legislation "appears to give the Lord Chancellor excessive power to determine the situations in which the EHRC will be able to support cases under the Human Rights Act" (Harwood, 2006, p.8). Moreover, debates in Parliament suggest that the Government expects the EHRC to use its enforcement powers as rarely as the previous commissions used theirs (Harwood, 2006).

The DfES published its Disability Equality Scheme in December 2006, which included information and guidance on action plans for universities and colleges for the period December 2006 until December 2009 (DfES, 2006). Its successor, the Department for Innovation, Universities and Skills (DIUS), is currently undertaking a consultation exercise on the development of a single equality scheme to include disability:

"Our aim is not only to achieve compliance, but demonstrate best practice and, ultimately, to be an exemplar in this field. DIUS aspires to developing and implementing policies and

programmes that truly match the needs of the different stakeholders we work with and the people we serve. It is therefore critical to us to have clarity on how our policies can engage with and have real impact across society – be it as employees or employers, as individuals or as members of local communities. We recognise that we still have work to do to truly meet this aspiration, but we believe that this SES is an important first step in that direction.” (DIUS, 2008, p.3)

Parallel work has also been in hand in Wales, directed by the Welsh Assembly. At this stage, the DIUS scheme focuses mainly on equality in relation to disability, gender and race. In future updates to this work, DIUS will apparently “expand on other aspects of equality to include: age, sexual orientation, religion or faith, gender identity, transgender and community cohesion in more detail” (DIUS, 2008, p.3). Although the consultation document contains no specific policy initiatives regarding widening access for disabled students and staff, it does support those of HEFCE and the ECU in promoting equal opportunities in HE, and in widening opportunities for disabled learners. Mention is specifically made of supporting HEFCE in their review of disability initiatives which is currently underway (DIUS, 2008, p.23).

It is difficult to weigh up the present ‘state of play’. On the one hand, there has been significant movement forward in recent periods, both as regards requiring more proactive approaches in institutions, and in terms of expectations about formal proceedings including creation of published strategies and plans. On the other hand, it is as yet unclear how constructive a step the creation of the EHRC will prove to have been, or how far disability issues will be addressed amidst the expanding demands of the widened equality repertoire. We now turn more directly to HE, selecting some of the landmarks and key points on which to concentrate.

## 2.3 Developments in England

The Further and Higher Education Act of 1992 was instrumental in the establishment of the HE funding councils in England (HEFCE), Wales (HEFCW) and Scotland (SHEFC). Early HEFCE initiatives with reference to disabled students were summarised in two reports, *Access to Higher Education: students with special needs* (1995), and *Access to Higher Education: students with learning difficulties and disabilities* (1996). Taken together, these documents highlighted the importance of genuine interest and commitment from senior management, the employment of full-time experienced specialist staff, appropriate funding levels, the embedding of policies and procedures relating to disabled students within normal operating procedures, clear lines of management responsibilities, flexibility in short- and long- term planning to accommodate unprecedented and changing demands, and establishing of strong links with local, regional, national and international networks (Hurst, 1999, p.68).

During the same period, reports appeared signalling a concerted shift in ideas away from a preoccupation with particular impairments and learning difficulties towards development of an inclusive learning environment to accommodate all students in post-16 education systems. These included *Inclusive Learning* (The Tomlinson Report) (FEFC, 1996), *Learning Works: widening participation in further education* (The Kennedy Report) (FEFC, 1997), and *Higher Education in the Learning Society* (The Dearing Report) (NCIHE, 1997). In December 1997, HEFCE and HEFCW jointly commissioned the SQW report, *Guidance on Base-level Provision for Disabled Students in Higher Education institutions*. This presented the findings and recommendations of a study of base-level provision for disabled students in HEIs. The aims of the study were to guide institutions on provision for disabled students, act as a benchmark for students and institutions, and inform funding policy. Recommendations fell into three specific groups, dealing with baseline provision, funding issues, and other initiatives to promote access

for disabled students. Base line provision represented the minimum level of provision that an HEI should provide, and referred to issues that have become increasingly familiar in HE:

- a) A comprehensive disability policy statement on provision and support available to disabled students.
- b) An admissions policy and protocol that specifically addresses disability issues and includes the opportunity for students to discuss their access needs with a 'designated officer when applying and on enrolment.
- c) Accessible information on needs assessment procedures at the point of entry, including a code of practice governing the circulation of relevant personal information that secures appropriate levels of confidentiality.
- d) The provision of services to meet assessed needs.
- e) Clear internal communication and referral procedures.
- f) Arrangements for monitoring the agreed support following the needs assessment.
- g) HEIs ensuring that they have access to suitably qualified support workers.
- h) A clearly defined institution wide policy and procedure to cover examinations and assessments.
- i) Staff development programmes to cover information relevant to disabled students and support, including induction sessions and training programmes for staff new to the institution and sector.
- j) Dedicated staff, including a permanently employed disability coordinator with full or part time staff determined by the numbers of disabled students requiring support. These should be complemented by appropriate administrative staff and a member of the senior management team responsible for disability issues.
- k) An estates strategy to cover physical access issues and to ensure that the needs of all disabled groups including wheelchair access, accessible signage, loop systems for people with hearing impairments are considered in the design of and/or refurbishment of buildings.
- l) Procedures to ensure that policies, programmes and their effectiveness are subject to regular monitoring and regulation. (SQW, 1999, p.3).

In 1997, the Quality Assurance Agency for Higher Education (QAA) was established. QAA is an independent body funded by subscription from HEIs and colleges, and through contracts with the main HE funding bodies (see <http://www.qaa.ac.uk/aboutus/default.asp>). Its mission was to safeguard the public interest via sound standards of higher education qualifications, and to inform and encourage continuous improvement (QAA, undated). The QAA's code of practice for students with disabilities was produced in 1999 and implemented in 2000. Its 24 precepts were intended to ensure that disabled students had a learning experience comparable to that of non-disabled peers (QAA, 1999). It was intended that HEIs would incorporate these directives into their traditions, cultures and decision-making processes.

There has been much ongoing project funding, advisory work and guidance from HEFCE, some of which reflects the quite ambitious targets being set from central government in terms of more proactive practices. At a detailed level, HEFCE has sponsored specific work on practical topics relating to student support or teaching and learning. Output may include publications or electronic resources. An example of HEFCE-funded transferable guidance on good practice is *Ten guides for staff supporting disabled students and one for disabled students*, published by the Geography Discipline Network for the Inclusive Network Project. This project focuses on the fundamental principle of inclusion whilst addressing the day-to-day practical realities of supporting students with a wide range of impairments (Escalate, 2006). At a more strategic level, we can cite an example linked to one of the important components of emergent policies in the recent period, the aim of establishing EIA. In October 2004, HEFCE

produced practical guidance for HEIs connected with the assessment of the effectiveness of their policies on equal opportunities, entitled *Conducting impact assessments for equal opportunities in higher education: a guide for good practice*. Drawing attention to the requirement that public institutions, including HEIs, should carry out EIAs, the guidance was aimed at all staff engaged in policy formulation and delivery in HEIs, including senior management, human resources administrators and heads of departments. The intention is that impact assessments must be incorporated into all working practices in the HE sector:

“Impact assessment is the thorough and systematic analysis of a policy or practice to determine whether it has a differential impact on a particular group. It can be seen as a quality control mechanism by which HEIs can evaluate their activities and best meet the needs of their stakeholders. This can lead to better value for money, increased productivity and maximisation of resources leading to a more efficient and effective working and learning environment.” (HECFE, 2004, p.3)

The report provided a template for the procedures and practices of implementation, with the assertion that impact assessments are not ‘one-off’ exercises, but should be incorporated into a three year cycle of institutional review (as had been recommended by the then Commission for Racial Equality). In addition, it was stated that institutions should monitor and make available the results of assessments for internal and external consumption. We give further attention to EIA in our conclusions in Chapter 8.

In light of the growing emphasis on proactive policies for eliminating inequality generally, and the introduction of the DED, guidance for HE on equality duties was updated by the ECU in 2007. The DED may be summarised as follows: universities and colleges have a ‘general duty’ to:

- promote equality of opportunity between disabled persons and other persons.
- eliminate discrimination that is unlawful under the Disability Discrimination Act (2005).
- eliminate harassment of disabled persons that is related to their disabilities.
- promote positive attitudes towards disabled persons.
- take steps to take account of disabled persons’ disabilities, even where that involves treating disabled persons more favourably than other persons.

(ECU, 2007, p.4)

In 2006, HEFCE produced its Single Equality Scheme, which included the Council’s race, disability and gender equality schemes (HEFCE, 2006). Annexes A, B and C listed proposed actions for each of these areas. The Race Equality Scheme was first produced in response to requirements of the Race Relations (Amendment) Act 2000 (OPSI, undated, c). The disability and gender schemes were produced in response to the DDA Part 5 (DRC, 2006a) and the Equality Act 2006 (OPSI, undated, b). This was the first time that HEFCE had brought together equality issues for race, disability and gender in one document, and although the focus was primarily on eradicating inequality in these three areas it was made clear that HEIs were to develop relevant policies and practices that encompassed other areas, including age and religion. Despite the generic nature of the Single Equality Scheme, HEFCE’s commitment on disability discrimination within HEIs is evident:

“Our aim is that disabled people in higher education face no segregation or unequal treatment, and in fact may need to be treated more favourably than other people to ensure



equality, and in order for the aims of the equality duty to be achieved. We also want to support an environment where disabled students have genuine freedom of choice in where they learn, based on their personal preferences and academic strengths. Our aim for disability in this sector more broadly is one where everyone has the opportunity to access higher education and fulfil their potential in a culture characterised by inclusiveness and respect” (HEFCE, 2006, p.50).

HEFCE’s *Strategic plan 2006-2011* was published in 2006, and updated in May 2008. It contains a clear commitment to embedding widening participation as a core strategic issue for all HEIs, and particularly with reference to disabled students. Disabled students are seen as an important part of the widening participation agenda, and HEFCE will continue work with other bodies “to support universities and colleges in widening opportunities for learners with disabilities”. Interestingly, resource and finance issues are explicitly acknowledged:

“We will continue to provide a dedicated funding stream for universities and colleges to recognise the additional costs involved in recruiting and supporting disabled students. In addition, we have exempted students in receipt of Disabled Students Allowance from the policy to phase out funding for students studying for a qualification that is equivalent to, or lower than, a qualification that they have already achieved” (HEFCE, 2008: p.28).

To guide future development and implementation of policy from 2009, and to ensure that activities to support disabled students remain appropriate and fit for purpose, HEFCE planned to undertake in 2008 a fundamental review of policy as it relates to disabled students. The study reported in the present report formed a part of this review.

### **2.3.1 Initiatives and interventions**

Alongside data collection, regulatory work, and particular funded projects, HEFCE has been involved with targeted national initiatives to hasten or facilitate change, and develop support or guidance. We mention now what is probably one of the most important, the Disability Equality Partnership and its three contributors, and indicate the types of work being carried forward here under HEFCE’s leadership. This area of activity is the focus of research sponsored by HEFCE and running in parallel with our own, so that we only provide a very brief introductory note.

In 2005, HEFCE funded the Disability Equality Partnership (DEP) for three years, to run from January 2006 until December 2008. This was a tri-partite partnership between The Higher Education Academy (HEA), Action on Access and the ECU. The DEP is being evaluated at time of writing as part of HEFCE’s review of policy. The partnership aimed to support the embedding of the disability agenda and disability best practice across the HE sector, support wider dissemination of good practice to improve provision for disabled students in HE, respond to the needs of the sector, proactively engage with current and emerging themes and priorities, and provide added value through joint partnership working (ECU, undated, a). The HEA brought to the partnership its mission to enhance the student learning experience and its focus on teaching, learning, curriculum and assessment. The ECU contributed a focus on legislation and the wider equalities agenda. Action on Access contributed a widening participation focus, to promote access for disabled students. The DEP brought these three organisations together to provide a comprehensive service to help embed disability services in all aspects of HE. There has been a helpdesk service to institutions, aimed at providing accurate, up to date service and guidance on disability. Other initiatives and resources have included the establishment of a Special Interest Group on Inclusion in Higher Education, good practice guides for academics, educational developers, learning support staff and disability service

advisors (HEA, undated). Action on Access aimed to ensure that disability issues are embedded in widening participation initiatives. It has held a diverse array of disability-centred resources which were developed by the HEFCE-sponsored National Disability Team (NDT). These have included an information helpdesk and explanatory notes on relevant legislation, etc., such as SENDA, the DDA, the Human Rights Act, QAA Codes of Practice, and funding information (Action on Access, undated, a).

Funded by HEFCE and Northern Ireland's Department for Employment and Learning, Action on Access is itself the national coordinating team for widening participation. Its staff work with institutions and partnerships, including *Aimhigher*, providing advice and information and support to their widening participation activities, strategies and plans. The *Aimhigher* programme, funded by the Government since April 2004 (and building on two differently named earlier programmes), brings together universities, colleges and schools in partnership to raise the awareness and attainment levels of young people and their aspirations towards HE. It supports activities such as visits to university, summer schools and mentoring schemes (see Directgov, undated, b). Its activities were evident in some of the responses institutions gave in our national survey. The *Aimhigher* programme is currently run through HEFCE (see <http://www.hefce.ac.uk/widen/aimhigh/>).

The ECU was established in 2001, following an extensive survey of HEIs a year earlier focussed on how to advance equal opportunities. The impetus for this initiative came from growing concerns about equal opportunities for staff working within HEIs, despite an improving record on the promotion of women and people from minority ethnic backgrounds in universities and colleges, stimulated by the *Dearing Report* (NCIHE, 1997), the *Independent Review of Higher Education Pay and Conditions*, chaired by Sir Michael Bett (Bett, 1999), and the Policy Studies Institute report *Ethnicity and Employment in Higher Education* (Carter, Fenton and Modood, 1999). In 2006 ECU became a limited company, and its remit was extended to include students. It has funding until 2010 provided by Universities UK and GuildHE. HEFCE and HEFCW also fund the ECU. The ECU functions on several levels, working with individual HEI's management and staff through visits, answering queries and reviewing documents, offering sector wide advice in various formats, conferences and ECU liaison groups across the UK. It also represents the HE sector publicly via the media and other institutions and groups on a wide range of equality issues within HE. In addition to data on equality and diversity issues including age, ethnicity, disability, gender, religion and sexuality, the ECU has published several documents specifically concerned with disability, including: *Inclusive Campus: Accommodation and Social Space*; *Disability Legislation: Practical Guidance for Academic Staff*; *Involving Disabled People in Disability Equality Schemes*; *Shaping Your Disability Equality Scheme*; and *Employing Disabled People in Higher Education* (for available materials, see ECU website: <http://www.ecu.ac.uk/publications/?browse=subject&filter=disability>).

## 2.4 Policy in Wales

The Higher Education Funding Council for Wales (HEFCW) is responsible for HE funding in Wales, and accountable to the National Assembly for Wales (which was established in 1999 following the passing of the Government of Wales Act). HEFCW provides information and advice to the Welsh Assembly on the funding needs, aspirations and concerns of 11 Welsh universities and colleges and the Open University in Wales, and promotes Welsh interests in the wider UK context. HEFCW is also responsible for the training of teachers of school children and accredited providers of teacher education and training. As in England, there has been growing interest in strategic issues and widening participation within policy communities and amongst national leaderships during the last ten years, and a number of significant steps have

been taken, with several high profile initiatives, projects and reviews being initiated early in this decade (Beauchamp-Pryor, 2004). These included a policy review of HE by the Education and Life Long Learning Committee (WAG, 2002a), the formation of an Independent Investigation Group on Student Hardship and Support in Wales (Rees, 2001), and the reports, *Patterns of Higher Education Institutions in Wales* commissioned by Higher Education Wales and HEFCW (Ramsden, 2002), *Reaching Higher- Higher Education and the Learning Country: A Strategy for the Higher Education sector in Wales* initiative (WAG, 2002b), and *One Wales: A progressive agenda for the government of Wales: an agreement between the Labour and Plaid Cymru Groups in the National Assembly* (Labour Party Wales/Plaid Cymru, 2007).

The policy review of HE drew attention to the important link between employment and HE (WAG, 2002a, p.35). The Ramsden Report contained a section on widening participation, discussed attracting students from non-conventional backgrounds, and referred to qualifications of entry, mature students and social class. There was, however, no reference to disability. In debates about issues of student hardship, there has been some acknowledgement of potential conflict between tuition fees and widening access with reference to mature students and low income families, but the difficulties encountered by disabled students have not yet been subject to adequate deeper enquiry. The Independent Investigation Group on Student Hardship and Support's report did, however, draw attention to the fact that disabled students encounter additional financial difficulties, and its Recommendation Eleven suggested that the National Assembly for Wales should, as a priority, conduct its own review into the anomalies in the current support systems and benefits systems, as they affect disabled learners in Wales. Recently, a substantial initiative has been announced to help tackle hardship generally (*Jane Davidson announces £20 million for Student Hardship* <http://wales.gov.uk/news/archivepress/educationpress/edpress2001/749120/?lang=en>). Despite some reservations over such particular concerns, however, the impression for Wales is fairly encouraging as far as general data are concerned. Data on percentages of students at Welsh HEIs in receipt of DSA have suggested not only some increase in the first half of this decade, but also a level that may be higher than for the UK as a whole (HEFCW, 2008a).

Turning to HEFCW, itself, we note the publication in 2006 of its Disability Equality Scheme in accordance with the legal requirements (and as we note below there is now a single equality scheme). In concert with HEFCE, HEFCW recognises that although the Council was not given additional duties to monitor developments within the Welsh HE sector, promoting disability equality in universities and colleges will improve services for all. To this end it subscribes to the 'social model of disability', recognising:

“... that the poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal or environmental barriers.” (HEFCW, 2006, p.7)

HEFCW provide funding for learning and teaching to assist HEIs maintain a 'high level' learning environment for their students, alongside allocations for research. Institutions are able to move funding between the two streams to take account of their practical priorities. Examples of developments supporting learning and teaching include improvement of the estate, enhancement of IT infrastructure, purchase of equipment, capital expenditure for projects supporting disabled students, and measures to reduce environmental impact and carbon emissions (HEFCW, 2008b). In 2004/2005 and 2005/2006 HEFCW provided 'earmarked' funding to help Welsh HEIs meet the requirements of disability legislation.

HEFCW is committed to widening access within Welsh HEIs, and provides extra funding in its annual teaching grant to universities and colleges in recognition of the additional costs of recruiting and retaining students from under-represented groups. In 2008/09, £5.5m was allocated through widening access premium funding, and an additional £1.8m through a Widening Access Fund. HEFCW also provides specific annual disability premium funding that is issued within each HEI's funding allocation, which in 2008/09 totalled £783k. The Council encourages HEIs to:

“...plan for widening access activities by producing three year widening access strategies. These include plans for supporting disabled students.” (HEFCW, 2008b, unpagged)

It also operates a Widening Access Fund to support widening access strategies. HEIs are encouraged to submit widening access progress reports, disability development plans, and widening access strategies. Strategic plans are reviewed in respect of equality. The Council also provides feedback on widening access and disability reports, reports on widening access strategy monitoring arrangements, and confirms details of institutional access fund allocations for the forthcoming academic year. For example, *Widening Access to Higher Education Feedback, Circular W07/37HE*, has feedback and information on widening access fund allocations for the period 2007/2008 (HEFCW, 2007). HEIs were asked to submit widening participation strategies for the period 2006/2007 to 2008/2009 in a previous circular. Several institutions submitted information about their provision for disabled students funded through the premium funding and widening access fund, along with their widening access strategies. Generic feedback on institutions' Disability Provision Plans' is provided in an annex. All HEIs provided information on their progress against their 2005/2006 Disability Provision Plans (DPPs). It was reported that there was a general awareness that there was a need to ensure that DPPs must be consistent with institutions' overall strategic goals and plans, and to continue to show how the strategies are monitored, evaluated and inform future planning. This included consultation and involvement with stakeholders, both internal and external. Nonetheless, it was noted that although several HEIs were aware of their legal responsibilities, referring to their DES and associated action plans, this is not consistent across the HE sector (Riddell et al., 2005). This is important as HEFCW state that they expect all institutions to be fully informed of their obligations under the DDA 2005 and the DED. In addition, it is expected that they should concentrate increasingly “on positive action and improve outcomes for disabled people,” including making reference to other areas of equality legislation to ensure parity of opportunity with other students with cross-strand or multiple identities (HEFCW, 2007 unpagged).

In terms of funding, a statement on *Generic Feedback on 2006/2009 Widening Access Strategies* (HEFCW, 2007, Annex A) reported that a considerable percentage of funding continued to be used for appointments to help progress institutions' strategies, and provide for aspects of student support, including assessors, tutors and support workers. Most of the funding set aside by institutions for developments “is used for additional staff”. It was thought that it could be beneficial if institutions were able to consider measures eventually to fund this as part of core activity, thus consolidating posts and services and releasing premium funds to support new widening access initiatives. Apparently, whilst most institutions' plans “identified clear targets for the utilisation of DPP funding”, a small number of institutions “did not focus so strongly on clear outcomes for the use of this funding” (HEFCW, 2007, Annex B). There is observable here an implicit view that the flow of dedicated external funds to institutions should not too readily be seen as something to be relied upon by them to help fund core activities for disabled people. A desire to limit or curtail local reliance on specific funding streams in this way has not been uncommon with some public expenditure initiatives during recent decades, where

there is a concern about future central government spending choices being pre-empted. Confidence is sometimes expressed, as in this case, in the capacities of local organisations to manage without such funding flows in due course:

“Institutions sometimes remark that provision for disabled students can involve considerable financial and time commitments, and that the DPP funding does not effectively cover all aspects of this support. However, institutions increasingly demonstrate that provision for disabled students can be mainstreamed within all aspects of an institution’s work, and it is this that we wish to see championed and taken forward to release DPP funding for more innovative and time bound projects to support disabled students.” (HEFCW, 2007, Annex B)

Despite the optimism implicit here, caution should be exercised to ensure that achievements are not put at risk if there is a significant reduction of ongoing support.

The material available from Wales indicates an array of positive activities taking place at institution level, along with encouragement from the national funding body. As in England, the funding council has been proactive via specific initiatives, alongside its financial activities. HEFCW established its Reaching Wider initiative in 2002, to break down perceived barriers and widen access to learning. This would include disabled students. There is also a disability co-ordination service for Wales. Examples of local good practice noted in HEFCW documentation include provision relating to students ineligible for DSA (such as equipment banks and specialist tuition), support while funding applications are processed, employing extra staff to cater for increases in student numbers, supporting international students, providing specialist IT support, reducing the length of inter-semester breaks to minimise the hiatus in work patterns, encouraging Disabled Student Forums and work groups, extending Learning Support provision throughout the summer period, improving estates and emergency egress, and several others (HEFCW, 2007, unpagged). These kinds of practices emerge strongly again later in our study, when we draw together information from our own survey and case studies to discuss good practice trends and possibilities. We also know from our own investigation that interest in EIA has been developing in Wales as in England. A final parallel to note is that HEFCW announced plans for the development of a Single Equality Scheme similar to that produced by HEFCE, in March 2008, for the period 2008-2010 (HEFCW, 2008c). HEFCW has had such a scheme since July 2008.

## **2.5 Funding to address disability in universities and colleges**

The previous section included some discussion of funding matters (particularly for Wales), but we need to say more, including commenting now on HEFCE and on the DSA system. With few notable exceptions, HE was largely inaccessible to disabled people prior to the early 1990s. The opening of Kulikundis House at the University of Sussex is a notable exception, as it provided a landmark in the development of personal assistance and support for students with ‘severe’ impairments (Hurst, 1999). In 1992, however, following the creation of SKILL (the National Bureau for Students with Disabilities, a voluntary agency previously known as the National Bureau for Handicapped Students and established in 1974) (Hurst 1993), the higher education and funding councils in England, Wales and Scotland began to provide funding to HEIs to improve their provision to disabled students.

The funding was used to support specific projects in particular institutions. In 1993/1994, £3 million was allocated to 38 HEIs for specific projects to widen access for students with impairments. A further £3 million was distributed to another 48 institutions in 1994/1995. This funding revolved around three strands. The first aimed to improve provision in those institutions that had little experience of supporting disabled students. The second strand centred on the promotion and transfer of expertise and good practice in the support of disabled students across institutions. The third funded projects to promote collaboration between HEIs to encourage the effective use of existing resources and available funds.

In its response to the *Dearing Report* HEFCE sought to encourage HEFCE-funded institutions to recruit and retain students from under-represented groups in HE, in particular those from disadvantaged backgrounds and disabled students. Disability statements setting out information about disabled students were requested from all HEIs in 1997, and parallel steps were taken in Wales by HEFCW. This was followed by good practice guidance, before revised versions of the statements were collected in 2000. Between 1999 and 2005, two further specialist funding programmes, totalling over £11 million, distributed support for a range of projects designed to ensure that provision for disabled students was consistent across universities and colleges. HEFCE provided £6 million to 50 projects between 1999 and 2002 (Lewis, 2002). In addition, HEFCE's NDT, mentioned above) provided 'hands on' support and advice both to funded projects and institutions generally. Formed in 2000, NDT ceased operations in December 2005.

In 1999/2000, the funding councils moved towards a more generalised approach with the introduction of *Premium Funding* in England and Wales; Scotland followed suit one year later. The amount of premium awarded in relation to disability has been determined by the number of students claiming DSA within an institution. This development signalled a formal recognition that there are significant resource implications for the recruitment and retention of 'non traditional' students. From one perspective, in effect, adjustments and interventions of this type can be seen as counteracting disincentives to recruitment of particular groups (cf NAO, 2007, *Summary*, 14). These funds were distributed as part of an institution's block grant. Nonetheless, HEIs were encouraged to use this money to develop support services for disabled students, as recommended in the report referred to earlier, *Guidance on Base Line Provision for Disabled Students in Higher Education Institutions* (Segal Quince Wicksteed, SQW, 1999). In Wales the disability premium is included in the annual teaching grant to HEIs, and contributes to the support they provide to disabled students: HEIs currently set out their intentions for using the funding through strategic disability plans, which should ensure that they make anticipatory adjustments and provide continuity of services, such as specialist support arrangements or staff training. For England, in a letter circulated to all vice-chancellors and principals of HEFCE funded universities and colleges in 2000, Sir Brian Fender, HEFCE's then Chief Executive, stated:

"The mainstream funds for disability are an integral part of the Council's package of measures to widen participation in HE. As such we would expect disability activity to be integral to institutions' widening participation work, including institutional strategies. We also expect institutions to include details of how they are developing provision for disabled students in their annual operating statements." (Fender, 2000, unpagged)

Overall disability funding has increased from £7 million, when it was introduced in 2000/2001, to £13 million in 2007/2008. Additionally, HEFCE has provided funding for universities and colleges to invest in their physical infrastructure and to make anticipatory adjustments to ensure

that disabled students and staff can access their facilities. For instance, in May 2003 HEI's were invited to bid for Round 3 project funding:

“Of the £494 million that was subsequently allocated to improve capital and IT infrastructure to support learning and teaching, £117 million was allocated to improve provision for disabled students.” (HEFCE, 2007, unpagged).

For Wales, as for England, disability capital funding helps HEIs comply with legislation (as indicated above), via adaptations to buildings and other estate work, and through providing facilities and obtaining equipment, etc. Sums can be significant for HEIs. In 2006, the UK HE funding councils for England, Scotland and Wales commissioned JM Consulting to produce a study on future needs for capital funding. The project produced two reports relevant to this review: a UK report (JM Consulting, 2006b) and one for Wales (JM Consulting, 2006a). Both reports indicate that there has been some improvement in the use of two funding streams: the Science Research Investment Fund (SRIF), a UK-wide scheme which has allocated £3 billion to HEIs over the period 2003-2008, and Learning and Teaching Capital (LTC) schemes. The latter are different in each country of the UK, but overall have contributed £2 billion over the same period. These improvements have been more marked in science than in teaching, and also in England, with some “catching up to do in Scotland and Wales” (JM Consulting, 2006b, unpagged). Amongst the many findings it was noted that much of the infrastructure is common to both research and teaching, and investment can be more effective and deliver better value for money if it is planned and managed holistically.

### **2.5.1 Disabled Students' Allowances (DSAs)**

In HE, disabled students are supported by government not just via the institution they attend, but also individually through an enhanced student support package that includes Disabled Students' Allowances (DSAs). A grant for disabled students was first introduced into the Student Support Regulations for the academic year of 1974/1975. This was a single allowance which paid a maximum amount of £100. The DSA scheme in its current form of four distinct allowances (specialist equipment, non-medical helper, travel and general) was introduced in 1990/1991.

While policy responsibility for the DSA scheme rests with central government, the functions of assessing and awarding DSAs were transferred to Local Authorities (although in certain cases delegated to the Student Loans Company or the Open University). Local Authorities asked students to have an assessment of their course needs carried out at an independent assessment centre, so that their particular needs could be matched with those of their proposed course in order that they could get the help that they would require. A DSA needs assessment should identify the types of equipment and other support that the student will need, how much it will cost, and where to get it from. It was, however, still the Local Authority that must decide whether a student is eligible for DSA, and the type and amount of support that might be received. New students starting in 2009/2010 are expected to apply for DSA by returning an application form to Student Finance England (for current arrangements see <http://www.direct.gov.uk>).

The DSAs are paid by the Student Loans Company on behalf of Local Authorities to individual students. If the student prefers, the money can be paid to a third party; for example, to a supplier of specialist equipment or other support. The student would need to give written consent for that to happen. Initially the DSA was means tested, and only available to students attending a full-time undergraduate course and eligible for a local authority grant. Therefore it



was not available to part-time and postgraduate students. After publication of the *Dearing Report* in 1997, means testing for the DSA was abolished in 1998/1999, and coverage extended to part-time and postgraduate students (including part-time and postgraduate distance learners) in 2000/2001.

In order to receive the DSA, however, applicants have to provide proof of a 'disability or specific learning difficulty'. Physical impairments must be confirmed by letter from an appropriate medical professional. Evidence of specific learning difficulties such as 'dyslexia', for example, must be provided by a diagnostic assessment by a psychologist or suitably qualified specialist teacher. As a consequence, the DSA application process can be highly stressful for disabled students and their families. A recent study by Tozer, for The Snowdon Trust, found that:

"The process of going away to university can be stressful enough for any young adult. For disabled students there is even more to worry about. The DSA process and timing (with students having to attend an assessment and often not knowing until the last minute what additional support and funding they will receive) can add huge anxiety ... Too many disabled students and their families have to struggle to obtain the support they need."  
(Tozer, 2006, p.5)

Attention has been given to the levels of funds that should be available, with some evident preparedness to move these upwards. In 2006/2007, disabled students eligible for the DSA could apply for grants of up to £12,135 per year for non-medical helpers such as a note taker or reader, an additional £4,795 for specialist equipment for the duration of the course (a computer for example), and a further £1,605 for 'general' allowances to cover other disability-related spending, or to top up the specialist equipment and non-medical helper allowances, if necessary. The non-medical helper allowance and general allowance were paid on a pro-rata basis, for part-time undergraduate students. Full- and part-time postgraduate students could receive an allowance up to £5,780 to cover all their needs whilst studying. (See [http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG\\_10035904](http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10035904)). There was a modest rise for the following year. Then, in July 2007, the DIUS announced increases in the DSA for 2008/2009. The allowance for non-medical support for full-time disabled undergraduates was set to rise to £20,000, for part-time disabled undergraduates to £15,000, and for postgraduate disabled students to £10,000. We include details for 2007/2008 and 2008/2009 in Appendix 2.

We cannot say how far these increases will fully meet the support needs of disabled students, and this is an area where further research from within institutions might be valuable. The main groups that may not meet the DSA eligibility criteria include part-time students who study for less than 0.5 of a full-time equivalent student, students on sandwich course placement years where the periods of study last for less than 10 weeks, and non-UK domiciled students. Notably, students are under no obligation to notify their university or college that they are receiving the DSA. Yet anecdotal evidence suggests that institutions make arrangements to access this information directly from Local Authorities. HEFCE also collect data on HE students in colleges of FE through the 'individualised learner record' (HEFCE, 2007, unpagged). The Welsh Assembly Government collect data in Wales pertaining to this for the Supplementary Funding process.

Recent research by the Snowdon Trust found that in many cases the DSA is insufficient to cover the full costs of overcoming barriers to inclusion in British HEIs. The *Snowdon Survey 2006* showed that those with visual, hearing and mobility impairments are especially disadvantaged. Of university disability officers surveyed, 78% highlighted hearing and visually



impaired students as those with the most difficult funding problems. The maximum DSA equipment allowance can fail totally blind students who are Braille users (Tozer, 2006, p.5). It was indicated also that the maximum DSA non-medical helper's allowance is insufficient for the needs of students who require expensive human support in the form of non-medical helpers such as sign language interpreters, and note takers (Tozer, 2006, p.4). The shortfall is apparently even worse for students studying a course which has a high taught hours content. This study found that disabled postgraduate students are disadvantaged further, as the maximum postgraduate DSA is less than a third of that available to disabled undergraduates, and there is a difficulty for some part-time disabled students if they cannot claim DSA (Tozer, 2006, p.5). Part-time students are potentially eligible for DSAs, but a part-time course would have to last for at least one year, and must not take more than twice as long to complete as an equivalent full-time one. As a result of these shortfalls, disabled students attending university have to spend much of their time applying for additional funding from charities such as The Snowdon Award Scheme, which provides grants of up to £2,500 for disabled students studying in British universities (The Snowdon Award Scheme, undated). These problems have significant implications for teaching and learning experiences. It is notable too that assessments for the DSA may be variable, and not determined by rigid national guidelines (although assessment centres are audited by the Quality Assurance Group, and sign up to a national network of assessment centres). Applicability is often limited solely to learning and teaching concerns, so that disabled students may not access the extra-curricular activities that are an integral part of the experience of HE. The situation is especially difficult for disabled international students, who may have to rely almost exclusively on independently resourced bursaries and charities for financial support when studying in the UK (Soorenian, 2008).

As a final point related to DSA, we note that reporting from the NAO has indicated that students receiving an allowance are more likely to continue their course than other students "self-declaring a disability" (NAO, 2007, *Summary*, 19). The analysis points out that although the number receiving an allowance has increased, there is considerable variation among institutions in percentages of self-declared disabled students obtaining allowances. Clearly, for many students, DSA is likely to be a crucial building block for an effective pathway into and through HE. Retention or continuation rates amongst institutions may well be influenced by DSA take-up, although the picture is complicated by other variables (including the subjects studied, part-time or full-time status, type of institution, etc.). (See *Summary*, 6-7; and *full report*, 1.21-1.23, 1.28, 3.25.) An additional important point raised by the NAO report is that although obtaining allowances is important to continuation for part-time students, "relatively few get them" (*full report*, 3.26). This can be set alongside a general observation from another recent report, that part-time HE students (who are more likely to be mature) "have access to more limited student support, must pay their tuition fees upfront and are often not eligible for bursaries" (NAO, 2008, p.9).

# Chapter 3

## Review and evaluation of the information, research and data base

### 3.1 The approach to the review

This chapter provides a 'rapid review' of existing research into HE provision for disabled students. It also considers the robustness and reliability of the published data. Rapid review has emerged as a useful device in the policy process, aiming to provide a synthesis of existing information from published research, with the aim of supporting fresh policy thinking and identifying gaps in understanding<sup>3</sup>. There are four main overlapping components:

- **Mapping of the literature.** Social research is carried out within varied traditions, and research literature on disabled students reflects this. Section 3.2 notes the schools of thought within which evidence is produced, and shows the emphases in available material. Our aims are to deliver a 'map' or guide, and to indicate any reservations about the principles or assumptions under which evidence has been assembled.
- **Quality appraisal.** As well as being diverse in form, the existing literature is significantly differentiated in research and interpretative quality. Our review appraises some of the strengths and weakness of completed research.
- **Key messages.** The chapter draws out some of the key findings from the literature. A rapid review cannot provide a compendium of the entire body of evidence, but we deploy examples which we judge to provide useful pointers and insights. Some indication of 'direction of travel' of the evidence and key indicators is also provided in Section 3.3.
- **A bibliographic resource.** This review contributes substantially to the bibliography for the report, identifying many items of primary evidence. That bibliography goes beyond our text by including items consulted but not discussed here. Our search concentrated on UK studies, but some material from overseas is noted which connects with generic issues.

This chapter also covers a further concern, as requested in the project brief:

- **Measurement issues.** Disability has properly come to be understood as one of the most deep-seated issues in regard to the social justice and widening participation agenda. Its complexity and somewhat contested nature, however, have resulted in severe measurement and classification problems, exacerbating difficulties in trying to assess progress in policy interventions in this area. In Section 3.4, the chapter outlines some of the major impediments in identifying and tracking the progress of students with diverse

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<sup>3</sup> This approach differs from other methods of systematic review such as 'meta-analysis' (which seeks to provide a statistical analysis of the efficacy of specific interventions) or 'realist synthesis' (which provides explication and refinement of the programme theories upon which services are designed).

and complex impairments. It compares some of the assorted, extant measurement strategies, and concludes by offering some modest suggestions on the safety of the inferences that may be drawn from them.

## 3.2 Mapping and appraising the evidence base

This section provides a brief guide to the evidence base, and a justification for prioritising and selecting the materials called on in this chapter. Given the duration and complexity of the student journey into and through HE, we sought to consider as broad an evidence base as possible. This principle of ‘breadth of sources’ is now widely adhered to across the evidence movement, so that research review is often tasked with capturing information on process and implementation issues, and on viewpoints and perspectives of the various stakeholders, as well as from more formal data on outputs and outcomes. A recent report for the Social Care Institute for Excellence (Pawson et al., 2003) categorised the available evidence into five forms: ‘organisational knowledge’; ‘practitioner knowledge’; ‘policy community knowledge’; ‘formal research knowledge’; and ‘user knowledge’. Whilst social care covers a wider range of services, clients and interventions than those we are concerned with, there is a close affinity at the level of evidence requirements. Thus it is appropriate to handle the available materials within the framework of Figure 3.1. This is followed through in subsequent sections below. We should add that we have not directly distinguished Wales and England for purposes of this chapter, as we are concerned with exploring broad issues and research and data quality in ways that we hope are usually likely to be relevant for both.

**Figure 3.1: Sources of evidence**

SOURCE 1	SOURCE 2	SOURCE 3	SOURCE 4	SOURCE 5
Organisational evidence gained from administrative statistics, monitoring and secondary analysis thereof	Practitioner knowledge gained from local agreements, guidelines and progress reports	Policy community evidence gained from wider policy environment, reports and debate	Research evidence gathered systematically to a formal, predetermined design	User knowledge gained from experience of service use and reflection thereupon

### 3.2.1 Organisational evidence

Whilst once neglected as an element in national vital statistics, disability has come to feature as a key ‘variable’ in the studies, survey and administrative records of a number of institutions and government bodies. Statistical data relating to disability and HE are available from a range of sources. These include the Universities and Colleges’ Admissions Services, Higher Education Statistics Agency, HEFCE NDT, the Youth Cohort Study, the Student Income and Expenditure Survey, the Health Education Population Survey, and the Health Survey for England. Information for Wales is collected by the Higher Education Statistics Agency (HESA), and HEFCW reports on data annually. Looking at the overall picture for England and Wales, analysts can find data available on such issues as:

- General levels of participation
- Application patterns
- Prior experience and attainment
- Attainment at university
- Prevalence in different disciplines/subjects/levels

- Age profiling
- Types of impairment.

For the most part, the statistical data are concerned with charting the progress of disabled students into and through the HE system. Two types of comparisons predominate, concerning (i) changes over time; and (ii) contrasts with non-disabled students. Increasingly, however, such enquiry has begun to wrestle with the problem of differentiating students with different types of impairment. Amongst existing summaries referring to the sources and themes above, there are several excellent digests, such as an unpublished DIUS report *Disability and Students of Higher Education* (this is mentioned again below; see footnote 5), as well as a series of overviews authored by Richardson (2001 a, b) and Richardson and Roy (2002). These enable a brief sketch of the participation and progress of disabled students, that is set out at the start of Section 3.3 of this report.

There are some crucial issues when it comes to quality appraisal of the statistical evidence. Clearly the material on 'throughput' and 'output' of disabled students lies at the heart of policy evaluation. Evidence on overall progress, direction of travel, policy gaps and so on, is to be found here. There are, however, some qualifications about data quality. Although disability is a complex and contested concept, its measurement (as for many other social indicators) is conducted with simplicity and administrative convenience in mind. Thus, very careful data interpretation is often needed, and a separate section (3.4) is devoted to the issues.

### **3.2.2 Practitioner evidence**

A substantial amount of data is available for the reviewer in the form of printed and electronic information on service provision. Our survey and case studies confirm the emergence of disability and equality service units across the HE and FE sectors (see later chapters). In reporting how they provide information, guidance and support to disabled students, practitioners in these units provide useful documentation on implementation issues. Practitioners are tasked with translating policy principles into everyday practice, with leveraging funding from a limited resource base, and with mediating the demands of various stakeholders. They therefore have a potentially excellent vantage point on the flows and blockages of policy implementation. Formal documents such as reports, codes of practice, guidelines, publicity material, websites and links can be scrutinised, providing potentially valuable information to the reviewer.

Unfortunately, there are several problems with the quality and utility of this form of published data. Some documentation comes in the form of 'promotional material', in which achievements are stressed while doubts and methodological problems are by-passed, or perhaps even suppressed. Examples may be found amongst website materials or printed information from institutions. In effect, whilst practitioners are indeed 'process experts', some also possess powerful skills in information management. A further difficulty lies in the confidentiality of much of the data held by universities and colleges. Institutions are required to control information held centrally, ensuring that it is communicated only to a limited and relevant number of parties; and this does not include the general public or outside research bodies. Given the data situation, we have limited our use of this mode of information here, and there is no reportage in this chapter of practitioner evidence. Our national survey and case studies, however, were closely informed by what HE and FE institutions claimed about their work. Thus, later chapters deploy extensive material reflecting practitioner inputs, gathered independently and systematically.

### 3.2.3 Policy community evidence

The key contributors to policy community knowledge include officials of central, regional and local governments and their agencies, members of think tanks and lobby groups, policy and research staff in political parties and their affiliates, and scholars of public policy. Their outputs range from discussion and planning documents to newspaper and magazine articles, to pamphlets and reports ('grey' literature), official documents (especially Green and White Papers), and academic journal papers and books. These are often omitted from reviews because of their great diversity and because there are no formal standards with which to appraise their quality and contribution. By contrast, we believe they can contain vital materials relevant to policy development. The sources with the greatest potential in an evidence review are analytical and reflective pieces on policy implementation, which anticipate some of the opportunities and dilemmas. These may then be compared to sources providing empirical evidence about 'ground-level actualities', enabling the review to consider the feasibility of the guiding principles. In the present case there is a considerable policy community literature on the broad principles of widening participation, and on the inclusion agenda for disabled students, much of it linked with HEFCE and HEFCW. Some of this was touched on in Chapter 2.

### 3.2.4 Evidence from formal empirical research

This is the orthodox category for a 'review of evidence', and provides the mainstay of the information reviewed here. The defining feature of this form of evidence is that it provides empirical data based on a pre-determined design, following some established principles of social science research. It is often thought of as 'academic' research, but in review protocols this is normally widened to include commissioned reports appearing in the grey literature, provided they have had an explicit strategy for data collection and analysis. Our search under this heading revealed that empirical research on disability and HE has been conducted especially along the following dimensions:

- **Student pathways.** Although the question of university or college entry remains central, there are studies about: pre-entry, enquiry, induction, post-graduate study, qualifications and exit to careers.
- **Relationships.** There are studies about the interaction between disabled and non-disabled students, staff and other stakeholders such as personal assistants.
- **Sub-groups.** There are studies on the experience of and provision for students with specific impairments: blind, deaf and dyslexic students receive the most attention.
- **Teaching and learning.** There are studies of teaching practice, communication skills, curriculum and the learning environment, and how to make them more accessible to disabled students.
- **Assessment.** There are studies on the appropriateness, fairness and validity of different forms of examination and assessment for different groups of disabled students.

We also need to note the repertoire of research strategies used. The review unearthed material using most styles of empirical research, including surveys, secondary analysis, evaluation methods, action research, statistical analysis, and so forth. Nonetheless, it appears that a majority of studies follow the approach of the 'qualitative case study', reporting on experiences of disabled students. There are historical reasons for the strong representation of this approach, associated with emancipatory ideas, development of the social model in disability studies, and emphases on service users. In relation to study quality and its assessment, it is hard to make general pronouncements (given the diversity of topic and method). On the other hand, it could

be argued that the weight given to qualitative case-level work serves neither evidence-based policy nor the social model. Evaluating the progress (or lack of it) of disabled students in HE requires understanding of both process and outcome, and this requires quantitative as well as qualitative data. More comments are made about this later.

Finally, in relation to this body of work, there is the matter of prioritising key studies for closer scrutiny. In Section 3.3.2, the research materials chosen for closer exploration are drawn on the basis of proximity to the review question, being widely cited, having an evaluative focus, and being reported with a clearly decipherable analytic strategy.

### 3.2.5 User evidence

There is some divergence of views about the weight to be accorded to user standpoints. On one side, it is reasoned that people with impairments have crucial first-hand knowledge of the limitations imposed by society's rules, regulations and expectations (cf. Oliver, 1996). This experience, therefore, affords them with understandings which must be taken into account in order to avoid 'top-down' solutions being imposed. This 'voice', moreover, should be heard loudly in the arena of evidence, perhaps to the extent that users take substantial control of the apparatus of enquiry rather than being mere respondents. This standpoint conflicts with other perspectives. In the 'evidence movement', user views (and for that matter practitioner ones) may be perceived essentially as 'opinion' (Sackett et al., 1996). Here, only hard outcome data won in formally controlled trials counts as evidence. We favour a balanced perspective, in that a many-sided policy issue will require a multi-agency programme response and a multi-method evidence base to support it. The latter in turn should include self-generated information on how disabled students view HE provision.

Unfortunately, we have found little documentation published to support any thesis that disabled students have so far created such a body of opinion and information (although individuals certainly are contributing new work on this front). A search revealed some basic information provision and personal accounts on the Skill website (National Bureau for Students with Disabilities), and there are also some web-pages owned by disabled student groups at particular universities (but these have developed little beyond informal chat rooms<sup>4</sup>). It seems that the National Union of Students (NUS) has barely commenced activity in this area. We are informed that, beginning in July 2008, "The NUS National Executive Disabled Students' Officer will work with his own committee on policy strategy based on his manifesto and policy direction" (personal communication from NUS). On the basis of our initial search of the literature, we have concluded that strong user-based evidence has made relatively little penetration to date into electronic or printed media, although there are some exceptions (including some local surveys with a degree of user participation in their development). With this disappointing picture in mind, the present review has been unable to create and draw upon a systematic set of materials that have been user-instigated, although we can take note of evidence from formal studies (type four above) that, whilst externally funded, have come under the influence of the social model and user perspective. We are informed, however, that the position may be about to improve in one respect. In 2008 the National Student Forum (NSF) for HE was established, to provide governments and policy-makers with a means of accessing student voices directly and continuously, and giving student members an opportunity to have an informed and thorough debate on the issues that matter to them. We understand that the NSF's first report is due to be published very soon after completion of our study.

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<sup>4</sup> <http://www.thestudentroom.co.uk/showthread.php?t=225080&page=11>

This situation is perhaps unsurprising when considered alongside findings elsewhere in this study, indicating a gap in HEI and FEC activities as far as consultation with (and participation by) students is concerned. As EIA becomes more established, it will be important to move well beyond the impressionistic, so as to tackle more systematically the experiences and needs of students (disabled and non-disabled). When this happens, it will be valuable to engage users of HEI and FEC services more closely in the processes for monitoring and ongoing research. In any event, in the absence of fuller user-led material at present, the main parts of the present chapter concentrate on the available statistical material derived from administrative sources, and on the substantial body of empirical inquiry found in the social science literature.

### 3.3 Progress and problems: key points from the literature

This section provides an overview of evidence drawn from the sources circumscribed as above, and is very much a summary. Although the area under review is seemingly well delimited, the amount of published material is very substantial. To capture some essential messages, we concentrate our account around examples from key studies that are characteristic of the particular sub-domains of enquiry.

#### 3.3.1 Statistical evidence from administrative sources

This section refers to the statistical profile of disabled students as they pass through the HE system. It is drawn from available sources, but particularly the excellent DIUS report mentioned above, *Disabled Students in Higher Education* (undated)<sup>5</sup>. Our primary aim is to use the material to provide a description of the 'state of play', although we also begin to indicate some policy implications. At the outset, however, we need to note that it appears that there is only a limited amount in readily accessible publications in the public domain, when one is seeking more detailed analyses on matters such as qualifications on entry, the position for cohorts at institutional level over time, the stages and numbers for student withdrawals, times taken to complete, etc.

Box 3.1 summarises some baseline information on numbers of disabled students in HE, and a comparison with the number in receipt of DSA. There is a gap here reflecting the general issue about the extent to which disabled students are actually catered for. We also include an estimate from the National Audit Office (NAO) (2002) comparing entry rates for those with and without impairments (often referred to as 'disabilities' in official data and other sources).

##### Box 3.1

~ In 2005/06, there were 137,945 disabled UK domiciled HE students, based on their own self-assessment (representing 6.9% of the overall student population). 119,010 of these were studying at undergraduate level, 18,935 at postgraduate level.

~ In the same year, 47,940 undergraduates were in receipt of DSA, 3.6% of the undergraduate student population in that year.

~ An 18 year old with an impairment or health problem is "40 per cent as likely to enter higher education as an 18 year old without an impairment or health problem" (NAO, 2002).

Our overview now follows the student pathway, beginning with some information on prior attainment (insofar as this has been represented in terms of qualifications). Figures here

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<sup>5</sup> DIUS has given permission for citation of their work. We understand that the material is currently forthcoming in an updated form.

suggest that disabled students have had lower levels of prior attainment than comparable groups of non-disabled students. This applies across most academic and vocational qualifications. Table 3.1 provides some Youth Cohort Study (YCS) data for GCSE in England and Wales in 2002 (as reported in 2006). The significant disparity illustrated in the table is a reminder that all subsequent outcome data on achievement and progress might be coloured by these differences at input. This prior ‘attainment gap’ may be followed across the YCS cohorts. In 2000 the disparity between disabled and non-disabled students in achieving five or more good GCSEs stood at 23%. This reduced to 16% in the 2002 cohort (as seen in Table 3.1) and remained at this level in 2004. Such a pattern (and any subsequent developments in it) might need to be kept in mind when considering the optimal point for widening participation interventions for this group of students.

**Table 3.1: GCSE attainment by the end of year 11**

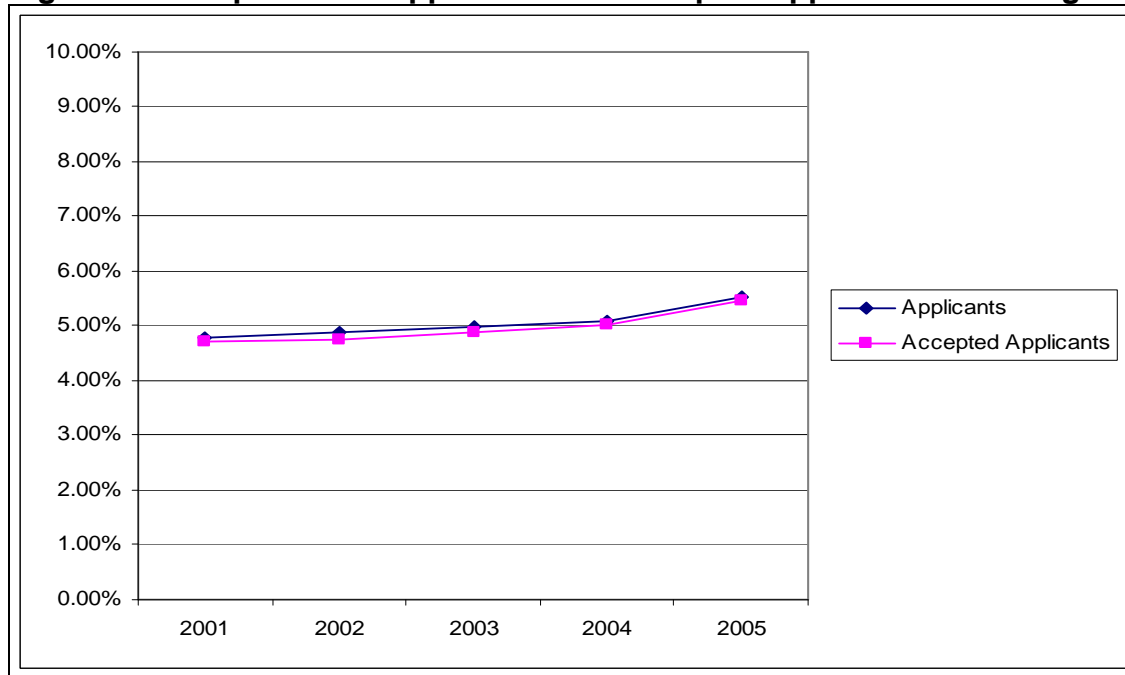
<b>Proportion of students achieving:</b>	<b>Disabled</b>	<b>Non-Disabled</b>
5 or more “good” (A*-C) GCSEs	35%	51%
5 or more “good” GCSEs, including English and Mathematics	27%	42%
8 or more “good” GCSEs	23%	36%

**Source: YCS Cohort 11 (as cited in unpublished DIUS report, see 3.3.1)**

Moving now to admissions, UCAS data suggest that both the numbers of disabled students who apply for a place in HE and the number accepted had risen steadily since 2000 (Figure 3.2). This was a promising increase of approximately 15% in five years. Numbers of applicants and acceptances had run almost perfectly in parallel over time, suggesting that there had been little aggregate change in terms of favouring or disfavouring disabled applicants at entry. Perhaps the rise in admissions has been to an extent founded on demand side change, both in terms of an increased willingness to apply and prior encouragement provided earlier in the education system. The magnitude of the increase may be considered positive news about direction of travel, given the small baseline figure described in Box 3.1. Caution must be expressed, however, on the exact size of the change, given that numbers are calculated on declarations of disability, an issue we consider further in Section 3.4.



**Figure 3.2: Proportion of applicants and accepted applicants declaring ‘a disability’**



Source: UCAS Annual Data Sets (as cited in unpublished DIUS report, see 3.3.1)

According to UCAS figures, the period 2003-2007 saw an increase of almost 10% in the total number of applicants for undergraduate study, and a small increase in the proportion of applicants disclosing one or more impairments. Causation for the latter change is not clear, given the wide range of potential variables (such as prior attainment, etc.). For accepted applicants, the proportion of disabled students rose from 4.9% in 2003 to 5.6% in 2007 (20,452 students) (UCAS, 2008). Figures from HESA may also be drawn upon to review trends. For example, based on first year UK students at both undergraduate and postgraduate levels, its figures show an apparent rise in the proportion of disabled students from 5% in 2002/2003 to 6.6% in 2006/2007 (57,750 students) (HESA, 2008). We need to note that there is a difference in the coverage of UCAS and HESA information, because of the inclusion of postgraduate students in HESA data. Students at this level do not enter HE through the UCAS application route, and so are not included by UCAS. In addition, other students entering HE via a non-UCAS route are also not included in UCAS figures. Groups commonly coming into HE via non-UCAS routes include part-time and mature students, and these are groups within which disabled students may well appear in significant numbers. Differences in figures reported by UCAS and HESA - as illustrated here - highlight the kinds of complications that can affect interpretations of trends, participation rates and representation of disabled students nationally. To this is added the more general uncertainty about reliability of data sets that arises because of issues around the impact of disclosure (which will be touched on further below).

### ***Impairment categories***

Both UCAS and HESA use classification systems that focus on particular impairment categories.<sup>6</sup> This enables a sketch to be provided (via data) of the presence of differing groups, but it is reliant on an individual/medical model approach to disability rather than a social model

<sup>6</sup> We are informed that HESA have recently amended their staff record collection, and in future this will be compatible with DDA definitions. Information has been expanded from an indicator of disability to one that covers type of impairment as well. We also understand that HESA and UCAS will be discussing changes to the UCAS form which would bring changes to the HESA student record in due course.

approach. One implication with individual/medical approaches is that the focus at specific moments will be on what is 'wrong' with the learner/potential learner, rather than on the adjustments that an institution can make to ensure that their learning runs more smoothly (Rose, 2006). Applicants to UCAS, for example, have been required to classify themselves according to the following criteria: (i) no 'disability'; (ii) learning difficulty; (iii) blind/partially sighted; (iv) deaf/partial hearing; (v) wheelchair/mobility impairment; (vi) autistic disorder; (vii) mental health difficulties; (viii) unseen (e.g. diabetes, epilepsy, asthma); (ix) 2+ disabilities/special needs; and (x) other disabilities/special needs. Prior to 2003, UCAS used a 'dyslexia' category, which was then subsumed into the 'learning difficulty' category. Other changes in 2003 included the abolition of a 'need personal care support' category, and introduction of the autistic spectrum disorder category. UCAS figures demonstrate that the largest impairment group for both applicants and accepted applicants is 'learning difficulty' (see Table 3.2).

**Table 3.2: UCAS accepted applicants by impairment category – 2003 and 2007**

<b><i>Impairment category</i></b>	<b>2003</b>	<b>2007</b>
Learning difficulty	8 866 <b>54.2%</b>	10 875 <b>53.2%</b>
Blind/partially sighted	507 <b>3.1%</b>	539 <b>2.6%</b>
Deaf/partial hearing	715 <b>4.4%</b>	930 <b>4.6%</b>
Wheelchair/mobility	536 <b>3.3%</b>	600 <b>2.9%</b>
Autistic disorder	139 <b>0.9%</b>	534 <b>2.6%</b>
Mental health difficulties	495 <b>3.0%</b>	857 <b>4.2%</b>
Unseen	2 226 <b>13.6%</b>	2 296 <b>11.2%</b>
2+ impairments	542 <b>3.3%</b>	648 <b>3.2%</b>
Other impairment(s)	2 329 <b>14.2%</b>	3 173 <b>15.5%</b>
<b>Total</b>	16 355 <b>100%</b>	20 452 <b>100%</b>

HESA have collected figures according to slightly different impairment categories, using a dyslexia category (as opposed to UCAS's 'learning difficulty' category), and a 'personal care support' category. In 2006/2007, dyslexia was the largest category, reported by 43% of students who disclosed impairment(s) (see HESA, 2008). The high number of students in UCAS's learning difficulty category and HESA's dyslexia category is clearly important (and, as we shall see in Chapter 7, is attracting considerable effort within some institutions). Regarding impairment categorisation more generally, the current system may deter some learners from disclosing impairment, but may also be of limited use to educational institutions, given the diversity and large range of additional support needs that might be found within each impairment category (cf Brown and Simpson, 2004).

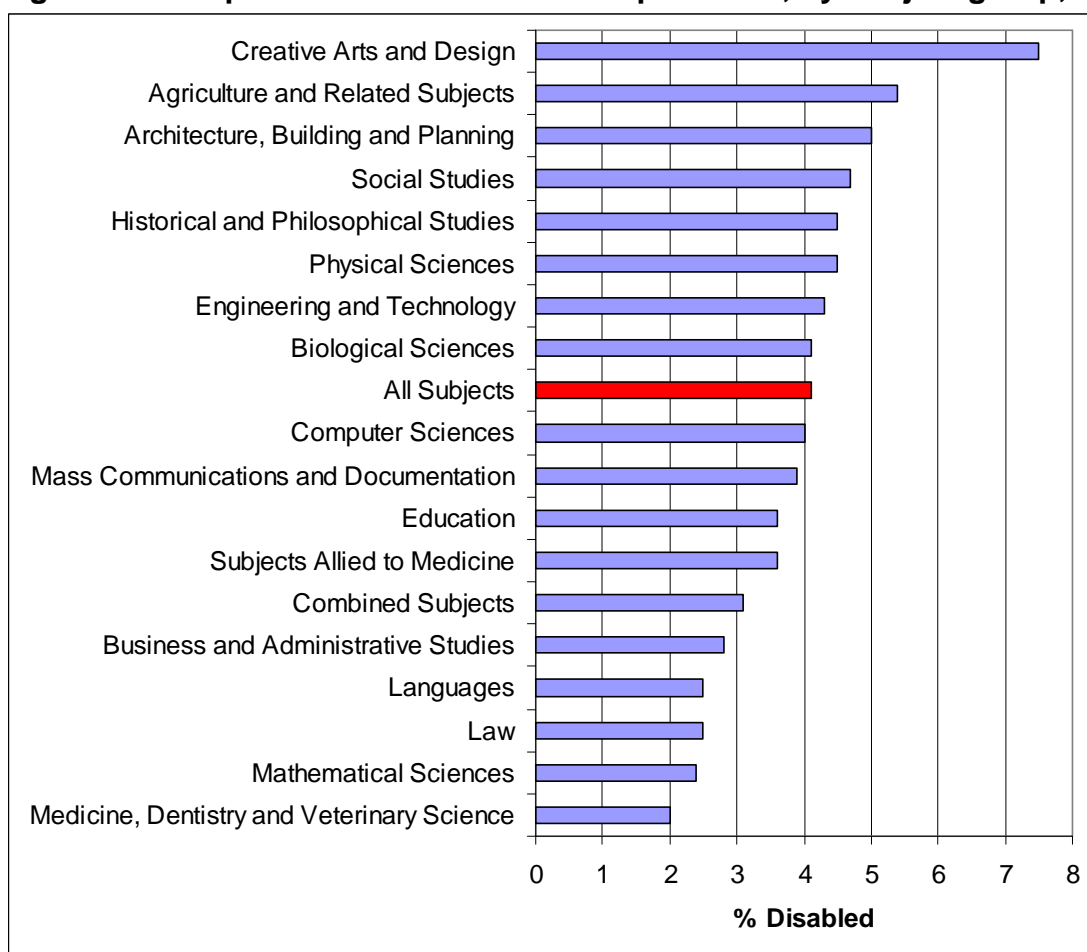
### ***Further along the student pathway***

Moving along the student pathway, we come to the matter of subject choice, and where within the spectrum of courses and disciplines we may find disabled students located. Figure 3.3

provides an illustrative snapshot from a specific moment, revealing some interesting differentiation in admissions across eighteen subject areas (as cited in the unpublished DIUS report). Our report draws only on readily available data at time of review, but updated figures continue to emerge for this topic as for others. Accounting for the marked differences is difficult, and there seems to be little in the way of detailed studies relating to this issue. No single factor explanation will suffice, and the different concentrations of students are probably influenced by a complex amalgam of disciplinary cultures and traditions. Key factors may include differences in entry tariffs, overall student demand, weekly contact levels, extent of field work, laboratory work and special equipment needs, training costs, ethos, etc. Other more intangible factors concerning 'ways of thinking' may even come into play. There is apparently an interesting concentration of students with autistic spectrum condition in mathematical subjects (Fletcher-Campbell, 2003).

This patterning of subject choice, though difficult to explain fully, might be a promising area for policy initiatives. Perhaps small pilot projects could prove worthwhile to discover good practice on tackling the more difficult areas. Considerable numerical strides on overall recruitment for disabled students might follow simply by bringing some of the more 'recalcitrant' domains into line with the 'norm'. It seems that disability provision is often improved when fresh thinking is brought to bear to seemingly intractable technical issues, and there is already interesting work from the BMA (2007) on disability equality in the medical profession.

**Figure 3.3: Proportion of students in receipt of DSA, by subject group, 2004/05**

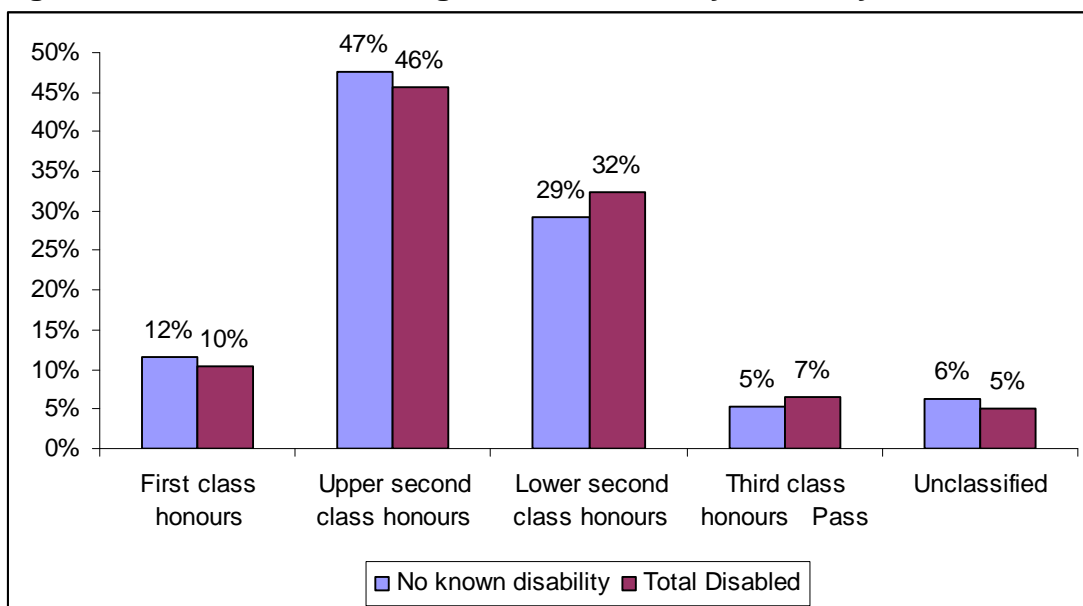


We turn now to degree attainment, and the matter of how well disabled students fare in terms of final degree classifications. Some small but significant differences emerge in comparisons with the results for non-disabled students. An illustration can be found in Figure 3.4, taken from HESA data (for 2005/2006) that were available via DIUS at the time of our review. These show disabled students performing less well overall, obtaining less first class and upper-second degrees, while being over-represented in the lower-second and third class bands. As this figure displays simple frequency counts, it offers a description but not an explanation. The latter would require control for any other characteristics that may be associated with attainment such as prior attainment, subject choice, age, university attended, term time accommodation, financial support, gender etc. Given the appropriate data set, it would be feasible to take such factors into account using multivariate analysis. DfES conducted a similar exercise on HESA data in relation to ethnicity and degree attainment. Their results showed that:

“ ... even after controlling for the majority of factors which we would expect to have an impact on attainment, being from a minority ethnic community [...] is still statistically significant in explaining final attainment, although the gap has been significantly reduced.”  
 (Broecke and Nicholls, 2007, p.3)

We could perhaps expect parallel results through application of similar methods to disability. Indeed, the above report makes brief mention (p.18) of the statistical impact of disability in reducing the probability “of getting a better degree outcome”, within a section detailing results on ethnicity alongside ‘controls’ (albeit with little amplification). Even so, were this expectation to prove correct within a more directly targeted study (uncovering a significant negative association between disability and attainment), we would still need to be cautious about explanations. This would not necessarily be a matter of discovering unmeasured and unconsidered variables but, rather, of understanding the processes whereby the academic achievements of disabled students were falling slightly short. Thus we would need to explore what was happening in the teaching and learning environment that might account for this result. We will consider potential answers in the next part of our review (which examines qualitative evidence on the classroom experiences of disabled students).

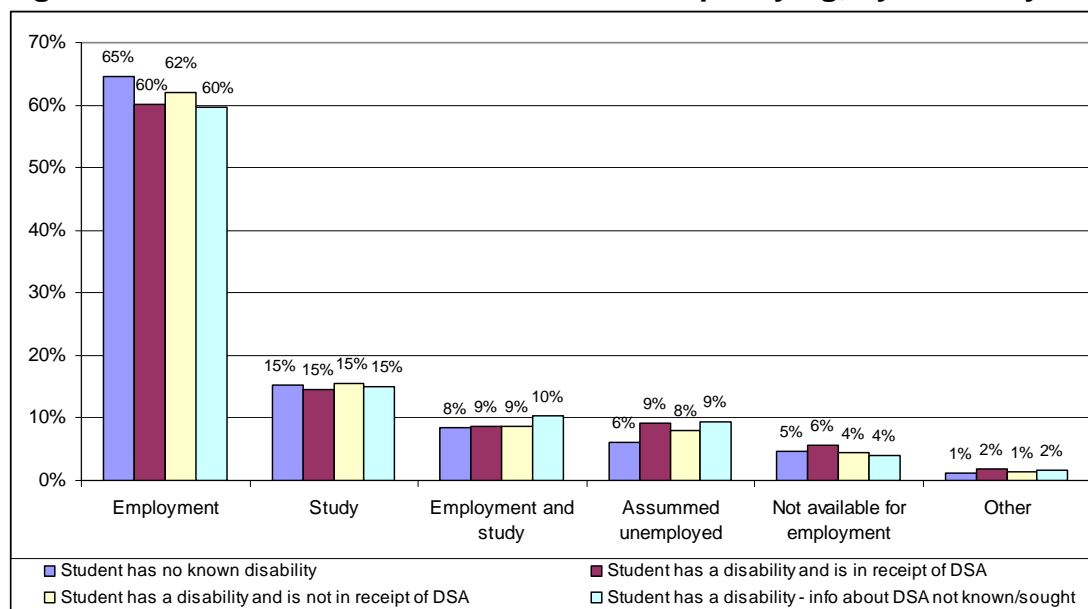
**Figure 3.4: Distribution of degree attainment, by disability**



Source: HESA 2005/06 (as cited in unpublished DIUS report, see 3.3.1)

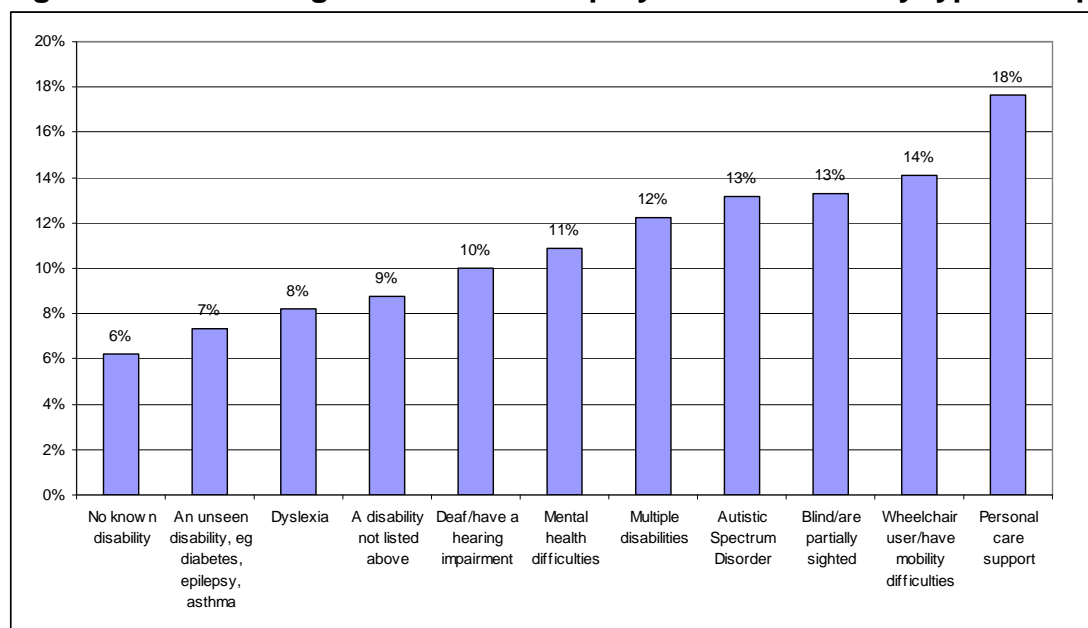
Finally we come to statistics on the destinations of disabled students on completion of their degrees, taken from HESA data (Figure 3.5), and the question of whether disabled students have better or worse prospects for employment or further study on completion of their degrees. Once again, the aggregate picture is promising, with Figure 3.5 displaying a broadly flat profile as one compares disabled and non-disabled students in each destination. We add the customary rider that these descriptive statistics do not take into account other differences that may account for variation in employment and further study. Moreover, there are some features to note in the histograms. Interestingly, disabled students in receipt of DSA do marginally worse in comparisons; not only with non-disabled students, but also with those disabled students who do not draw DSA. A further sign of disparities can be seen by disaggregating destinations data, as in Figure 3.6. This evidence looks only at those who are unemployed six months after leaving university and only at disabled students, but in this case broken down by 'type of disability'. Inequalities begin to reassert themselves with much higher unemployment levels reported by partially sighted students, wheelchair users and those requiring personal care support. Although we have no data to hand which distinguish different labour market destinations, it is unlikely that disabled graduates find themselves equally represented in the hierarchical strata of the UK occupation structure.

**Figure 3.5: First destination six months after qualifying, by disability**



Source: HESA 2005/06 (as cited in unpublished DIUS report, see 3.3.1)

**Figure 3.6: Percentage assumed unemployed six months by type of impairment**



**Source: HESA 2005/06 (as cited in unpublished DIUS report, see 3.3.1)**

We now conclude this section of the chapter by summarising key features of the statistical profiling of the progress of disabled students through the HE pathway. There seems to be considerable progress at the aggregate level, and the progress of disabled students is marked on many different indicators. It is impossible to draw inferences on attribution from such data alone, and the policies and programmes which may have been responsible cannot be identified. Nonetheless, it is probable that progress in this area has benefited from a general shift in attitudes towards disabled people throughout the UK, as well as from the specific involvement of governmental bodies. The fresh thinking and revised practices that go with this change may not have penetrated to all corners of the HE sectors and employment system, and as ever the devil might be in the detail. Inevitably, at the local level, development could well be more halting for particular groups of disabled students in particular disciplines, at particular universities or if aiming at particular occupations. Taken alongside the evidence that aggregate data offer for positive potential, the patterning of subject choice might now point towards possible merits of a more targeted wave of policies and programmes.

We note finally that the above analysis relies entirely on secondary sources in the normal manner of evidence reviews. It may be worth adding that an initial scrutiny of some of HESA's raw and un-interpreted data<sup>7</sup> indicates broadly the same pattern of steady but unequal progress. Jacklin et al.'s (2007) report on just one HEI provides some fine-grained statistical analysis and also concludes that:

“Demographically, and particularly in relation to gender, disabled students ... were becoming more representative of the total entry cohorts.” (p.5)

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[http://www.hesa.ac.uk/index.php/component/option,com\\_datatables/Itemid,121/task,show\\_category/catdex,3/#disab](http://www.hesa.ac.uk/index.php/component/option,com_datatables/Itemid,121/task,show_category/catdex,3/#disab)

### 3.3.2 Evidence from formal academic studies

We turn next to the body of work with the greatest width and depth of reportage. Our review follows the substantive classification outlined in Section 3.2.4. and reflects the methodological restrictions explained therein.

#### ***Student pathways***

We begin with the issue of access, and examine research conducted on the barriers and facilitators to entry into HE. We outlined the statistical picture in Box 3.1 in respect of entry rates. Now, we examine some qualitative studies of the “disabled students’ experience”, of which there are very many (Holloway, 2001; Borland and James, 1999; Shevlin et al., 2004; Fuller et al., 2004 a, b; Jacklin et al., 2007).

In summarising the main body of findings, we can point to four recurring themes in identifying obstacles to access, as reported by students:

- i. Inaccessible physical and accommodation provision.
- ii. Lack of accessible information, and the complexities and obstacles associated with regulations and procedures.
- iii. Issues concerning identification and differentiation on the basis of impairment (including a sense of exclusion from the ‘normal’, etc.).
- iv. Levels of awareness and attitudinal barriers.

We provide examples selectively here. One modus operandi in unearthing positive and problematic factors has been for researchers to select a small number of disabled students, just enrolled or at the threshold of university, and to ask them, via semi-structured questions or in focus groups, to report on their experiences. For instance, Shevlin et al.’s (2004) questions on choice of college or course met with a set of replies indicating the restricted and careful choices involved:

“I knew it was accessible. I had been here before. I live near here so it is very handy”.

“A deaf friend of mine came here to do the same course. I just followed her”.

“Initially I wanted to go to U of A but they had no residences on campus. I’m not able to travel on buses ... so that’s basically why I came to U of B”.

“I did geography and it requires a field trip up the side of a mountain. The lecturer implied what was I doing geography for if I can’t go on field trips?”

Not all replies, of course, were disability related, as in: “I hadn’t a clue what I was going to do. Arts allows you to keep your options open”, or “I chose science because I like the white coats”. Fuller et al.’s (2004a) students tell a similar tale:

“I wanted a chance to express feelings and emotions in a visual way with support and acceptance”.

“I didn’t feel I had the ability to do a completely academic subject as I have difficulty in writing”.

Such data are highly evocative and are often a mainstay of this type of approach. There is some danger, however, that vignettes and experiential narratives have been called upon to do too much explanatory work on matters such as inequality of access. What is interesting and important, therefore, in two of the studies noted above is the attempt to put these replies into perspective. Jacklin et al. observe, in relation to the issue of where to apply, that only 20% of the replies were disability related (2007, p.23). Fuller et al. put this figure at 10% and 12% respectively for choice of course and choice of institution (2004a, p.308).

The issue of non-declaration provides some of the most interesting empirical material in reports. The decision to disclose an impairment is in some senses a formal one, made at the time of admission and registration. It is also an informal one, made on a day-to-day and encounter-by-encounter basis. Contrasting quotations from Jacklin et al.'s research (2007, pp.27-28) illustrate well the dilemma that may be involved:

"I don't want to be a special case. I don't want to have any special help. I want to be a normal student. I don't want any exceptions to be made for me I want to do this properly".

"I just feel terribly alone and I think that if I wanted anything it would be to know [there are] other people out there ...".

Later, the second student here reports on finding companions with the same impairment, saying that it was "like finding another of your species. It was incredible," with a feeling of encountering someone who had been through "something I have been through". Barriers are noted in great detail in some reporting. This may refer to such matters as being able to access information, support, or specific contacts, with concerns about confidence, confidentiality, and so forth. For example, Fuller et al. (2004b) report statements that neatly illustrate difficulties:

"Deep down, I know counselling would help me, but it is making the final steps and knowing so little about what is available that holds me back".

" [I] would love to get into contact with other diabetics who are studying [here], but due to patient confidentiality this poses me a problem. As such I know no one my age who has the condition and therefore feel isolated with having to cope on my own".

Some brief methodological remarks are now made by way of appraising the considerable research material in this style. The anecdotes and vignettes on student experience are undoubtedly rich in individual insights, even if their wider representativeness and reliability are not always guaranteed. Sometimes, however, perhaps data are – as it were – being expected to 'speak for themselves'. In fact, careful interpretation is usually necessary with this type of material, and its limitations and specific contexts need keeping in mind. This literature seems to contain insufficient comparisons with non-disabled students and, perhaps importantly, with disabled students who do not 'make it' into the HE system. The feasibility and character of qualitative work sometimes make it ideal for swift collection of 'early warning signs', and for obtaining genuine feedback, but it requires considerable care and balance if it is to help serve broader goals without loss of rigour.

### ***Relationships***

'Staying the course' in further and higher education is not only a matter of academic hurdles and successes. A satisfying, profitable and developmental period of study also depends on the creation of successful interpersonal relationship with peers, and with academic and support



staff. A number of studies have examined the workings of these associations. We give a flavour of some key findings via five investigations, including some coverage of the staff side of interactions (which brings us into the area of staff reactions to change).

One 1990s study (Ash et al., 1997) reports on what might be thought of as the traditional picture. The authors questioned disabled students and non-disabled students at three colleges of further education. They found that many non-disabled students were only vaguely aware of the presence of disabled students or of the problems confronting them. Social contact between the two groups was limited. It tended to follow 'tram lines', whereby only those non-disabled students who had had previous contact with disabled people tended to form friendships with disabled students whilst at college. Whilst non-disabled students were strongly supportive of the principle of inclusive education, many saw inclusion in the mainstream as conditional on the particular impairment of the individual. The study calls for greater early contact (induction sessions) in order to prompt mutual understanding.

This picture moves on somewhat with Taylor and Palfreman-Kays' (2000) inquiry into the relationship between the groups of students, in this instance those studying on an Access Course. The study points to considerable advantages that apparently flow from 'disclosure'. For instance, several dyslexic students viewed their impairment as an opportunity to receive *and* provide support. After the 'declaration' of disability, according to these accounts, "the development of relationships between students progresses a stage further". Mutual understanding often developed into everyday practical and sometimes formal support, fellow students often being in the best position to help with note taking, typing etc. The same study, however, highlights variation across different access courses and between students with different impairments. Students with dyslexia and hearing impediments report on lack of understanding, and even on being treated as objects of humour. Difference in levels of contact between disabled and non-disabled children in primary and secondary school is located as the key explanatory factor in accounting for the discrepant findings. Recommendations are made on recruitment and induction practices, and for the strategic location of 'disability awareness projects' within these.

From such studies we learn that the issue of interpersonal support is believed to be a core concern for all disabled students. An American study of a "large public university" (Olney and Brockelman, 2003) provides a sophisticated account of how this may be best achieved. For many of the students interviewed, getting the appropriate support had proved frustrating and time consuming. Lack of assertiveness, difficulty in advocating for themselves and, above all, concern about the judgements of others were the stumbling blocks. The research centres on how these students (most of them without an immediately discernable impairment) went about the business of "management of perceptions". When it came to disclosure, it seems that they pursued a mixed strategy: *they* decided "not only whether or not to tell but whom and how to tell". According to the authors, this strategy helped them avoid being stereotyped in some quarters, but also permitted them to be viewed in a very positive light in others. As one of the students put it, following what she saw as over-attention from disability support services: "I've been reduced to a label. I don't want to be reduced to a label." By contrast, another respondent drew advantage and some pride from being accepted as a disabled student by staff. This study shows that building interpersonal relations makes an important contribution in student success, but that linkages so formed are complex and based on an intricate web of perceived beliefs and consequences. There appears to be no simple and uniform way that 'disability provision' can be organised to meet such challenges.

There is further research into relationship-building between disabled students and staff. Some indirect lessons on staff awareness and their interactions with disabled students can be gleaned from studies exploring attempts to introduce a more inclusive curriculum. We thus include some research now which assesses progress towards this goal as well as some drawbacks. Stefani and Matthews' (2002) paper reflects upon the experience of a major, university-wide project entitled *Creating an Accessible Curriculum for Students with Disabilities*. In particular, they trace "the difficulties experienced within a multi-disciplinary team that did not ensure a shared conception of the complexities of the change management project in which it was engaged". In short, the staff were not uniform when it came to provision for disabled students. Tension occurred between specialists in what at the time was known as 'special needs', and the mainstream 'academic' staff. Stefani and Matthews indicate that many of the latter felt they were being propelled into a "predetermined project with a predetermined methodology" that did not conform to norms and standards for student contact in their own disciplines. While it could be argued that the Department of Social Work "had a longstanding record of facilitating the learning of disabled students", for many other departments it was generally the case "that staff had considerable experience of making 'ad hoc' arrangements to accommodate disabled students", but very little experience of "developing and designing the curriculum for maximum accessibility". Given that the concept of accessible curriculum was "somewhat intangible", there was "no obvious model for transference of procedures from Social Work to other disciplines" (Stefani and Matthews, 2002, p.43). MacDonald and Stratta's (2001) study of the broader widening participation agenda encountered similar issues. Interviews were conducted with staff in an "institution with a well-established access policy". The reaction of many tutors to non-traditional students was about "helping them adjust to the existing undergraduate provision rather than engaging in a radical rethink on possible approaches to a more diverse population".

Research in this area is potentially important, and usefully could be both deepened and widened. At present, not enough systematic information is available on staff reactions to parts of the equality agenda about why, when and where there might be opposition or hostility, and on the causes for any such phenomena. As we note in relation to some other matters touched on in this report, it is inadequate to rely on exhortation to generate or consolidate change. The material under review here suggests that relationships (between all stakeholders) develop on ad hoc bases with mixed benefits. Given this, one essential target may be to develop the kinds of support systems and learning environments that consistently facilitate constructive interactions.

### **Sub-groups**

A growing appreciation that the umbrella terms 'impairment' and 'disability' cannot capture the experience of all students so labelled has led to intensive study of particular sub-groups. It is beyond the scope of our review to inspect details here, but useful to contrast some selected studies to illustrate underlying issues. Even from a limited survey we can see the formidable diversity, in both challenge and response, involved in promoting inclusive HE for differing groups.

**i) Dyslexia.** We begin with dyslexia, and the study offering the most extensive statistical profiling of students declaring themselves as presenting with this class of impairment associated with reading (Richardson and Wydell, 2003). Drawing on HESA data provides a picture of the uneven prevalence rates of such students across gender, by age, by level and subject of study, and by degree classification. Students with dyslexia tend to be found within the youngest age cohorts. They perform significantly less well than non-dyslexic students in terms of degree classification, and choice of subject is heavily contoured by preference or by opportunity. The report reveals significant 'underperformance' at all points along the student pathway, suggesting that the apparent problem for this group is likely to have multiple roots.

Qualitative studies (e.g. Madriaga, 2007) tend, however, to pursue a singular explanation, rooting difficulties of access for dyslexic students in HE 'disablism'. Madriaga's study, supported under an *Aimhigher* scheme, consisted of producing 21 'life histories' of students within the scheme. Of the 16 students with dyslexia here, only three were diagnosed by the age of 15. Their accounts reveal tales of frustration and resentment:

"Nobody would test me for it. I kind of blame the school because I would have moved on quicker if I would have been assessed years ago."

"A lot of the time the teachers don't push the kids if they got special learning needs. 'It don't matter darling if you have not done your homework'."

"When I told him (tutor) I was dyslexic, he started speaking slowly to me. I think if people understand what the problem is then I don't think there will be a problem."

"I did have support for reading and writing in exams. But she was a pain. She would be like: 'are you sure it doesn't mean this?'. I was like: 'could you just read the question, rather than trying to influence me' "

According to the above author, these sentiments should remind us that:

"... there is a gap between policy and practice where students continue to lack the necessary support. This gap cannot be simply explained away by insensitive lecturers lacking disability awareness. Confronting disablism is a university wide issue."

Studies of university responses to dyslexia do however reveal some progress amidst considerable scepticism on the part of some staff (Du Pre et al., 2007). A recent study by Ingram et al. (2007) at a Scottish HEI reveals a typically mixed picture:

"The emergent findings ... highlight the fact that managers, teachers and support staff operate an under-resourced and largely ad hoc system of dyslexic support, although Napier, with greater central funding, shows signs of more strategic insight with the appointment of a full-time dyslexia coordinator with strategic potential."

Perhaps a feasible conclusion from looking at studies in this area (albeit a very tentative one) might be that many factors are in operation, and that if institutional disablism is significant amongst them then it is likely to be evidenced most clearly in the under-resourcing of staffing and inadequate training.

**ii) Visual impairment** HE students are required to read, take notes, use computers, watch demonstrations, operate equipment, carry out experiments and practicals, take part in workshops and attend field trips. Increasingly, they are expected to watch film and video, download web materials, and find their way through the virtual learning environment. Visual assimilation is almost assumed as the prelude to learning and analysis. The barriers are formidable and this is reflected in the empirical material on visually impaired students in HE.

It is useful to begin by noting again some HESA data on prevalence, and a further study involving Richardson (Richardson and Roy, 2002). Parallels may be drawn with (i) above. Again, there are uneven prevalence rates of such students across gender, by age, by level and subject of study and by degree classification. The patterning, however, reveals a group

apparently with a different set of ambitions and a dissimilar range of barriers. Visually impaired students tend to be significantly older than their dyslexic counterparts. Partly, this is a matter of visual problems increasing with age, but we also concur with Richardson and Roy's interpretation that willingness to contemplate HE comes later for these students who, because of the severity of some conditions, may have been guided to specialist training and employment opportunities (especially in the past). Proportionately more visually impaired students go on to higher degrees than do dyslexic students. Final degree classifications are also superior, with a significant presence in the first class band. The authors calculate, via multiple regression analysis, that (overall):

“... students with visual impairments tended to obtain a slightly poorer class of honours than those with no reported disability but this was due to demographic variables rather than to their visual impairment.” (Richardson and Roy, 2002, p.46)

Choice of subject is heavily skewed, the potential explanations perhaps lying in preferences and aptitudes of this group as well as in admissions practices of differing schools and departments.

There is a considerable and largely technical body of literature (see Shepherd, 2001) on teaching and learning barriers being minimised through changes in teaching strategies, the support of an assistant, or the use of a specialist piece of equipment, and via alternative modes of assessment. Students report some satisfaction with such provision (Palmer, 2005) when it is installed, though estimates of extent of usage of inclusive methods and technology are scarce. Success at university for visually impaired students also has a non-academic side, being affected by support from family and friends, level of interaction with non-disabled persons, level of integration into the university community, satisfaction with residence and community services, opportunities for leisure activity, and potential for securing employment and maintaining independent living options. Qualitative studies by Zell-Sacks et al. (1998) and Peavey and Leff (2002) provide evidence to show that visually impaired students are making less headway with 'lifestyle' and 'networking opportunities' than they are with academic progress. Such a lack of 'social capital' is claimed to have a crucial knock-on effect on employment (Potts, 2005).

**iii) Mental health.** Research in this area appears sporadic and uneven, reflecting difficulties and disagreements in the diagnosis of mental health impairments.<sup>8</sup> Certainly, there is no available statistical profiling of attainment levels, subject choice, age banding, etc. of such students of the type mentioned above in (i) and (ii). We devote part of the third section of this chapter to issues of measurement and classification for this group. For the present, we begin with a quotation from the Royal College of Psychiatrists (2003) suggestive of the 'educated guesswork' that goes into estimating prevalence rates for students with mental health impairments:

“In 1999–2000, only 4.5% of the 1.6 million students in higher education declared a disability and only 0.12% declared a mental health disability. Clearly this is a gross under representation, reflecting a continuing reluctance to declare mental health disability despite the provisions required by the Disability Discrimination Act 1985. Association of University and College Counselling data suggest that approximately 3% of university students consult their counselling service per year, and it is probable that approximately 8% in total may do

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<sup>8</sup> There are interesting and significant initiatives in this field (as we indicate later in this report), and some of these may include generation of new information of various types. At national level, the Universities UK/Guild HE Working Group for the Promotion of Mental Well-Being in Higher Education was founded in 2003. See: <http://www.mwbhe.com/>

so during the course of their student career. Two-thirds of those who use the counselling services are female.” (2003, p.15)

A Swedish study (Dahlin et al., 2005) provides a first indication that mental health problems are likely to be strongly stratified across institutions and departments. Stress and depression is higher amongst medical students than in the general population. Year 1 medics are substantially more exposed to these conditions than are later cohorts. Statistically significant gender differences were also discovered for medical students, with women scoring considerably higher on both stress and depression scores. Student debt may account for another pocket of mental health problems. Cooke et al. (2004) discover that students reporting financial concerns score more highly on a battery of mental health measures. Andrews and Wilding’s longitudinal analysis (2004) shows that financial difficulties often predate depression and anxiety, and thus that the causal relationship may operate in that direction.

Formal studies of the university response to mental health are in their infancy. The *Mental Health in Higher Education Website*<sup>9</sup> contains resource materials, but these comprise mainly good practice guides and descriptive case studies. Stanley and Manthorpe’s (2002) volume still seems to represent the main collection of research on student mental health. As in the majority of arenas reported on here, accounts of individual students’ experiences feature significantly, although the case studies of breakdown and of parental reaction to student suicide are perhaps exceptionally distressing. The chapters on ‘effective response’ tend to the descriptive and prescriptive rather than the evaluative.

Several experiments have begun on promoting knowledge of mental health by creating posts for ‘users’ of mental health services (individuals with experience of mental distress who have had contact with such services). Simons et al. (2006) report on development of the role of ‘user academic’ at a UK university. This qualitative study found that the post had a positive impact amongst immediate stakeholders (the academic and support team with responsibility for mental health, and students participating in the programme), but attempts to achieve wider socially inclusive practices were inhibited by ‘organisational factors’. The post did not escape a degree of stigmatisation. Integration of the holder into traditional academic work routines was slow.

This illustrative summary of research on three different groups of students with impairments reminds us of the challenging complexity involved in any response from the HE sector. We cover only three ‘conditions’ above, yet their diagnosis and aetiology vary considerably, as do their representation and distribution, levels of stigma or public understanding, practical and technical problems in teaching and learning, and opportunities for integration and networking in the wider student population.

### ***Teaching and learning***

Two main types of studies predominate here. Some are in the ‘experiences’ style (see above), and report on barriers encountered by disabled students in their day-to-day learning activities at college or university. A related type of exercise collects feedback on experience and views via quantitative surveys (as with the National Student Survey). Others report on and evaluate specific schemes designed to improve the learning experience. The most typical and most extensive example of work in the first category comes from Fuller and colleagues (2004a, b). The researchers surveyed all students declaring an impairment at a particular institution (medium sized, liberal arts, HE). Data were collected by closed and open questions, and

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<sup>9</sup> <http://www.mhhe.heacademy.ac.uk/>

responses were sought on barriers in specific areas of activity. Lectures proved particularly troublesome, with almost half of the sample noting problems with speed, audibility and comprehensibility of the lecture, poor visual and support materials, lack of note taking opportunities and so on. Tutorials and seminars raised more particular restrictions, perhaps rooted in specific impairments (as when students report difficulties in hearing the discussion or picking out the right words to express their ideas). Libraries and other learning centres were not universally appreciated, usually because of the inaccessible nature of equipment and setting. The report also makes strong use of the student 'voice' in describing the barriers. The following quotations typify the reported opinions on learning centres:

"Most of the relevant books are on short loan. I can't read all the information I want in 24 hours. I can't afford to be late either."

"Myself and helper have 11 sets of doors to get through to get to the computer labs which are very heavy and a disabled student with no helper would really struggle."

Fuller and colleagues conclude with four general recommendations, typical of this mode of inquiry. They favour greater flexibility in all aspects of teaching and learning, parity in provision for disabled and non-disabled students, improved information for all staff and students on new forms of provision in teaching and learning, and 'upgrading' in actions and attitudes of all providers. A more recent study by Jacklin et al. (2007) serves as something of a counter to this rather negative picture (the main reason being the central focus, with Fuller et al. seeking out 'barriers', whilst Jacklin et al. tried to cover the 'processes' of becoming a disabled student). The latter's results are summarised in Box 3.2.

### **Box 3.2: Jacklin et al.'s summary of the learning experience of disabled HE students**

- 73.9% of respondents (N=192) indicated that overall they were happy with their learning experiences at the HEI. 22.4% disagreed (3.6% did not respond). Results were broadly similar across all impairment categories.
- Of those students who felt they were generally happy with their learning experiences, 57.1% felt there were barriers to their learning, and of these 68.6% felt barriers were related to their impairment.
- Of the 'happy with learning experiences' group, 79.3% agreed that appropriate support had been identified for them, and 66.4% were receiving the support that had been recommended.
- Of the 22.4% of respondents who indicated they were not happy with their learning experiences, 84.1% felt there were barriers to their learning and most of these (81.8%) felt at least some of these barriers were related to their impairment. Of this 'not happy' sample, 59.1% felt that appropriate support had been identified but only 43.2% were receiving the recommended support.

Somewhat unusually, this project involved a number of disabled student 'co-researchers'. Their particular task was to come up with ideas on improving the learning experience and the report ends with 18 such recommendations. They echo the broad lines of the Fuller advice above, filling in some very practical details, such as the following:

"Allocate one named person for the student to turn to if a problem arises. HEIs can be big and complex places and disabled students have additional points of contact because of their support needs."

“For students with mobility difficulties, ensure the distance between rooms is taken into account when timetabling. HEIs should not forget cafes and other social spaces – disabled students want to go for coffee with their peers between seminars.”

The debate on the optimal form of learning support for disabled students was exemplified with the publication of an exchange between Avramidis and Skidmore (2004), and Wright (2005). The former pair of researchers administered the LfAQ (learning for all questionnaire) to a sample of all students at a university in the southwest of England. The purpose of the LfAQ was to ascertain students’ views of university and departmental provision (physical environment, learning resources, tutorial arrangements, study aids, timetabling, etc.) and how it could be improved. Of interest here is the comparison between the perceptions held by disabled and non-disabled students. Table 3.3 summarises the findings, providing aggregate measures of reported satisfaction on three dimensions of support as offered by the university generally and in relation to tutor work and lectures. As can be seen, perceptions of levels of support are very similar across the two groups (with no significant differences as measured in ANOVA tests). Avramidis and Skidmore also report close correspondence in qualitative answers to open-ended questions, with both groups of students calling for more space for self-study, increased time with personal tutors, improved IT access, etc. Coming to the all important interpretation of these findings, the authors regard these shared sentiments as indicative of the need to rethink provision away from the ‘specialist’ framework and towards ‘mainstreaming’.

**Table 3.3: Mean satisfaction scores by type of provision and disability**

	N	Mean	SD
<i>University support</i>			
Disabled	69	3.13	0.72
Non-disabled	294	3.22	0.58
<i>Tutor support</i>			
Disabled	69	3.23	0.98
Non-disabled	294	3.32	1.07
<i>Lecturer support</i>			
Disabled	69	2.76	0.55
Non-disabled	294	2.89	0.56

In a rather unusual step, the same LfAQ data set was re-scrutinised by Wright (2005) in a paper published a year later in the same journal. Even more remarkably, he comes to precisely the opposite conclusion, namely that the evidence shows that it is important to extend or consolidate specialist provision by disability and by subject area. This case is argued by demonstrating that:

- The survey results reveal very high levels of usage by disabled students of special learning materials and services, and so LfAQ questions which simply asked about ‘provision’ may not have carried similar meanings to the two groups of students. The general demand for more study space is not the same as the demand for more study space accessible by wheelchair – but the generic survey instrument could not distinguish between the two.
- There are, after all, significant differences between groups – if the analysis is carried out at higher levels of disaggregation. For instance, if disabled students are grouped by impairment, and the several questions on each of the three levels of provision are taken separately, then the different groups disagree markedly.

Reflecting on these approaches, in our consideration Wright provides the superior technical data analysis, though this does necessarily mean that his perspective on policy implications is necessarily superior. The key point, perhaps, is that data on student perceptions on their own cannot provide a conclusion on the specialist-versus-mainstream arguments. For a clearer resolution one would need to know more about the views of all stakeholders, and crucially be in possession of hard data about the progress of students under different modes of provision. The body of evidence is insufficient here, but the exchange is certainly illuminating, not least for its reminder of the care needed when interpreting student responses material.

There is a large literature evaluating various tools, methods, techniques and apparatuses that claim to enhance the learning experience of disabled students. Of these, the most substantial is research on the potential benefits of ICT, multimedia and e-learning (Clark, 2002; Phipps et al. 2002; Keats and Clarkson, 2004; Newland et al., 2006; Sloan et al., 2006). An underlying hypothesis is that ICT can reduce or overcome barriers resulting from both the nature of the physical learning environment and methods of teaching delivery. It is also said to offer more opportunities for 'blended learning', that is *choice* of learning mode and learning situation to fit it with impairment, home and support systems. A significant proportion of this research is about meeting the technical challenges. These concern adopting the optimum platforms and virtual learning environments and adapting them via captioning, audio description, transcripts, keyboard access etc. We make no attempt here to evaluate the progress of these digital journeys. Many technical innovations may require further modification and adaptation for students with differing impairments, and the degree of success and exact impact will sometimes be difficult to predict. As Sloan et al. (2006) put it:

“... it is eminently possible that a specific multi-media e-learning resource may not be accessible to students with a particular impairment – for example, visual impairment – but [that it] significantly enhances accessibility for students with other access needs”.

As for the disabled student reception of e-learning, the most significant project appears to be the evaluation of HEFCE's *Accessibility in Learning Environments and Related Technologies* (ALERT). Data were collected by semi-structured interviews with staff and students at Durham and Bournemouth (Newland et al., 2006). Analysis mainly takes the form of a large matrix of quotations from students with various impairments and studying across different modules. Reported results are overwhelmingly positive with most students being enthusiastic advocates for 'e-tivities'. There is limited methodological commentary in the report, with no discussion of potential threats from selection bias or 'Hawthorne effects'<sup>10</sup>. A paper by Hosie et al. (2005) provides a promising framework for more in-depth evaluation in this area.

Teaching and learning projects can be considered the engine of research activity in the widening participation field. Many other studies exist in what might be regarded as specialised areas of teaching and learning (even though their authors would not regard them as such). We do not provide fuller coverage of these, except in the bibliography. An example of a niche area might relate to research conducted on field work or work experience (Wray et al., 2005; Skill, 2005; Fell and Wray, 2006). Whilst perhaps a little outside the daily run of HE activity, the support requirements are seemingly much the same: shared responsibility, planning, reasonable adjustments, clarity on disclosure, good communication, etc. Teaching and learning also raise numerous questions of benchmarks and standards (Chapman and Carlisle, 2006),

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<sup>10</sup> A tendency of research subjects to act atypically as a result of their awareness of being studied, as opposed to their reaction to the intervention in which they are placed.



but these lie outside the scope of the present review (although we can note significant studies such as the HEFCE-funded *SCIPS* project, *Academic Standards and Benchmark Descriptors: Developing Strategies for Inclusivity*).

### Assessment

There is extensive use across HE institutions of special examination arrangements for disabled students. Konur (2002, following Tindal), provides a useful classification of the different kinds of adjustment, which we have adapted freely in Figure 3.7.

**Figure 3.7: Assessment adjustments for disabled students in HE**

Assessment materials	Assessment directions	Assessment Presentation	Response format	Response support	Setting	Timing
Braille, large print, tape prompts, computer scanning	Via amanuensis / proctor, computer interface	Audiotapes, proctor reading / signing, computer interface	Braille, computer processed / audio or signed paper	Dictation, signing, brailing responses	Separate rooms. Adaptive furniture, lighting acoustics	Extensions, session breaks. Flexible schedule. course work

Adapted from Konur, 2002.

There is a growing array of investigations charting satisfaction with such arrangements and working towards more equitable assessment systems (Konur, 2002; Waterfield et al., 2006; Waterfield and West, 2007). This research indicates interesting disparities of opinion within and between the assessed and their assessors. Waterfield et al. (2006), writing of material collected in HEFCE's SPACE project (Staff-Student Partnerships for Assessment, Change and Evaluation), reported 83% student satisfaction with 'special arrangements' (see also Chapter 8 for comments on this project). Their qualitative work, by contrast, elicited considerable dissatisfaction in regard to such matters as isolated exam rooms, distractions with different finishing times, sitting for a long time, exam pressure, time pressure, not feeling well on the day, etc. Their findings also indicate that the majority of disabled students report receiving special arrangements under examination conditions, with 'only' around 30% doing so for other forms of assessment. Assessment preferences for disabled students were marked, the 'top five' being 'continuous assessment', 'multiple choice', 'oral examination', 'coursework' and 'portfolio'. Formal examinations, the authors note, "do not feature at all". Evidence such as this is taken as a sign of the need for fundamental change. A weakness here is the lack of comparative data on the opinions and experiences of non-disabled students (who might be expected to suffer from anxieties such as crowded examination rooms and a parallel dislike of formal examinations).

Action research experiments with different forms of assessment have tended to confirm the preferences noted above (Waterfield et al. 2006; SWANDS, 2002). The SPACE project connected with the introduction of a new assessment toolkit across disciplines from the Humanities to Civil Engineering in a small number of English HE institutions. The authors note a broadly positive response (both in terms of attitudes and grades) to the introduction of newer forms of assessment such as oral assessment on tape, design reports, portfolios etc. Above all, having a choice of assessment systems proved popular and successful, with the key side effect of reducing requests for special provision, extra time, etc. It is important to note, however, that the studies reveal a corresponding increase in satisfaction with the new systems and an improvement in grades for the non-disabled students partaking in these trials.

Most of the formal research conducted on the outcomes of assessment adjustments for disabled students originates in the USA. A useful summary can be found in Konar (2002).

These studies tend to be conducted in formal experimental style and concentrate on the measurement of outcomes. They reveal a more mixed picture than reported in UK enquiries, and for most adjustments (be they visual formats, time, transcription systems, etc.) there are winners but also losers. Benefits accruing from assessment changes would appear to be highly sensitive to the specifics of impairment and the context of the examination.

There is some research on the institutional perspectives on modifying assessment systems for disabled students. Not surprisingly, Waterfield et al.'s (2006) interviews with academic staff revealed contrasting views on the need for and feasibility of change. These range from, "I don't see why we should change – we've done exams for thirty years and not had any student complaining" to "I'm happy to do it but how do you get a department to change?". This balance is expressed in the following carefully worded conclusion:

“... while there is individual staff practice across the sector to support innovation in assessment practice, there are clearly obligations and responsibilities at institutional, cultural and legislative levels that will confront reluctance whether it resides within the faculty, among examiners, professional bodies or employers.” (Waterfield et al 2006)

A number of authors (Follett, 2003; Sharp and Earle, 2000) report that the institutional response to the need for fair assessment for disabled students has been patchy and ad hoc. Claims made, largely on the basis of research with interested parties, suggest that this situation may be remedied by pursuing the following themes: embedding changes to current practice at strategic level; assessment of core learning outcomes becoming a fundamental facet of all assessment regimes (and not just an aspiration of inclusive education); continued professional development for staff; support and acknowledgement from professional bodies; and more time and money (albeit hard to find) to change systems (Waterfield et al., 2006).

Our searches in this area also revealed a number of practical guidelines and resource packs produced following funded research projects. A useful example is documentation from the SHEFC funded project on *Creating accessible examinations and assessments for disabled students*: [http://www.teachability.strath.ac.uk/chapter\\_8/reflectingonpractice8.html](http://www.teachability.strath.ac.uk/chapter_8/reflectingonpractice8.html).

We return briefly to another facet of the assessment debate, concerning the relationship between recommended changes and academic standards, in Section 3.4 below. To conclude the present part of this review, however, two general comments are added now. The first offers an overall appraisal of this section of material. In common with much of the literature on disability, the available research in this specific domain can be said to be unevenly spread in its methodological approaches. The typical study can be described thus: it will be a case study, probably based on a widening participation project, and data collection is mainly qualitative while data analysis is mainly descriptive. The focus is frequently on the experiences of individual students (often rather few) engaging with their studies or in the intervention. Vignettes, pocket histories, or extended quotations (carrying the voice of the disabled person) constitute the main analytic techniques. Recommendations follow, and these are often long (more extensive sometimes than the evidence that precedes them), and may well be orientated towards calling for institutional adjustments.

There is a danger of circularity in this methodological stance, with the commitment to particular innovations being carried into the research findings. Another limitation is that whilst many of these studies express commitment to the social model, relatively few concentrate on the institutional, cultural, administrative, economic and physical barriers to inclusive HE. From the methodological point of view, the main weakness is the lack of studies committed to a multi-

method approach. Other fields of inquiry have shed their adherence to the single or dominant research paradigm, and it seems desirable for research on disability and HE also to do so, with an emphasis on more pluralistic research paths.

Our second comment concerns future interventions. The substantive conclusion above mirrors a point come across frequently in these research reports. Many authors pointed out that the whole apparatus of university provision (be it in terms of admissions procedures, teaching and learning, student support, careers advice and so forth) was in rapid transition. These changes were not driven by a particular set of stakeholders or interest groups, but seemed to be part (albeit depending on one's point of view) of the recent professionalisation or bureaucratisation of HE provision. There is a danger that specific interventions for disabled students, even when led by disabled people, will remain too much in a self-contained environment. A more powerful and perhaps more efficient option is to embed them into a comprehensive inclusion package. The widening participation agenda needs to be just that, as authors are sometimes well aware. Hurst puts this strongly in a passage relating to the true remit of his team in producing a handbook on disability issues in continuing professional education:

“However, what should be borne in mind throughout is what is being produced is good professional practice in the classroom and throughout the institution generally, and is not specific to disabled learners.” (Hurst 2006b, p.154)

### 3.4 Measurement issues

Our brief requested we pay special attention to issues around the measurement and classification in profiling the progress of disabled students in HE. This section of the chapter serves that purpose. There are several problems and pitfalls, all being well rehearsed in the literature (Ramsden, 2005; Tozer, 2006), which can be summarised thus:

- Disability is an ‘essentially contested concept’. It has been measured with a focus on individuals’ specific impairments or, alternatively, via the constraints that social and environmental barriers place upon them. Then there is the matter of ‘degree’, where disability is assessed according to the extent to which it is ‘work-limiting’, or whether it constrains ‘normal day-to day activities’, or whether it is ‘short-term or enduring’, whether it is ‘physical’ or ‘sensory’, and so forth. In effect, there is no agreed definition. Furthermore, much of the literature from the ‘social model’ perspectives has been concerned with changing prevailing definitions.
- Partly because of the success of the social model, the classifications and codes used in key survey instruments and in administrative data have been modified and adapted over the years. It follows that caution must be exercised in interpreting longitudinal data patterns. Trends and shifts may be due to genuine policy response or actual behavioural change, but may also be artificial and attributable to measurement artefacts.
- There are parallel problems with comparability. Differences in working definitions across government bodies, research agencies, HEIs and FECs have allowed variation to creep into the databases. Accordingly, there is a measure of disagreement on even basic information such as on the presence of disabled students in an institution.
- Mirroring the overall problem, there is also little consensus in agreeing on terms and measures to describe the types and subsets of impairment. This is especially so in the

domain of cognitive and mental health impairments. A somewhat disputed corollary here is that, given the relative failure to distinguish between the sub-types of impairments, the policy and practical response may not have been sufficiently 'granulated'.

- For practical purposes, the measurement and monitoring of impairments is often based on 'self-report'. Data are often collected via student box-ticking of enrolment forms and so on. Self-report suffers significantly from the so-called 'social desirability effect'. This effect, in turn, may depress or exaggerate reported numbers (Rose, 2006). Classically, it is considered that the stigma associated with disability labels has led to high levels of under-reportage. In a changing world, it may be that the allowances and benefits associated with disabled status may themselves siphon more students into the statistics.
- The issue of disclosure deserves further and more specific mention, as it can be a crucial one for self-reporting. Students "are likely to make a series of judgements" as to whether the advantages of disclosing an impairment will be outweighed by the advantages of not doing so, and institutions encourage students to disclose impairment to varying degrees (Riddell, 1998, p.208). It is certainly probable that the general figures on disabled students under-estimate real numbers of disabled students. Many students may be reluctant to declare their impairments, given the concerns that "they might be labelled, treated differently or even rejected from their choice of course or HEI" (Beauchamp-Pryor, 2004, p.108). Furthermore, many students will not see themselves as 'having a disability' (Maudsley and Rose, 2003), and others may dislike impairment monitoring because it focuses on the individual rather than the organisation carrying out the monitoring (Cavanagh and Challis, 2006). It might conceivably be suggested that the high numbers associated with dyslexia reflect this being an area where disclosing impairment provides access to support and resources, but without 'incurring a negative label' (cf Riddell, 1998, p.211). Such a hypothesis, however, would need verifying through extensive research. For more on self-report issues, see 3.5.4 below.
- Progress of students into and through the HE system depends on formal assessment and examination procedures, delivered at frequent intervals. There is debate about the fairness and validity of such testing in relation to students with diverse impairments. Beginning with the relatively standard idea of 'extended time' for students with 'special circumstances', there has been considerable experimentation in trying to produce assessment procedures that are 'impairment-neutral'. These, in turn, have been criticised in terms of potential over-compensation and for being discriminatory.

Drawing all these difficulties together, it can be argued that dispute colours many aspects of the measurement process: basic definitions of disability, inconsistency of classification, techniques of data collection, and assessment methodology. With all of these elements in motion it is certainly difficult for the evaluator or reviewer to be confident about attribution: for example, in making causal inferences that particular changes within the disabled student population are attributable to particular policy initiatives. This complex picture, however, is no counsel of despair. The general figures for disabled students are likely to gain in accuracy as more sensitive methods are used in respect of declaration, with emphasis on "the support that can be provided and the benefits of disclosure" (Rose, 2006, p.16). This is an issue touched on again in later chapters. Furthermore, and more generally, understanding the range of measurement problems is itself part of the remedy. Safe inferences can be made if the data limitations are explored alongside the primary gathering of evidence. We conclude the chapter with some recommendations on this front.

## 3.5 Towards a more rigorous measurement system

A number of suggestions can be found in the literature about how to remedy the above problems and how to strengthen the measurement base to statistical analysis in this area. In common with many other attempts to make progress in complex policy systems, the way forward is incremental and more about data linkage and interpretation than the production of new instruments and indicators. The following recommendations provide, in our view, a useful summary of the most pressing requirements.

### 3.5.1 A golden rule

Our first point on measurement takes the form of the ‘veteran’s advice’. That is to say, almost without exception, statistical sources suffer as standard the array of measurement problems listed above. In all policy domains there is contest over key terms, rivalry between agencies on counting systems, weakness in the data collection apparatus and so on. All of this evokes the statistician’s golden rule, namely that it is imperative to concentrate in interpretation, analysis and policy recommendations on portions of the evidence base in which measures are common and stable. Whilst it may never be possible to gauge precise and agreed prevalence measures, it is possible to say that things are different between location  $L_1$  or  $L_2$ , or have changed over time between  $T_1$  and  $T_2$ , provided the same measure is in place. This simple rule should be axiomatic in all evidence-based policy decisions (in this domain as elsewhere).

#### ***The example of reasonable adjustments and academic standards***

Tackling this topic exemplifies our advice above. The question about whether disabled students should be assessed distinctively has come to the fore, as interest has shifted towards measuring progress rather than simply the presence of disabled students in HE. Assessment procedures for disabled students now feature extra time, use of amanuenses and scribes, adaptive technology, question communication by sign language, oral rephrasing, permission for the use of dictionaries and spell checkers and so on (see, for example, Demos’s *Online materials for Staff Disability Awareness* (2003)). We touch again on innovations in this area elsewhere in this report. Here, however, we confront the debate on standards and objectivity and its implication for the metrics of assessment.

Initially, this issue was the cause of some tension between the requirements of making reasonable adjustments for disabled students, and a perceived lowering or compromising of standards. The notorious ‘Westling case’ at Boston University brought the issue to the fore (Sparks and Ganschow, 1999). Provost John Westling responded to the claim that many standard assessment practices were discriminatory by pronouncing that allowances and waivers produced ‘swaddled’ students. Nowadays, most institutions have extensive guidelines and policies on assessing students with impairments, although, perversely, there is now the apparently converse argument that ‘compensatory assessment’ can be considered discriminatory or counter-productive (Sharp and Earle, 2001). The many adjustments to assessment systems have been characterised as ad hoc (Robson, 2003), though the HEFCE-funded Academic Standards and Benchmark Descriptors initiative has been indicated as apparently trying to systematise the process (Chapman and Carlisle, 2006).

Against this background, we need to consider what can be said on the validity and reliability of data on academic progress of disabled students. Our reading of the debate is that a slow accommodation is being reached, and that it is easier to achieve this under the constant press for new forms of assessment in HE (Bloxham and Boyd, 2007). Assessment procedures in the

general population of students are themselves undergoing reform, and perhaps the whole assessment baseline has been moving. Disappointingly, however, we have to hand no in-depth studies attempting to compare formally and numerically the effectiveness and reliability of alternative assessment practices for disabled students. The precise form of assessment undertaken by each student is, moreover, not registered or retrievable in aggregate records on achievements and pass rates. We conclude, therefore, that the impact of assessment techniques on recorded performance (for individuals or the disabled student body as a whole) has not been estimated, and that it becomes more difficult to do so as the whole apparatus of assessment is in motion. We return, therefore, to our 'golden rule' (above), that smaller and more localised comparisons, in which the measurement apparatus is less likely to have undergone dramatic change, are likely to be more reliable.

### **3.5.2 The alignment and re-alignment of data bases and survey instruments**

Data on disabled students and HE are collected by a number of departments and agencies. In terms of measurement decisions, these bodies tend to operate on a 'custom and practice' basis, with the result that there are discrepancies between their counting and classification systems. The solution to the problem is better co-ordination. As far as we are aware, a number of bilateral and trilateral arrangements are in place between government agencies seeking to achieve compatibility between their respective systems. This goal does not require all agencies to move to exactly the same measurement systems and definitions, merely that basic research is conducted so that information can be 'translated' or 'linked' from one instrument to another. The umbrella national organisation in this respect is known as UK Data Forum. The first phase (2004-2007) of its National Data Strategy (NDS) aimed "to provide strategic direction to the ongoing development and maintenance of a coherent and robust national data infrastructure for UK social and economic research and research in related fields of interest" (ESRC, 2006). As well as harmonising statistical resources, the strategy aims to identify gaps in the current data infrastructure (and determine how those gaps might be closed), to prioritise future data provision, to agree principles of its co-funding, and to seek to resolve the practical and ethical issues associated with linking between data sources. Specific recommendations on information sharing at national level go beyond the remit of our review, while HEFCE's data requirements also extend well beyond coverage of this investigation. Even in our relatively narrow terrain, however, the need for co-ordination is clear. We also note that NDS operates under a continuous process of audit and consultation,<sup>11</sup> and that all public bodies need to keep in touch with changes. In addition to these developments, further recognised efforts are under way within central government, to carry forward the harmonising of disability information across governmental activities and organisations.

### **3.5.3 'Subsets' of disability**

There is a need for better data on groups with differing impairments. The very issue of access to HE for disabled students was partly rooted in their invisibility, and dealing with the invisibility of some within this emerging minority is an urgent task. Trying to capture all the nuances of disability in a classification system has, however, proved the most intractable of measurement problems. The drawback from a statistical point of view is that expert understanding of any impairment leads to progressive refinement of its forms and nuances. Specialists gradually render a single issue into a matrix of types, conditions and subgroups. Problems then follow for the statistician trying to provide estimates of the prevalence of that impairment, and for the

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<sup>11</sup> At time of analysis for this review, a period of consultation was due to end on 8 August, 2008.

policy maker trying to design a measured response. We illustrate the challenges with two examples taken from reports commissioned by the Royal National Institute for the Blind (RNIB) (Tate et al., 2005) and the Royal College of Psychiatrists (RCP) (2003).

The RNIB study distinguishes between measures which relate to understanding of the underlying clinical condition, and those which describe the impact of the condition on the person's function and everyday life. Although there is a high correlation between functional difficulties described by a person and the clinical measure, a person's functional problems will also be influenced by a range of personal and situational factors. The latter, of course, include all of life's daily requirements, and for a student they include any factor that can impact on work, study or participation. The rival conceptual frameworks lead in turn to different operational and technical measures as follows:

- i. **Vision 'difficulties'**: measures based on self-report of problems with vision-related functions. For example, these may pose questions on difficulties in 'reading newsprint' or being able to 'recognise a friend across the street'.
- ii. **Clinical measures based predominantly on the concept 'visual acuity'**. A number of clinical measures exist of which the most commonly used and internationally accepted is the Snellen chart (routinely used in high street optometrists). Other clinical measures include visual fields, colour vision, contrast sensitivity, light/dark adaptation and motion perception.
- iii. **Vision related 'quality of life' measures describing the impact of vision problems on everyday functioning and well-being**. These are also based on self-report but extend the questions about restrictions as in (1), to include items on worries and frustrations about eyesight, as well as lack of accomplishments caused by limitations in the visual environment.

Each of these categories is populated in turn by dozens of alternative instruments and scales. Even from this pen picture the potential difficulties of multiple, contrasting, and yet variously 'approved' measures are evident.

There are many claims that the number of HE students presenting with mental health problems has 'risen sharply' in recent years. Enumeration for such an assertion is difficult, however, because of difficulties of diagnosis, measurement and the sheer number of conditions involved. The RCP report produces a typology of mental health problems with the following core dimensions: Affective Disorder; Schizophrenia; Anxiety Disorder; Conduct Disorder; Drug and Alcohol Misuse; Eating Disorder; Suicide; and Asperger's Syndrome. Each of these is broken down into sub-categories and conditions with, for example, anxiety disorder comprising: 'phobic conditions', 'obsessive-compulsive', social phobia' and 'general'. Each sub-condition, in turn, can be measured according to further dimensions of 'severity' and 'risk'. It seems likely that the categorisation might be challenged, given its inevitably normative character, but even were it uncontested there would be large data issues. Coming to the practicalities of measurement and record keeping, the RCP report (2003, p.13) highlights a 'debate'. It appears that "Some studies are concerned with 'disorder' and others with 'problems'". In general, the former refers to syndromes amounting to a mental health diagnosis, whereas the latter is concerned with problematic symptoms of behaviours. There is often seen to be a difference between the two in terms of threshold (higher for disorder) and methodology (disorder implies clinical diagnosis, whereas problematic symptoms and behaviours are usually based on self-report).

There is some commonality across the two examples. Although quite dissimilar in their presentation and consequences, visual impairment and mental health generate the same

dilemma as to whether measurement should be via clinical means or via behavioural and social consequences. The RNIB has issued some advice on this score: that one should choose according to subsequent use to which the measure is to be put.

As far as the widening participation agenda is concerned, this provides us with the handy rule of thumb that measurement systems should pursue behavioural and social consequences. To amplify, if it is assumed that policy is irreversible with regard to the expansion of HE, then it must be assumed that a large admixture of students with mixed abilities will be drawn into the HE system. The policy predicament is less about counting them and more about supporting them through the system. For this we need good data on the behavioural and social aspects of the underlying conditions. Forearmed with this information, research and policy can then pursue the appropriate solutions<sup>12</sup>. For instance, if students with mental health problems report high levels of stress, recorded by some valid and reliable means, it becomes possible to design and evaluate a response. This recipe, however, is not a panacea for all measurement problems. Gathering data on consequences of disability (worries, frustrations, and lack of accomplishment, etc.) is itself one of the toughest challenges of social research. It opens up the challenges of 'self-report', a problem to which we now turn.

### 3.5.4 Self-report

This issue, almost by default, has become the most pressing measurement one. Most of the statistical data under discussion here originate in that moment when, in response to admissions document or survey question, students face the choice of declaring whether or not they are disabled. The title of Rose's fine study (2006), *Do you have a disability – yes or no? Or is there a better way of asking?*, captures the core dilemma. She gives scores of poor examples in which clumsy, ill-considered wording can be stigmatising and may, in the past, have driven down prevalence scores. Her most striking illustration is the juxtaposition of the following instruments of inquisition from a college enrolment form (Box 3.3).

#### Box 3.3

Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a criminal record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Her report provides many interesting suggestions about the way that disclosure of disability can be handled in a more informative and ethical manner, as well as focusing on the responsibilities of the organisation (see Box 3.4). Work is now well advanced on extracting information on disability in ways that respect confidentiality, and can be better embedded into administrative procedures and institutional routines.

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<sup>12</sup> We do not underestimate the difficulties surrounding this proposition. For instance, if increasing pastoral care is deemed a potentially useful response to student stress, then the underlying problem may be exacerbated by worsening staff/student loads and by increasing bureaucratic demands (leaving academic staff less time to pursue pastoral roles).



### Box 3.4

Are you a disabled person?

We want you to get the best from your course. How would you wish to let us know how we can best support you?

- By talking confidentially to a member of staff at interview
- By talking confidentially to a member of staff by telephone
- In writing
- Through an advocate, parent or carer who will accompany you

Welcome progress on this front, however, creates problems for those seeking a statistical overview. Disclosure rates, whether referring to underlying symptoms or their consequence, can be expected to rise in response to more sensitive wording and better-designed forms. We do not know, however, at what rate this will occur, or at what point questions turn from deterrence to inducement. Moreover, different institutions develop and adopt these more sophisticated tools in a piecemeal fashion. In fact, we cannot be sure whether observed shifts in admission or prevalence rates are real, or merely the result of a change of instrumentation.

It is impossible in population-level statistical analysis to trace back every contributory datum to the questionnaire item that elicited it, so the 'indicator shift' effect can never fully be controlled. We agree, therefore, with the customary qualification that caution needs to be exercised and expressed in interpreting longitudinal data on the prevalence of disability that is rooted in self-report. It may be possible to go beyond this somewhat negative conclusion by trying to gain estimates of the approximate magnitude of the problem. Questions could be asked, for instance, as to whether changes in question wording might change recorded prevalence data by 5%, 10%, 20%, or 50%. Further research could be useful on this issue. Rose's research (2006) contains interesting qualitative data on the student's reaction to being confronted by such questions. There is, however, another more quantitative form of inquiry, known as 'question testing' that might prove illuminating (Czaja and Blair, 2005; Fowler, 1995; Converse and Presser, 1986). This approach puts the 'same' question to respondents using different wording and formats, to measure how different styles influence response frequencies. This method could be adapted to gain a sense of the impact of the 'old' and 'new' styles of disability declarations. Progress on this issue could then be extended to the improvement of self-report questions on the subsequent consequences of being a disabled student at university.

# Chapter 4

## Survey results for England

As explained in Chapter 1, 64 questionnaires were returned for the English sample of institutions, and it is the results from these that are discussed in this chapter. The questionnaire was divided into six sections, which are discussed in sequence. It should be noted that whilst the majority of the results provided in the good practice section are shown below (see Section 4.1), the answers for Questions 6 and 7 on the questionnaire (demonstrating specific good practice exemplars) are outlined in Chapter 7. Some findings from the website search are included in the present chapter where relevant. Selected cross-tabulations of results from the questionnaire are shown, but these were only pursued where there seemed to be a sufficient variation in responses, as well as adequate numbers in different categories of response, to make this worthwhile. In the event, cross-tabulations revealed very little in the way of patterned variation, although we refer below to a few insights from these analyses.

As Chapter 1 indicated, the response rate was high for the questionnaire. There was nonetheless some variation in levels of response on individual questions (and in some cases apparently a surprising lack of knowledge). Tables are often accompanied below by mentions of the additional comments made by informants, as the design aimed to invite these at various points through the questionnaire.

One key issue of potential significance, from the point of view of good practice, was the relationship between student take-up of support monies on the one hand, and the sensitivity of practices to facilitate impairment disclosure on the other. Some information and ideas were offered amongst the responses from England and Wales, but it was subsequently decided to seek additional information. This was to enhance the material by asking some very direct supplementary questions. Thus, as a follow-up to the original questionnaire, 60 institutions were contacted across England and Wales to request further information on levels of DSA take-up and the mechanisms provided by institutions for improving disclosure. The targeted institutions were those that had already commented in some way that was relevant to this topic. In effect, we were inviting them to amplify their answers. The outcome of this small-scale additional questionnaire survey is reported in Chapter 7, as the material bears directly on good practice around disclosure of impairments.

### 4.1 Dedicated services, ‘equality champions’, and support for specific impairment groups

There were seven questions in Section 1 of the questionnaire touching on good practice. These dealt with specific or dedicated services, the existence of an ‘equality champion’, specific support or provision for particular impairment groups, and other examples of good practices.

#### 4.1.1 Specific or dedicated services (Questions 1 and 2)

The first question within the survey questionnaire asked directly whether or not the institution had a specific or dedicated disability support service. Of the 64 institutions, some selected more than one response. Nonetheless, 31 informants claimed that their institution had such a

separate or dedicated service. 28 stated that they did have such a service, but that it was part of a broader equality or support service. Two stated that they did not have any such service, although, of these two, one did have a service for disabled students incorporated into a 'Learner Support Service', and one had ticked both yes and no on the questionnaire. Four institutions selected the option titled 'other' on the questionnaire, the responses of which included that such services were supplied by a larger nearby university, as well as the following claims:

"The Equality Unit provides central specialist disability services and professional lead for Disabled Students Co-ordinators based in the faculties (main contact for support for individual disabled students)."

"We have an additional support team that caters for the full spectrum of learning support needs, including specific learning difficulties; general learning difficulties and disability physical/medical other."

It appears, then, from the overall responses, that there is now some form of support service provided for disabled people across institutions in general. The pattern suggested by the responses is of a mixture of approaches, but some type of dedicated service is available.

The website search reinforced the impression given in this answer. A large number of the 87 institutions in the sample (78), appeared to have a specific/dedicated service (or a disability officer or adviser) available, as evidenced via their websites. For the majority of the colleges, these tended to be classed more commonly under the title of 'Additional Learning Support Services' than Disability Services or similar (as was often the case for the HEIs). Most mention, however, some form of support available for, at the very least, students with learning difficulties.

On the question about the size of the service, the respondents answered in several different ways. Responses suggested that core staff working in disability services varied amongst institutions, and the figures offered sometimes included a broader array of personnel (either across equality services generally or embracing ancillary or support workers). Our interpretation was that disability services are becoming quite well established, but that core staff numbers remain relatively small, complemented by larger numbers working with individuals and their needs.

#### **4.1.2 'Equality champions' (Question 3)**

Our question on 'equality champions' referred to such a person as someone acting regularly on behalf of disabled students in a proactive way. The reason for the question was to provide an opportunity for highlighting the presence of people operating in this manner. 53 of the English informants felt that their institution did have an equality champion for disabled people, and only eight felt that it did not. Without additional evidence about levels of seniority, it is difficult to say for certain how valuable these personnel are. On the other hand, the responses suggest a degree of commitment within the organisation, although effects might depend on roles, locations or seniority. Of the eight informants stating that they did not have somebody they could identify in this way, one explained that "everyone is responsible for equality" and "three Directors oversee equality for Staff, Students and the Curriculum", which suggests quite a strong system. Another admitted, "Not at the most senior level (University Management Team)". A third acknowledged that, "We have no dedicated champion for disabled people", but this institution did have a Pro-Vice Chancellor responsible for diversity-related issues and chairing their Equality and Diversity Committee. Interestingly, the comment was also made that the Vice-

President (Welfare) of the Students' Union regularly acted in one institution on behalf of disabled students, through representation on various committees, in a proactive manner.

### 4.1.3 Dedicated provision of support (Question 4)

The issue of dedicated support is also discussed in Chapter 7 in relation to good practice (see Section 7.1.5). 41 informants claimed that their institution provided support for all types of impairments that we had specified. As we can see in Table 4.1, the group catered for most regularly across the largest number of institutions are students with dyslexia, for whom 62 institutions claimed to provide specific/dedicated support. Students with other learning difficulties (55) and students with mental health difficulties (54) also appeared to be groups receiving dedicated provision within many of the institutions. For the rest of the groups, the numbers of institutions claiming to provide dedicated or specific support were between 45 and 48. One institution did not identify any groups for whom specific support was provided. These answers provide indications of the extent of activity across the range of institutions, and detailed amplification is available in the comments in Chapter 7. It is clear that specific impairments are attracting a great deal of attention within most institutions. Our Conclusions chapter incorporates this point later, when identifying three stages or trends within developments responding to disabled people.

**Table 4.1 Dedicated service provision (Question 4)**

Impairment label	Number of institutions
Students with dyslexia	62
Students with other forms of learning difficulties (excl. dyslexia)	55
Autistic spectrum condition	48
Students with mental health difficulties	54
Students with mobility impairments/wheelchair users	45
Students with visual impairments (blind/partially sighted)	45
Students with hearing impairments (deaf/partial hearing)	47
Students with multiple impairments (2+ impairments/special needs)	46
Students with unseen impairments (e.g. diabetes, epilepsy, asthma)	45

### 4.1.4 Students whose needs are not being met (Question 5)

In order to invite an element of self-evaluation, the participants were asked if there were any particular groups of students whose needs they felt were not being met sufficiently within their institution. Three felt that students with dyslexia were not having their needs met sufficiently; two cited students with other learning difficulties; and five cited students with autistic spectrum condition. The group that the greatest number of informants felt were not having their needs met sufficiently within their institutions were students with mental health difficulties (18 institutions), followed by students with hearing impairments (nine). Students with visual impairments were cited by six informants, and students with mobility impairments by four. It seemed that students with unseen impairments and students with multiple impairments were considered to have their needs met by most institutions. The fact that 31 institutions had not identified any groups may perhaps be perceived as optimistic. By contrast, one stated that they felt that all disabled students' needs could be better met within their institution, apart from students with dyslexia.

Nonetheless, some of the answers were informative about issues arising in meeting the needs of students or reasons for difficulties. Reference was made amongst respondents to six

categories of impairment here. On mental health, for example, attention was drawn to the way in which the “unpredictable and high risk nature of ‘crisis’ events makes adequate resourcing extremely difficult”. Suggested improvements were having additional support such as a ‘sessional psychiatrist’ or a ‘Mental Health Co-ordinator’. Several respondents commented on the shortfall in meeting needs of students with hearing impairments, citing insufficient funding through the DSA for a sign language interpreter, shortage of qualified interpreters, and “lack of support provision in our ... deaf support, BSL and electronic notetaking”. For students with mobility impairments, access problems still remained, given funding limitations. There was an awareness of further investment needs such as increasing the number of rooms in student halls of residence “suitable for people with complex physical needs”, etc. Individual comments were also made on the needs of students with visual impairments, dyslexia and other learning difficulties:

“In respect of students with visual impairment – course material accessibility and data manipulation for screen readers remains a challenge for the institution.”

“Currently bidding for increased staffing to meet need for faster and more responsive service for dyslexic students, particularly those not eligible for DSA (non-UK) and those who are newly identified as having SpLD”.

“We find it particularly difficult to identify suitably trained staff to support students with learning differences other than dyslexia (in particular those with dyscalculia).”

Although this part of the questionnaire invited institutions to emphasise elements of their good performance, there were responses that revealed shortfalls and difficulties. This suggests that staff are prepared to acknowledge that more needs to be done, and to highlight areas where this should be done. We have dealt with Questions 6 and 7 in Chapter 7 as noted above.

Part-time students were only mentioned by a small number of the English institutions (four), all of which were universities. Those informants who did discuss part-time students referred to their being excluded from receiving DSA, and three discussed ways in which their institution offered some form of financial (or other) support for such students. The two more specific responses were:

“We provide ALF to those students who are studying more than 25% but less than 50% of a full-time course.”

“We recognise our responsibilities to those students who are not eligible for DSA and provide and fund appropriate support.”

In our view, the lack of spontaneous interest amongst the replies might be indicative of potential neglect of the needs of this category of students. At the same time, it could reflect their relative ‘invisibility’ when funding is being considered. Informal comments from some key informants during our study also pointed to the possibility of some neglect. The situations of disabled part-time students may well deserve separate investigation in the future through more in-depth work.

## **4.2 Disability equality schemes (DES)**

For the full survey sample for England, we examined the institutions’ websites as a way of scanning for the availability and presence of a DES. Most of the sites showed that a DES had

been produced. Surprisingly, however, there appeared to be some exceptions. We could not readily find a DES in eight of the English cases, which is unexpected given that the production of the DES is a requirement of the DED, and that accessible publication is a necessity. Some institutions offer a single equality scheme (although these were not included in the eight). A very large majority of the institutions with material on the websites make the full scheme available to read online. A website investigation took this further by looking more deeply at the institutions initially selected as the case studies. Thus we examined seven DES websites in more detail (the Welsh institution is included in the following chapter).

According to official guidelines, there have been five key criteria to be met by institutions through the DES. These include a statement of how disabled people have been involved in the development of the scheme, the inclusion of an action plan (which should cover a three year period at least), arrangements for the collection of information on disability equality, arrangements for impact assessment on disability equality, and plans for how information will be used. Of the six English institutions in the initial case study selection, two had not met all five criteria in their DES, one of which was a college. The areas in which institutions seemed to encounter issues were in meeting the three year requirement in the action plan, and in discussing the use of information within their institution. As regards information gathering, there was sometimes quite limited scope in terms of the type of data collected (on two occasions). Disaggregating between different impairments, for instance, might reveal different types of barriers, and so data on students in this way may be useful. On all other areas, however, the institutions appeared to be meeting the set guidelines provided. The effectiveness and use of the DES could well deserve ongoing monitoring by HEFCE or another institution.

Overall, then, in relation to the availability of the DES or a single equality scheme, we would have expected it to be easy to swiftly access this for each institution, by going through the main website pages. Progress has been made, but there are some surprising gaps.

#### **4.2.1 The involvement of disabled students in the DES (Question 8) and inclusion of an action plan (Question 9)**

Section 2 of the questionnaire carried this issue a little further. In particular, Question 8 sought information about whether or not disabled students had been involved in the development of the DES (see Table 4.2). Question 9 requested confirmation as to the inclusion of an action plan within the DES. We had rather expected 100% positive response on the first of these questions, but it seems that some institutions have not yet consulted students, even in relation to this primary area of requirement. When looking at which institutions had not involved disabled students, we found that two colleges and two institutions categorised as specialised/small independent/affiliated colleges, had not done so. In addition, one of the 'new' or post-1992 (large urban/conurbation) institutions had failed to involve disabled students in the development of the DES (see Table 4.3). When asked about the inclusion of an action plan in the DES, only one institution acknowledged that it did not include one at present.

**Table 4.2 Involvement of disabled students (Question 8)**

Student involvement	Number of institutions
Disabled students were involved in the development of the DES	57
Disabled students were not involved in the development of the DES	5
Don't know	2

**Table 4.3 Involvement of disabled students by type of institution (Question 8)**

Institution classification	Disabled students' involved in the DES				Total
	Yes	No	Don't know	No answer	
New large urban	11	1	0	0	12
New small scale	9	0	0	0	9
Old large civics	11	0	0	0	11
Old small town	2	0	0	0	2
Specialised	9	2	1	0	12
High status + research	4	0	0	0	4
FEC	10	2	0	1	13
Special category	1	0	0	0	1
Total	57	5	1	1	64

#### 4.2.2 Institutions' collection and use of data (Questions 10 and 11)

Data collection is essential to underpin the DES and monitor progress. It will also be increasingly important as EIA develops (see Chapter 8). It appears from the responses to Question 10 (see Table 4.4) that some appropriate monitoring of disabled students is taking place in terms of numbers, impairment groupings, courses taken and outcomes. Nonetheless, more universal monitoring of such matters as completion rates and examination results is desirable, and the exceptions are not really acceptable. The figures in Table 4.4 do show extensive monitoring on numbers of disabled students and on disabled students by impairment, but that monitoring of other issues is somewhat weaker. This table therefore might be interpreted as showing disappointing results. Results under different headings in the subsequent table (4.5) are not mutually exclusive, so need careful interpretation. 84% do claim to be using data for monitoring and improving performance. The development of published information in reports and online is a positive trend.

**Table 4.4 Data collection (Question 10)**

Factors monitored	Number of institutions
Numbers of disabled undergraduate students	57
Numbers of disabled postgraduate students	50*
Disabled students by impairments (dyslexia, mobility impairments, etc)	59
Courses taken by disabled students	44
Examination results of disabled students	42
Satisfaction data on services used by disabled students	46
Completion rates for disabled students	45
Drop out rates for disabled students	39
Other	11
Information not available	4

\*Not all institutions have postgraduate students.

**Table 4.5 Use of data by institutions (Question 11)**

Data use	Number of institutions
Published in reports/online	44
Reports provided to individual departments/schools/faculties	41
For monitoring and improving performance	54
Applications for funding	23
Other	17
Don't know	1

### 4.2.3 Production of an annual report (Question 12)

Question 12 was designed to test whether accessible annual reports have become available as required under the DED. The responses show that more than half of the institutions had an annual report available to download from their website, but that some institutions had not produced an annual report or were unable to provide an answer! Progress in setting up electronically accessible information had clearly been incomplete (see Table 4.6), but there were also some mentions of individual problems such as delays. Justifications offered included:

“Major staffing changes have retarded this process.”

“Much progress made against the action plan, but lacking staff to pull the report together. New post approved to carry out this function, but in the process of recruitment.”

**Table 4.6 Production of an annual report (Question 12)**

Production of an annual report	Number of institutions
Yes	20
Yes, and it is available to download on our website	34
No	6
Don't know	4

### 4.2.4 Training provided to staff within English institutions (Questions 13 and 14)

Some responses to this question were less forthcoming than hoped, as not all distinguished between disability equality training (DET) and disability awareness training (DAT). All except one of the institutions provided either general equality training, disability-related training or both (see Table 4.7). There was also a range of additional comments. For those who selected this option, some were simply expanding on the answers that they had provided in the tick boxes, whilst some provided information about courses or training that they considered to be additional to those categories they had selected. It was clear that there was training focused both on specific impairment issues and on the implications of specific staff roles. Training varied widely and included induction into staff roles, online training modules, training related to law, training focused directly on awareness, training related to specific impairments (such as deaf awareness training for reception staff), training for admissions tutors, staff development on creating an accessible curriculum, and others. There was a richness of training work in hand, across diverse institutions, and we make further reference to examples in Chapter 7.



**Table 4.7 Training provided to staff within English institutions (Question 13)**

Form of training available	Number of institutions
Disability awareness/Disability equality training	58
General equality training	51
None at present	1

The next question (Question 14) asked directly about making training a requirement for staff. Some institutions combined a mixture of some compulsion with access to additional voluntary training. It appears from responses, however, that 29 institutions only offer voluntary training, as far as can be ascertained from this survey (see Table 4.8). As noted above, there is training for specific roles or purposes, and some of this perhaps is more likely to be compulsory. There is a managerial logic to this in terms of effective use of resources. On the other hand, there is also some mainstreaming of disability-related training. The following examples illustrate the range of responses:

“In an effort to mainstream disability training, it is integrated into much of our current training provision so that it becomes part of everything that we do rather than [an] add on. Some of this training is compulsory depending on role (e.g. Recruitment training; annual training for Admissions Tutors).”

“All staff who recruit and appoint other staff have to attend Recruitment and Selection training, which has equality and diversity issues embedded in the content.”.

“Some departments make elements compulsory; University wide training is voluntary.”

“Online diversity training for all new staff as mentioned above is compulsory.”

“Compulsory element is disability awareness training as part of induction processes for new staff.”

“Compulsory for all Student Services staff.”

“We tailor training of staff to intake of student need but also offer general sessions on dyslexia; ADHD etc. We had a specialist organisation brought in to deliver sensory awareness training to frontline staff.”

**Table 4.8 Voluntary or compulsory training for staff (Question 14)**

Training type	Number of institutions
Voluntary (only)	29
Voluntary	50
Compulsory for all staff	18
Compulsory for particular staff	17
Don't know	0

As is re-emphasised later, in Chapter 7, a diversity of training opportunities has been opening up for staff. We cannot judge how far staff are able, and resourced, to take advantage of these. At the level of general commitment, however, institutions seem to be developing their performance positively, but not with a particularly strong emphasis on compulsion for all staff.

## 4.2.5 Representation of disabled students in committees or advisory panels (Question 15)

This question was drawn in such a way as to invite a relatively positive response, because most institutions could have been expected to include disabled students in at least some locations across their committees or panels. It was therefore a surprise to receive 16 negative responses: see Table 4.9. There is a link between this result and the relatively muted interest in consultation and participation suggested from our discussion in Chapter 7 on good practice.

**Table 4.9 Representation of disabled students in committees or advisory panels (Question 15)**

Representation	Number of institutions
Yes, disabled students are represented	40
No, disabled students are not represented	16
Don't know	8

Looking at the institutions in which disabled students are not represented directly in any committees or advisory panels, there appeared to be quite a broad spread of types, with no immediate indication of a specific pattern. Whilst there were three institutions each, for colleges and specialised/small independent/affiliated colleges, showing similarities with the findings from Question 8 (see Section 4.2.1), there were also three institutions each for 'new' large urban universities, 'new' small scale universities and three 'old' large civics, as well as one high status/research institution.

## 4.3 Institutions' use of HEFCE mainstream disability funding allocation

Section 3 of the questionnaire explored issues around mainstream disability funding allocation, reflecting the specific interests of HEFCE.

### 4.3.1 The main uses of HEFCE mainstream disability funding allocation (Questions 16 and 17)

Here we were interested to explore the impact of HEFCE's mainstream disability funding allocation within institutions, and how far additional funds were being used to complement this funding. Our first question asked about the main purposes for which HEFCE's mainstream disability funding allocation had been used, via a series of categories. Key destinations for funding within institutions were the provision of general dedicated disability services, providing technical assistance and equipment, and improving campus accessibility. Also important were providing individual support services (such as personal assistants), staff training, and supplementing DSA for individual students. There was a spread of activities, however, across most of the identified expenditure areas (see Table 4.10). The low figure for careers services was not particularly surprising, as this has probably rarely been a priority.

**Table 4.10 The main uses of HEFCE mainstream disability funding allocation (Question 16)**

Uses of HEFCE funding	Number of institutions
Improving campus accessibility	26
Improving accessibility of residential accommodation	14
Providing technical assistance and equipment (e.g. computers)	34
Providing accessible information services (e.g. transcription)	19
Providing individual support services (e.g. personal assistants)	22
Providing general dedicated disability services (e.g. disability staff)	42
Improving admission and outreach services for student recruitment	13
Improving careers services for disabled students	6
Providing staff training	21
Supplementing DSA for individual students (e.g. hardship funds)	21
Other/comment	19
Unanswered	3

Quite extensive comments were made in some of the responses, explaining specific issues. Some dealt with budgetary matters and included the following:

“Our allocation of mainstream disability funding has fluctuated over the past few years from £52K to £112K. In view of this we do not allow any particular expenditure head to depend on it. We notionally allocate it to accessibility issues although it supports various initiatives in practice.”

“Some of the work described above is supported and funded through mainstream University funds, irrespective of the HEFCE MDFA. However, in all the cases highlighted the MDFA makes a significant difference to the quality, extensiveness and feasibility of the work.”

“This funding forms the major part of the student Disability Services budget. It enables us to provide appropriate support as soon as possible without waiting until student has their DSA application approved. Also funds support work, transcription, BSL interpreters at interviews and academic related social events, scribes in exams, etc. where institution has responsibility for making adjustments. Small amounts have been used to improve campus accessibility and student residences when there are very particular needs specific to an individual student. By ‘staff training’ we mean training of disability centre staff and support workers. Other – particularly publicity material about disability services for students. (Until 3 years ago some of the funding was used to supplement disability services staff costs).”

“Funding generally is spread across the University. Also used to fund the salary costs of Disability Support Service Manager and Disability Officer.”

“Some funding has been used to carry out research to inform practice. This supports both the work of the Disabled Student Support Portfolio and the development of inclusive learning, teaching and assessment practices across the institution. The above breakdown does not reflect the model adopted by the institution. The University has developed a more embedded model where the expectation is that all staff in the institution are equipped to support disabled students as part of their role. Managers are therefore expected to address issues of accessibility and inclusive practice into their approaches.”

Some informants provided very specific points about use of the monies:

“(1) Large proportion funds student advisers (1.8fte) and supervisors (1fte) for staff supporting students with disabilities. (2) Fund supports alternative exam personnel and invigilators. (3) Part funds assistive technology provision and screening for students with specific learning difficulties.”

“Major refurbishment of book library and computer provision.”

“Supporting home students on courses not eligible for DSA (e.g. short courses). Paying for Educational Psychologists’ assessments. The limited funding that is available is dedicated to our core support services for students with disabilities. There are other University funding sources from which we supplement the core services to support DDA requirements.”

The ‘unanswered’ group in the table (three responses) may have related to the question not being seen as applicable (as was suggested by one college). An overview of the responses would note the importance of dedicated disability services and technical assistance.

To obtain a second measure of the issues covered in Table 4.10, we included an additional question which asked respondents to select the top three priorities in terms of usage of funding amongst the categories identified for the earlier question. This confirmed the emphases seen for Question 16, as far as campus accessibility, technical assistance and dedicated disability services were concerned (the latter being cited most often) (see Appendix 4, Table A1 and accompanying comments). One of the comments added by respondents here stated:

“Because of the small amount of funding in the mainstream funding allocation we have been unable to prioritise. We have used funds from our widening participation budget to supplement the HEFCE mainstream disability funding.”

Some of the answers in this part of the questionnaire may have been indirectly pointing to leverage and complementarity effects. Thus, HEFCE mainstream disability funding is being supplemented, or is a stimulant to more resources being found.

### **4.3.2 Allocation and monitoring method for mainstream disability funding allocation (Questions 18 and 19)**

The questionnaire sought to discover the methods used when distributing the mainstream disability funding allocation within institutions. Responses to this question were quite varied but there was a substantial group using a method that allocated a block grant to central support, or comparable services (17). An alternative – the block grant to disability services or similar activities – was the method for 12 (employment of support staff and other specific destinations were mentioned for funding). An example of details was:

“We do not use a formula or mechanistic approach as we only receive about 30k in disability funding and 12% of our students are in receipt of DSA. The disability funding is used with our block grant to meet the costs of employing learner support staff as well as contributing to IT and estate costs for disabled learners.”

For other institutions, rather specific or more complicated answers were given, several identifying a mix of methods:

“Approximately 88% of the mainstream disability funding allocation is distributed to academic departments through the [name of institution], based on the numbers of FTE students in each department. The remainder is left as a block grant to fund central support services. A separate larger expenditure budget is provided to the Disability and Dyslexia Support Unit, but this is not directly linked to the amount received through the mainstream disability funding allocation.”

“Mainstream disability funding is used to support the costs of our Central Disability and Additional Needs Service. There is also a specific allocation, linked to student numbers that is made to the faculties to assist departments in meeting costs associated with individual students.”

“A combination of a formula related to number of students – 35% (total number of students number specific to disabled students) and a block grant to the Disabled Student Support team 65%.”

One other feature that stood out was that relatively few indicated using a formula related to numbers of students. It is possible that there could be disincentives for individual departments, schools or academic units, if they are carrying a disproportionately high support load without being resourced adequately from central funds. One informant actually mentioned funds allocated being significantly less than costs (see earlier quotation). It is difficult to comment effectively on this issue from our material, but institutions may need to monitor carefully, so that there is no disincentive to admitting increased numbers of disabled students. If allocation to departments is “not formula driven” (as one respondent explained), there still needs to be a clear rationale for scale. Distribution logics mentioned were also connected with the “DES action plan”, “projects or specific activities”. There were hints that perhaps HEFCE monies might be having a leverage effect, as when one informant referred to significantly greater funds on disability being deployed than are received through the specific HEFCE funding.

We also asked for information about monitoring of how the mainstream disability funding allocation had been spent (see Appendix 4, Table A2 and accompanying comments). Responses indicated that while there is some monitoring of the expenditures, this does not seem very well established. It is clear that there has been some development of annual reporting or regular review. In one case, a new database was expected to record the amount each individual student will receive, and, in another, spending was approved via a disability action forum and monitored by an equal opportunity committee. There was clearly some good practice within specific institutions, even if adoption of monitoring appears not to have gone far enough.

#### **4.3.3 Estimation of budget for disabled students covered by mainstream disability funding allocation (Question 20) and other sources (Question 21)**

Question 20 asked institutions to estimate approximately how much of their budget for disabled students was covered by HEFCE’s mainstream disability funding allocation. 40 institutions selected a figure below 50%, and the largest group chose the range 1-24% (see Table 4.11). For those institutions where the HEFCE funding covered a large proportion of their budget for disabled students, three were ‘new’/post-1992 universities (large urban/conurbation) and two were ‘old’ universities (large civics) (see Table 4.12). This might perhaps relate to them having a

larger percentage of disabled students, however, rather than less allocation of their own or other sources. A second (related) question (Question 21, not tabled) investigated the importance of funding from alternative sources (HEFCE teaching grant, HEFCE widening participation allocation, HEFCE capital funding or other sources). Responses to this question were difficult to aggregate because answers were frequently incomplete. The thirteen figures offered as estimates of the teaching grant contribution ranged very widely from 9% to 55%. Eighteen on the second category (widening participation) ranged from 1-93.5%. Eight responses offered estimates ranging from 0-100% for HEFCE capital funding. Eleven referred to 'other sources' as constituting 4.7-100%. An additional 34 responses fell into the 'don't know' or 'unanswered' category. Two interpretations can be suggested from these results. First, many respondents were not equipped to provide meaningful figures, and a deeper enquiry would be needed to obtain adequate estimates. Second, there may be no readily available or transparent set of overall budgetary data within most institutions that could be accessed to generate a reliable response. This could be seen to reinforce what we have already noted about limitations in good practice on monitoring, etc.

**Table 4.11 Estimation of budget for disabled students covered by mainstream disability funding allocation (Question 20)**

Amount of budget	Number of institutions
1-24%	26
25-49%	14
50-74%	8
75-100%	6
Unanswered	10

**Table 4.12 Budget covered by HEFCE mainstream disability funding allocation by type of institution (Question 20)**

Institution classification	Budget for disabled students covered by HEFCE					Total
	1-24%	25-49%	50-74%	75-100%	No answer	
New large urban	4	3	2	3	0	12
New small scale	3	3	2	0	1	9
Old large civics	2	3	1	2	3	11
Old small town	1	0	0	0	1	2
Specialised	4	3	2	1	2	12
High status + research	2	0	0	0	2	4
FEC	7	1	0	0	5	13
Special category	1	0	0	0	0	1
Total	24	13	7	6	14	64

#### **4.3.4 Level and impact of mainstream disability funding allocation received in the last round (Questions 22 and 23)**

The next question (Question 22) covered the recent funding round of mainstream disability funding allocation, and by looking at the first three figures (see Table 4.13), we can see that half of the committed responses indicated an increase. When asked about the impact of fluctuations on the continuity of planning (Question 23), the largest group of responses pointed to 'some

effect' (and five noted a 'substantial effect') (see Table 4.14). Even for those who indicated 'no effect' on continuity of planning, there was not necessarily a positive sentiment:

"This is because we do not rely on the allocation."

"The university is committed to providing appropriate support for students with disabilities and the service has been protected from fluctuations in funding to date. However allowing for these potential fluctuations in funding has led to caution in longer term planning."

From those who stated that there had been an effect, it was clear that substantial changes could have severe impact:

"Following the halving of the funding that we experienced last year, urgent discussions were held with the Strategic Director for Resources. It was agreed that the University would maintain its financial commitment to the plans agreed, despite the loss of over £30,000 from HEFCE funding."

"Staff recruitment, retention and training is severely affected by fluctuation, as is continuity of provision. The Uni...has made this differential up in recent years (07 and 08)."

The fluctuations in funding referred to here reflect primarily the increase in numbers of students across the sector who are drawing on what has been a fixed national level of funding. The consequence has been that funding may be seen to fall within an institution because of increased demand nationally.

**Table 4.13 Level of mainstream disability funding allocation received in the last round (Question 22)**

Changing level of funding	Number of institutions
Increased	27
Decreased	17
Stayed the same	10
Don't know	6
Unanswered	4

**Table 4.14 Impact of fluctuations in mainstream disability funding allocation (Question 23)**

Fluctuations	Number of institutions
Fluctuations have had no effect on the continuity of planning	19
Fluctuations have had some effect on the continuity of planning	25
Fluctuations have had substantial effects on the continuity of planning	5
There have been no fluctuations	4
Other	12

#### **4.3.5 External sources of funding used for disabled students (Question 24)**

Question 24 asked whether there were any external sources of funding other than those from HEFCE or the DSA that institutions had used to meet the needs of disabled students. Half of those responding to the questionnaire answered 'yes' when asked whether they had been able

to use extra resources to meet the needs of disabled students, but a substantial number had not; see Table 4.15. Numerous comments were made about specific sources, including a range of charitable funders, alumni foundation grants, business, governmental and project sources. Some examples were:

“Some students who have had insufficient DSA funding (usually deaf students) have been encouraged to apply (successfully) to The Snowdon Foundation.”

“Individual students are encouraged to apply to specific charitable trusts for items of equipment etc. Such as the Blatchington Court Trust for the Blind.”

“All support at the college is funded by the Learning and Skills Council’s Additional Learner Support Funding.”

“Snowdon Awards, ALF, Disabled Students Appeal Fund.”

One informant referred to tuition fees and trading/investment income:

“A large proportion of the funding allocated to our student facilities and general educational support departments, which includes those working to meet the needs of disabled students, is provided from tuition fees and other forms of trading/investment income. In particular this funding is used in relation to capital expenditure which improves accessibility in academic, residential and social facilities. We have also had small amounts of funding from research councils in the past.”

**Table 4.15 External sources of funding used for disabled students (Question 24)**

External funding available	Number of institutions
Yes	32
No	25
Don’t know	5
Unanswered	2

Given that 25 institutions indicated not using these other external sources of funding, HEFCE support is clearly playing a substantial role.

#### **4.3.6 Allocation of institutions’ own resources (Questions 25 and 26)**

In the next question we asked whether institutions had regularly allocated resources of their own to supplement external funds. Thus, the questionnaire asked about the use of internal funds. 42 informants indicated that their institution does supplement external funding so as to meet the needs of disabled students (66%) (see Table 4.16), and the spread of institution types can be seen in Table A3 in Appendix 4. Institutional spending was dedicated to staff costs, equipment and facilities, making “reasonable and anticipatory adjustments” (at school, department or central services level), overseas students not eligible for DSA, an institutional Hardship Fund Scheme, accessibility improvements, staff development, individual support needs and sign language interpreters. Levels of spending, insofar as these were evidenced directly, seemed to vary widely. It was notable that several informants mentioned supporting students unable to access regular forms of support, including not only international students, but



also those on particular courses who could not access mainstream support, such as some EU funded programmes.

**Table 4.16 Regular allocation of institutions' resources to supplement external funds (Question 25)**

Use of institutions' own resources	Number of institutions
Yes	42
No	13
Don't know	5
Unanswered	4

The uses to which internally generated funds were put were explored in Question 26. When asked about the main expenditure areas for these internal funds, institutions identified particularly technical assistance and equipment, and improving campus accessibility or residential accommodation, but also pointed to other targets (see Table 4.17).

**Table 4.17 Allocation of own institution's resources (Question 26)**

Areas to which institutions' funding is allocated	Number of institutions
Improving campus accessibility	36
Improving accessibility of residential accommodation	24
Providing technical assistance and equipment (e.g. computers)	39
Providing accessible information services (e.g. transcription)	22
Providing individual support services (e.g. personal assistants)	26
Providing general dedicated disability services (e.g. disability staff)	32
Improving admission and outreach services for student recruitment	15
Improving careers services for disabled students	13
Providing staff training	26
Supplementing DSA for individual students (e.g. hardship funds)	24
Other	7
Don't know/unanswered	12

#### **4.3.7 How far HEFCE funding has led to contributions from own institutions' resources (Question 27) and been a stimulus to positive work within institutions (Question 28)**

The next two questions (Questions 27 and 28) sought to discover the importance attributed to HEFCE funding in terms of potential leverage or catalyst roles. 30 informants felt that HEFCE funding had had an impact in this way (as compared with 17 that did not) (see Table 4.18). 37 respondents felt that HEFCE funding had stimulated positive work towards disability equality practices at their institution, as against eight that gave a more negative answer (see Table 4.19). On the second question here, the number of negative responses was low, suggesting that, in broad terms, there is a positive perception. To gauge better the strength of this positive result, it is useful to note which institutions did not see HEFCE funding as having a positive impact. As Table 4.20 shows, there is a large percentage of colleges that state either 'neither agree nor disagree', 'disagree' or 'strongly disagree' (90% cent of those providing an answer). In fact, only one college provided a positive response to this question. Although the responses will have been complicated slightly by the fact that two FECs listed by HEFCE as receiving

mainstream disability funding allocation were not receiving these monies, the result is still clearly indicative. Thus, there is less satisfaction with HEFCE contributions among FECs than HEIs, but this may well relate primarily to the relatively small levels of funding that FECs receive when compared with HEIs. Importantly, the responses on the university side are still more consistent when taken on their own, demonstrating a widely held HEI view that there is a leverage, catalyst or stimulus effect.

**Table 4.18 How far HEFCE funding has led to contributions from own institution (Question 27)**

Influence of HEFCE funding for institutional funding	Number of institutions
A great deal	9
It has had some influence	21
Very little influence	13
No influence at all	4
Don't know	12
Unanswered	5

**Table 4.19 How far HEFCE funding has been a stimulus to positive work towards disability equality practices (Question 28)**

Influence of HEFCE funding for positive work	Number of institutions
Strongly agree	20
Agree	17
Neither agree nor disagree	14
Disagree	6
Strongly disagree	2
Unanswered	4

**Table 4.20 HEFCE funding as a stimulus for positive work by type of institution (Question 28)**

Institution classification	HEFCE positive stimulus						Total
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer	
New large urban	7	2	1	2	0	0	12
New small scale	4	3	2	0	0	0	9
Old large civics	4	4	3	0	0	0	11
Old small town	0	1	1	0	0	0	2
Specialised	3	4	1	2	0	2	12
High status + research	2	1	1	0	0	0	4
FEC	0	1	5	2	2	3	13
Special category	0	1	0	0	0	0	1
Total	20	17	14	6	2	5	64

### 4.3.8 Franchise arrangements with colleges (Questions 29 and 30)

The research team had been asked to include some questions about franchise arrangements with colleges, and the distribution of responsibilities for disabled students. Thus, this part of the questionnaire had two specific questions for institutions that only applied to HEIs and not the further education colleges. 30 of the responding HEIs had such an arrangement or connection (see Table 4.21). There was overlap between categories of response (see Table 4.22), however, because some operate services through more than one channel. In 22 cases, the college provided support, but with seven of these there was also support through the university. A much lower percentage of the HEIs claimed to provide all of the support directly (seven). One response indicated partnership with an institution overseas. For others, a variety of arrangements appeared to operate:

“College students can access some services on University campus but are mostly supported by college staff and services as learning and teaching is delivered on college site.”

“Payments are made to associate colleges based on FTEs and include an element for the provision of academic services, social facilities, premises maintenance and central administration. It is left to the colleges to allocate these funds according to their own requirements. In addition to funds provided by us, we have passed on HEFCE Capital funding (both DDA and non-DDA) to support developments in their infrastructure and estates, which has included meeting DDA requirements.”

“Students registered at the University are able to access support from the Disability Support Team (e.g. help in arranging an Educational Psychological Assessment or Needs Assessment), although the day to day arrangements for their support (e.g. exam arrangements) are provided by the college.”

“Usually the college provides the support and it is funded through DSA. We would co-ordinate the arrangements.”

“We invite partner college staff to take up our staff training and provide bespoke care conferences if required, provide networking days for partner college disability advisers, and offer good practice guides to partner college staff to promote consistency of approach, disability good practice written into franchise documentation.”

**Table 4.21 Franchise arrangements with colleges (Question 29)**

Franchise arrangements	Number of institutions
Yes	30
No	19
Other	0
Unanswered	2

**Table 4.22 Provision of support during franchise arrangements (Question 30)**

Type of support provided	Number of institutions
Disabled students access support services at our institution	10
We provide support services to the college for disabled students	6
We make a contribution to the cost of support services for disabled students at the college	5
The college provides the support for disabled students	22
Other/further explanation	11
Unanswered	1

## 4.4 Individual funding for disabled students

The website check revealed that a large number of institutions from the full sample supplied information on DSA, although the level of detail provided varied immensely. Whilst some offered detailed information and further links to additional guidelines or information, some simply provided a link to the Government website, and others only mentioned DSA in a passing line or two. Further investigation of DSA and other financial provision for disabled students took place through Section 4 of the questionnaire (see below).

### 4.4.1 Numbers of students in receipt of DSA (Question 31) and provision of support for DSA (Questions 32 and 33)

As regards numbers of students in receipt of DSA (Table 4.23), there was some variation according to type of institution. Of the 32 institutions taking 200 or more disabled students, all were universities, whereas nine of the 17 institutions taking below 100 are FECs. Two FECs had no students in receipt of DSA (see Table 4.24). An accompanying question dealt with the kinds of support or advice offered to students applying for DSA. Table 4.25 below indicates the spread of activity. Institutions appear to be heavily engaged with key forms of support. The 'other' category in the table drew a variety of comments. Amongst these were references to assessment by outside specialists, liaison with funding bodies on behalf of applicants, liaison with suppliers, pre-entry work, presentations and open days. Some respondents suggested an attempt to provide a relatively holistic service, as in the claim to assist the student/applicant "through the whole process from form completion to liaising and chasing up with LEAs". Analysis was carried out to examine the responses by institution type, in terms of positive answers given about providing the main categories of support mentioned in Table 4.25. The figures from a cross-tabulation here did not reveal any major variations, although it appears that FECs may be providing fewer different types of support than are institutions as a whole (see Appendix 4, Table A9).

Question 33 asked about the stages at which support and advice was offered to students wishing to apply for DSA (see Table 4.26). The design of this question included asking about support during the course for people with acquired impairments, but some responses pointed out that more might be involved in this:

"During the course is not just for acquired impairments. Students may not have been diagnosed before (e.g. dyslexia); may not have needed support before; may have been reluctant to disclose etc. We try to ensure information about our services are disseminated across the institution and we encourage students to make contact with us

at any time during the course. Therefore, a significant proportion apply for DSA at later stages even though they may have been eligible at the start of their course.”

As another response noted, there could be students who delay disclosure, and also some who do not want to apply for DSA initially (or deal with the bureaucratic process). There is also the possibility for institutions looking ahead, beyond the undergraduate period. This was mentioned with reference to postgraduate study in one response.

It was not possible, given the nature of data available, to test for any clear causative link between the specific practices within institutions and the levels of DSA take-up. Most institutions were carrying out the essential tasks of providing written information, support or counselling, and assistance with completing forms. In order to explore take-up further, therefore, a small-scale supplementary questionnaire survey was developed, focusing tightly on potential links between best practice and DSA take-up. The results from that exercise are dealt with in Chapter 7. Key conclusions are that it seems generally to be felt that adoption of good practices does generate more appropriate levels of disclosure and take-up.

**Table 4.23 Numbers of students in receipt of DSA (Question 31)**

Numbers of students	Number of institutions
500+	16
200-499	16
100-199	5
1-99	17
None	2
Unanswered	8

**Table 4.24 Numbers of students in receipt of DSA by type of institution (Question 31)**

Institution classification	Number of students with DSA						Total
	none	1-99	100-199	200-499	500+	No answer	none
New large urban	0	0	0	3	9	0	12
New small scale	0	1	0	5	2	1	9
Old large civics	0	0	1	3	3	4	11
Old small town	0	0	0	1	0	1	2
Specialised	0	4	3	3	1	1	12
High status + research	0	3	0	1	0	0	4
FECs	2	9	1	0	0	1	13
Special category	0	0	0	0	1	0	1
<b>Total</b>	<b>2</b>	<b>17</b>	<b>5</b>	<b>16</b>	<b>16</b>	<b>8</b>	<b>64</b>

**Table 4.25 Kinds of support offered during DSA applications (Question 32)**

Support offered	Number of institutions
Written info (pamphlets/website)	60
Personal support/counselling services	61
Assistance with filling in forms	61
Conducting assessments of need	33
Other	22
None	1
Unanswered	1

**Table 4.26 Stages at which support is offered (Question 33)**

Stages	Number of institutions
Prior to admission	60
At induction and entry stage	57
During the course (in the case of people with acquired impairments)	58
Other	19
Unanswered	2

One positive feature was clearly that support was being offered at early stages by a large majority of institutions.

#### **4.4.2 ‘Emergency’, supplementary and other forms of financial assistance for disabled students (Questions 34, 35, 36 and 37)**

The next four questions were closely related, touching on similar territory in slightly differing ways. The questionnaire was investigating the extent to which emergency support was offered, and the availability of supplementary or alternative funding. The answers tended to reinforce each other, as there was a degree of consistency on extent of engagement. Question 34 sought information about the assistance that might be offered in the event of delays in acquiring or accessing DSA (see Table A4 in Appendix 4). 53 informants (83%) claimed that their institution offered support. Many specified the particular actions that they would take. These included the loan of equipment, staff time or provision of support workers, direct payment channelled from charitable sources, Access to Learning Funds (ALF), Hardship Funds/International Hardship Funds, provision of study skills sessions, “Disability and Health Referral Budget”, payment for transport and parking. The scale of support appeared to vary considerably and one informant stressed the principle of not providing this support “when [more mainstream] funding is available”. More frequently, it seemed to be perceived as good practice to provide resources on an interim basis while regular funding was awaited. For example, one referred to “providing a note taker at the beginning of term prior to agreement for DSA”, and another to providing support workers and requesting payment later. It seemed to be fairly frequent for loan arrangements to operate for equipment, etc. An additional comment was about £15,000 set aside for students from ‘non traditional backgrounds’ which included disabled students not yet in receipt of DSA. Despite the array of resources mentioned, seven institutions did not offer any temporary assistance of these types. Furthermore, we were not able to go more deeply into questions about the depth and appropriateness of support. Some delays may cause very great inconvenience, and it is difficult to know whether emergency ‘cover’ is likely to be adequate.

Question 35 was meant to complement the previous one, so there was overlap in focus. When asked about the availability of funding to supplement DSA funds, 52 institutions (81%) gave a positive response (see Table A5 in Appendix 4), but there was some dual coverage in additional material with the specific items referred to above. More distinctive reference was made, however, to “top-up funding” provided when the DSA amount had been spent, to support an activity that is not covered by DSA, and to supplementing the DSA with “non-medical support for a student with partial sight”. The ALF was widely cited as a source of funding (in 27 instances), along with other budgets. Interesting detailed issues were raised in a number of cases:

“Where non-medical helper costs exceed DSA allowance (e.g. BSL users on graduate programmes). In some cases Research Councils’ interpretation of what is needed to support a student is at variance with the needs assessment – we would make up [the] difference. In most cases where the shortfall affected what equipment a student could have we would buy the equipment and lend it to the student for the duration of the course.”

“If a student’s needs went above that which is demarcated by the ceiling of the DSA, we would look to internal sources of funding to support that students needs. For example, this has been the case for students with complex sensory impairments who require large quantities of 1-1 and materials based support.”

“Some students will be eligible for financial assistance beyond DSA dependant on individual circumstances. These are government schemes and the criteria are not set by the University. Alongside the funding available to all students – Course Grant, Student Assistance fund and PC [computer] Grant – disabled students are able to access: ALF, Crowther Fund, OU Student Educational Trust and other bursaries.”

Despite institutional willingness to help, a similar point applies to that made earlier about obtaining finance elsewhere if possible, as evident in the response of one informant who stated that support is provided “if additional costs cannot be reasonably covered from ALF”.

Further exploring availability of alternatives to DSA funds, we asked an additional question directly about substitutes (see Table A6 in Appendix 4). A clear majority again gave a positive response and the instances cited overlapped with those mentioned for the previous related questions. Nonetheless, there were particular points and emphases worth noting. International students are a group for whom support can be difficult to provide. One answer offered was:

“International students who identify a disability or specific learning difficulty after commencing their studies can access a combination of means tested and non-means tested support through the University Hardship Fund.”

In all, 14 respondents mentioned international or non-UK students. There was also mention of part-time students, and students who receive, as one respondent put it, “a limited DSA e.g. from a Research Council”. To complete coverage of the issues about student funding, Question 37 asked explicitly for indications of the funds drawn on and mentioned key examples. In line with responses on the earlier questions, over 90% of institutions referred to ALF. Although we do not have data on the scale of expenditure from this source, it emerged as a key resource in terms of citations. Disabled students in 34% of institutions appeared to make use of The Snowdon Scheme, and a similar percentage of institutions used their own funding for international disabled students (see Appendix 4, Table A7). Mentions were also made of a variety of specific funds, just as in comments for the earlier associated questions. For example, one reference

was to a trust fund “that provides discretionary travel grant for specific project-based trips”, while others were to college scholarships, a governors’ fund, and “director’s bursary schemes.

#### **4.4.3 Uncovering undeclared impairments (Question 38)**

The aim of this question was to discover the level of awareness relating to less visible impairments and issues of disclosure. Large numbers of comments were offered in response, and 54 informants stated that their institution did take steps to uncover undeclared impairments (see Table A8 in Appendix 4). The extent and scope of comments suggested strong recognition of specific issues around disclosure. On the other hand, it was not clear how far particular resources were being allocated to this. For example, one respondent, while pointing out that students were asked to review their disability disclosure at enrolment, added that there was “no dedicated funding for this”, a comment echoed by some others. Several responses referred to encouraging declaration, and there was reference to organised campaigns and to guidance and training for academic staff “in the detection of potential dyslexic thinkers”. Others emphasised opportunities for students to self-refer or disclose. Mentions were also made of identification during initial screening at induction, or following submission of written work. Students might also be encouraged to refer to support services even if a difficulty had not been disclosed. One positive practice may be to have free screening or assessment (as in the cases of dyslexia or an educational psychologist assessment). Some institutions were clearly trying to be pro-active with students and give publicity to encourage disclosure, along with access to funding which would otherwise not be available. One respondent noted that students may not disclose “until there is a crisis”, which suggests the importance of ongoing access to support. At the same time, particular moments might arrive at which screening might take on more importance: for example, when students are starting their dissertations or approaching key examinations. Another response emphasised the significance of improving declaration processes at all student stages, access to disability services, application forms, etc. The inherent difficulties of this area in terms of ethics and needs were also made clear:

“We are reliant on students declaring a need as this would be consistent with their rights to confidentiality and privacy. However, students exhibiting signs of difficulty (for example, with literacy skills, mental health problems) would be referred to the support services on offer.”

Universities may have some success if they proceed sensitively, as is implicit in this comment:

“Students complete a personal learning plan at induction. We usually find that the number who declared a disability on their application form is doubled at induction.”

As mentioned earlier, these issues have been explored further through a small-scale supplementary questionnaire survey. The results of this survey are discussed in Chapter 7.

### **4.5 Admissions, access and audit**

Section 5 of the questionnaire covered issues around information and access.

#### **4.5.1 Information provided for new applicants (Question 39)**

Question 39 asked about information provided that is specifically relevant for disabled people. On most aspects there was a reasonably encouraging response, although ‘accessibility maps’



were only noted at 25 institutions, and information on students' groups at 17 (see Table 4.27). As elsewhere in this study, it seems that avenues for the participation of disabled students in university activities are not particularly high on the agenda. This could explain the lack of information on students' groups. Some respondents elaborated on their practices. For instance, amongst comments on accessibility maps were the following:

"We did provide information through an accessibility map, however, it has been too difficult to update annually because of the rapid expansion of HE provision."

"Accessibility map – covers only part of the building (work in progress). Info on accessible residential accommodation – work in progress."

Another response pointed out that students were encouraged to get in contact with queries about access to buildings, as the complexity of the campus meant it was "difficult to give accurate information to cover all needs". On the other hand, an interactive route planner with wheelchair route option, was being developed. It appears that relevant information is frequently sent before or during induction on a number of issues such as individual support needs. Only one comment referred to liaison with other students:

"We hope to incorporate liaison with the Students' Union on students' groups and also to introduce regular focus groups, blogs, message boards, etc. in the coming year as resources permit."

**Table 4.27 Information provided for new applicants (Question 39)**

Type of information	Number of institutions
Information on dedicated disability services	58
General information on the accessibility of the campus	41
An 'accessibility' map of the campus	25
Information on accessible residential accommodation	40
Information on financial support	52
Information on technical assistance	33
Information on students' groups	17
Contact details of an appointed representative	53
Other	17
Unanswered	1

#### **4.5.2 Improvements to the physical environment/access audits (Questions 40, 41 and 42)**

Three questions dealt with the physical environment directly. Question 40 asked about significant improvements made in the last ten years. Almost all institutions had made improvements in campus accessibility during this period, and a significant majority had improved specific areas including lecture theatres, seminar rooms or residential accommodation (see Table 4.28). Attention had also been given to laboratories/workshops and leisure facilities. Comments added cited a variety of activities ranging from large to much smaller scale. For example, one comment noted the fire safety and evacuation issue:

"Recently installed safe havens around campus linked to security so disabled staff and students can be evacuated in a timely and safe manner."

Good practice requires that accessibility is integrated into new build and refurbishment, and there was some evidence of this. HEI and FEC estates strategies could be expected to incorporate access improvement as a matter of course. Despite progress evidenced in the answers, there was also acknowledgement that more needed to be done, and some matters were ‘on the agenda’, yet constraints remained:

“We are constrained by the age and style of the built environment but have in place a management system to resolve physical access issues.”

Various detailed changes were cited, and good practice seemed to involve an ongoing (or even constant) programme of review or improvement, and, in one case, a disabled student consultative group seemed to be inputting directly with estates services. In another case, a response referred directly to compulsory impact assessment procedures for all new work undertaken. This approach should probably be applied by any major projects panel. We emphasise in Chapter 8 the significance of regular impact assessment procedures, so it was encouraging to see this mentioned for Question 40 (even though only once). Another issue connecting directly with our good practice exemplars is the inclusion by informants in their answers to this question of features and equipment designed to assist site users. Examples mentioned included lift modifications to provide audible floor indication, self-closing fire doors and automatic opening front door, induction loops (or similar) and electronic boards to large lecture theatres and some seminar rooms. While these matters may seem more mundane than major building works, we believe they can be seen as steps towards a slightly broader vision of the “smart campus” (see also later chapters).

Question 41 (untabled) indicated that most institutions (54) had carried out an access audit within the last ten years, or were currently undertaking one. The answers suggested that institutions are aware of the need for audit, but perhaps it may not be taking place quite as frequently as it should, although one response stated that it is “updated annually”. Table 4.29, based on Question 42, shows that institutions are not especially over-confident about the effectiveness of audit and adaptation. Only 11 feel the process to be very effective at their institution. On the other hand, the large majority claimed reasonable, effective or very effective performance. Of slightly more concern, six responses acknowledged a poor level of achievement. Our conclusions on the improvement of the environment are that there is a reasonable level of acknowledgement both of the necessity for ongoing change and monitoring, and at the same time, of some continuity of unmet need.

**Table 4.28 Improvements to the physical environment (Question 40)**

Areas of the physical environment	Number of institutions
Campus accessibility	61
Lecture theatres	46
Seminar rooms	42
Laboratories/workshops, etc.	37
Leisure facilities (sports, etc.)	31
Residential accommodation	42
Other	18
Unanswered	1

**Table 4.29 Effectiveness of institution audits and adaptation of buildings (Question 42)**

Level of effectiveness	Number of institutions
Very effective	11
Effective	22
Reasonable (being handled 'reasonably well')	21
Poor	6
Very poor	0
Don't know	0
Unanswered	3

## 4.6 Institutions' self-evaluation of progress

### 4.6.1 Self-evaluation exercise (Question 43)

As a conclusion to the Leeds' team's part of the questionnaire, institutions were offered the opportunity to rate their own progress in developing good practice in supporting disabled students. This was sub-divided over 12 topic areas. We are aware that exercises of this kind cannot provide a fully reliable account across institutions, given the potential for variety amongst these in approaches and understandings regarding good practice. On the other hand, we thought it useful to invite them to present themselves positively if they felt it valid to do so, and reveal those areas where matters seemed to be going best or worst. Institutions rated themselves at between 1 and 5, with 1 being poor and 5 being excellent, in relation to a number of services or activities. With 12 categories in total, institutions could achieve a maximum score of 60 by aggregating their performance across these activities. Perhaps unsurprisingly, 37 of these institutions each scored a total of between 41 and 60 for self-evaluation over the 12 fields. This equates to average performances of fair or better, although 12 replies placed institutions lower. Taking each category of activity in turn, we added together the total scores that institutions had given themselves, and divided by the total number of responses for that activity category. Table 4.30 below therefore shows a self-rating average score for each category obtained by aggregating all institutions' responses. Although there may have been some complacency in the self-evaluation, there were some low figures (one and two) in specific sectors, and averages did vary a little.

**Table 4.30 Self-evaluation exercise (Question 43)**

Categories	Average score	Total responses
Meeting physical access needs	3.73	61
Providing equipment for disabled students	3.98	62
Meeting disabled students' communications needs	3.81	60
Dealing with financial provision for disabled students	3.91	59
Providing dedicated resources (staff and allied services for disabled students)	4.25	61
Mainstreaming of disability issues into committee business, monitoring and reporting practices	3.34	61
Consulting and involving disabled students and their representatives	3.26	61
Representing the interests of disabled students in contacts with external bodies	3.56	55
Meeting disabled students' needs with reference to specific impairments	4.31	61
Meeting disabled students' particular needs with reference to ethnicity	3.52	55
Meeting disabled students' particular needs with reference to gender	3.58	55
Meeting disabled mature students' needs	3.89	58

The most useful way to interpret the results from this self-evaluation is to use it to reveal any significant differences that emerge for differing areas of activity, when we examine responses from institutions as a whole. While not meant to provide a reliable finding in statistical terms, this exercise suggested that there may be less confidence over institutional activities in some areas than in others. Rather in line with conclusions arising in various parts of our work, we find that there is less assertion about the successful mainstreaming of disability issues into university business, and about institutional progress in consulting and involving disabled students. A cross-tabulation was carried out of the responses on these two areas against categories of institutional type. As the numbers are small and the exercise has to be viewed cautiously, the results can only give a very tentative indication. It did seem, however, that self-evaluation for consultation and involvement of disabled students was low for institutions in the specialised institutions/small independent/affiliated colleges category.

## 4.7 Conclusions

The findings from the returned questionnaires (of which there were 64 from the English sample) and the website review offered useful insights into the provision of services for disabled students, and uses of funding, within the institutions. Some of the key findings that emerged from this stage of the research are summarised below.

- It was evident that most institutions have some form of dedicated support service for disabled students (although in many, core staff numbers are relatively small). 53 of the

English institutions indicated that they had an equality champion for disabled people, and only eight felt that they did not.

- Inquiry into the provision of support for students with specific impairments showed that whilst nearly two-thirds of institutions provide for all types of impairments identified, the group catered for most regularly across the largest number of institutions are students with dyslexia.
- Those groups of students mentioned whose needs are perhaps not being met sufficiently, according to the responses provided, were students with mental health difficulties and students with hearing impairments.
- The DES had been produced by the majority of institutions, according to the website review, although it was not readily available in eight of the English institutions. For those who had produced a DES, there was evidence of consultation with disabled students (although there were some gaps); the collection, publication and monitoring of data on disabled students; and the production of an annual report (although again, some institutions had not produced the latter).
- Most institutions have some form of training available for staff, whether general equality, or disability-related training. Some institutions also provide training related to students with specific impairments. Not all training, however, is compulsory for all staff.
- Most institutions indicate some representation of disabled students in committees or advisory panels, but 16 negative responses were received on this.
- HEFCE's mainstream disability funding allocation primarily seems to be used to provide general dedicated disability services or technical assistance and equipment, and to improve campus accessibility. Also important were providing individual support services (such as personal assistants), staff training and supplementing DSA for individual students.
- Some of the answers from the questionnaire seemed to point to leverage and complementarity effects. Thus, HEFCE mainstream disability funding may be a stimulant to more resources being found. A question on the impact of fluctuations in this funding on planning seemed to support the valuable nature of this resource for institutions, with the largest group of responses pointing to some effect (and five noting a substantial effect).
- The questionnaire asked whether there were external sources of funding other than those from HEFCE or the DSA that institutions had used to meet the needs of disabled students. Half of those responding to the questionnaire answered 'yes', but a substantial number said no, suggesting again that HEFCE support is playing a major role. 66% of informants indicated that their institution supplemented external funding so as to meet the needs of disabled students.
- Allocation methods for HEFCE funding varied considerably, but many institutions use a method of allocating a block grant to some form of central support service, whilst others allocate to disability services. Monitoring of such spending seemed to be relatively under-developed, although there was some evidence of annual reporting or regular review.

- A question asked institutions to estimate approximately how much of their budget for disabled students was covered by HEFCE's mainstream disability funding allocation. 40 institutions selected a figure below 50%, and the largest group chose the range 1-24%.
- For institutions involved in franchise arrangements, the colleges provide the support to disabled students in the majority of cases, although in some instances the university provides supplementary support.
- For students in receipt of or applying for DSA, a range of services are offered and at different stages by most institutions, with many offering support and guidance at the early stages.
- The majority of institutions offer some form of financial support in the event of DSA delays. ALF were often cited as substitute funding. Part-time and International students were mentioned as groups lacking support through funding such as the DSA.
- Some institutions provided specific information for disabled students at application stage, although there were some evident gaps in information provision, relating particularly to 'accessibility maps' and student groups.
- Campus accessibility seemed to be an area that the majority of institutions had made improvements to over the last ten years, and most had carried out an access audit within the same period. Despite this, it was noted that there was still a need for progress.
- In the self-evaluation exercise, it appeared that respondents lacked confidence in their institutions' ability to mainstream disability issues into university business, and in their ability to consult and involve disabled students.

# Chapter 5

## Survey results for Wales

The sample of returned questionnaires for Wales included eight institutions (out of nine contacted), these being seven HEIs and one FEC. The questionnaires were slightly different from those supplied to English institutions (taking into account variations in funding). The results from the completed questionnaires for the eight Welsh institutions are shown below. As with the information from English institutions, the material gathered from Wales has helped to inform Chapter 7. This includes the results from the follow-up to the original questionnaire, in which 60 institutions were contacted across England and Wales to request further information on levels of DSA take-up, and institutions' mechanisms for improving disclosure.

### 5.1 Dedicated services, 'equality champions', and support for specific impairment groups

#### 5.1.1 Specific or dedicated services (Questions 1 and 2)

The first question, in Section 1 of the questionnaire, asked about the availability of a dedicated disability support service (or a disability officer or adviser), with two informants claiming to have a 'separate' or specific dedicated disability support service, and the other six stating that the service they provided was part of a broader equality or support service (one here was a college). The website search confirmed these findings, showing that all institutions had some form of disability service available.

As indicated in the previous chapter, in relation to numbers of staff within these support services, institutions tended to define staff variously and so the figures offered sometimes included a broader array of personnel (either across equality services generally or embracing ancillary or support workers), rather than simply providing a figure for core staff. As stated in Chapter 4, our interpretation was that disability services are becoming quite well established, but that core staff numbers remain relatively small, complemented by much larger numbers working with individuals and their needs.

#### 5.1.2 'Equality champions' (Question 3)

Question three asked whether or not there was a member of staff at the institution considered to be an 'equality champion' for disabled students in areas of decision making. Six informants felt that there was, and provided job title and sometimes the name of the person. Job titles included 'Equality and Diversity Manager', 'Diversity Adviser in Human resources', 'Equalities Officer', 'Director of Student Support' and 'Director of Student Threshold Services'. One of the institutions, whilst stating that they did have an 'equality champion', did not actually appear to have a person in place at present:

"We have recently advertised for an Equal Opps Officer who would undertake the role of 'equality champion'.

### 5.1.3 Dedicated provision of support (Question 4)

Looking at whether institutions provide specific/dedicated provision or support for particular groups of students, the questionnaire required the ticking of boxes for a range of different impairments. Five respondents claimed that their institution provided support for all types of impairments. The group catered for most regularly across the largest number of institutions are students with dyslexia, for whom all eight informants claimed to provide specific/dedicated support. Students with mobility impairments and visual impairments also appeared to be receiving dedicated provision within most institutions (seven for each). For the remaining impairment groups, six informants each claimed to be providing support specifically (see Table 5.1).

**Table 5.1 Dedicated service provision (Question 4)**

Impairment label	Number of institutions
Students with dyslexia	8
Students with other forms of learning difficulties (excluding dyslexia)	6
Autistic spectrum condition	6
Students with mental health difficulties	6
Students with mobility impairments/ wheelchair users	7
Students with visual impairments (blind/partially sighted)	7
Students with hearing impairments (deaf/partial hearing)	6
Students with multiple impairments (2+ impairments/special needs)	6
Students with unseen impairments (e.g. diabetes, epilepsy, asthma)	6

### 5.1.4 Students whose needs are not being met (Question 5)

The participants were asked if there were any particular groups of students whose needs they felt were not being met sufficiently within their institution. Whilst in the English institutions the group most cited here was students with mental health difficulties, such students were only mentioned by one informant from a Welsh institution. The others mentioned in the Welsh responses included students with mobility impairments (two institutions), students with hearing impairments (two institutions), and students with visual impairments (one institution). Three respondents felt that all disabled students' needs are met sufficiently, with one stating that:

“The numbers of students with VI [visual impairments], HI [hearing impairments] and mobility issues are now very low. We have the facilities and personnel to support these if and when they attend college. The college has a number of qualified First Aiders to support students with potential medical emergencies. The team has received in-house and external training on all the Specific Learning Difficulties, Asperger’s Syndrome, Mental Health, and some have done manual handling, therefore we feel we are adequately equipped for all the above.”

One comment referred to issues arising in meeting the needs of students with mobility impairments:

“Although we have a rolling programme of access improvements, we still have buildings and parts of buildings which remain inaccessible to wheelchair users.”



As stated in Chapter 4, Question six asked about areas of strength, and we have incorporated the aggregated results for England and Wales in the chapter on good practice, in addition to the results for Question seven about specific examples of good practice that could be shared with us. We can add that part-time students were mentioned specifically by two of the Welsh institutions, one of which was a university and the other a college. The university informant referred to the financial assistance provided for part-time students, due to their not meeting the criteria for a DSA. The college informant discussed how their institution offers screening to a substantial number of part-time HE students. As indicated in the previous chapter, the topic of disabled part-time students and their needs might well benefit from more in-depth investigation. It is not at present an evident area of strength.

## 5.2 Disability equality schemes

The DES had apparently (according to information on the websites) been produced by eight of the nine institutions contacted, and each of them made the scheme available to read online. As noted in the previous chapter on English institutions, a more detailed investigation of DES took place when we were planning for case studies. Most of these English institutions met the five key criteria in the development of their DES (see Section 4.2). The Welsh institution in the case studies also met the majority of these criteria, although institutional information use was difficult to assess given the lack of availability of an annual report. Section 2 of the questionnaire explored these issues further.

### 5.2.1 The involvement of disabled students in the DES (Question 8) and inclusion of an action plan (Question 9)

Question eight sought information about the involvement of disabled students in the DES (see Table 5.2), and Question nine about whether the DES included an action plan (untabulated). All but one of the informants from the responding institutions stated that disabled students had been involved in the development of the DES, and all institutions did include an action plan.

**Table 5.2 Involvement of disabled students (Question 8)**

Student involvement	Number of institutions
Disabled students were involved in the development of the DES	7
Disabled students were not involved in the development of the DES	1
Don't know	0

### 5.2.2 Institutions' collection and use of data (Questions 10 and 11)

As mentioned in the previous chapter, data collection is a key element for the DES, necessary to monitor progress within institutions. It appears from the responses in Table 5.3 that some suitable monitoring of disabled students was in place in several institutions with regard to numbers, impairment groupings and courses taken (largely reflecting the pattern for English institutions) (see Section 4.2.2). Where further improvements could be made, however, was through the collection of data on completion rates and satisfaction. Results for Question 11 contrasted only slightly to those obtained for the English institutions, with 87.5% of the Welsh institutions claiming to use data for the monitoring and improvement of performance, compared with 84.3% of the English institutions (see Table 5.4). There appear, however, to be some gaps in coverage by institutions.

**Table 5.3 Data collection (Question 10)**

Factors monitored	Number of institutions
Numbers of disabled undergraduate students	8
Numbers of disabled postgraduate students	7*
Disabled students by impairments (dyslexia, mobility impairments, etc)	8
Courses taken by disabled students	7
Examination results of disabled students	6
Satisfaction data on services used by disabled students	5
Completion rates for disabled students	5
Drop out rates for disabled students	5
Other	2
Information not available	0

\* Not all institutions have postgraduate students.

**Table 5.4 Use of data (Question 11)**

Data use	Number of institutions
Published in reports/online	4
Reports provided to individual departments/schools/faculties	5
For monitoring and improving performance	7
Applications for funding	3
Other	2
Don't know	0

### 5.2.3 Production of an annual report (Question 12)

Assessing whether annual reports have been produced and made available by institutions was the aim of Question 12. More than half had produced an annual report, but only two of these made this report available online; see Table 5.5. The respondent from the one institution which had not produced a report stated that it is “not requested in the FE sector”. Another informant selected both the ‘yes’ and ‘don’t know’ options, then stated that they were “waiting for [the] website to be updated to include this information”. This is an area where a more universal positive response could have been expected.

**Table 5.5 Production of an annual report (Question 12)**

Production of an annual report	Number of institutions
Yes	5
Yes, and it is available to download on our website	2
No	1
Don't know	1

## 5.2.4 Training provided to staff within Welsh institutions (Questions 13 and 14)

All informants claimed that their institution provided either DET or DAT, and seven also provided some form of general equality training (see Table 5.6). As with the English institutions' responses, a range of additional comments were provided with regard to the type of training or courses that are made available to staff, with the level of disability-related aspects varying widely:

“Staff development, induction and training in disability/support issues reintroduced in 2008 for support, IT and tutorial staff, incl. residential support staff.”

“Workshops on Inclusive teaching practices are part of the HE scheme for all new academic staff.”

“DAT is provided, however DET is not currently available. The Disability and Dyslexia Service also offer training on dyslexia and mental health awareness and ad hoc sessions are delivered on supporting disabled students when requested.”

“We provide internal training sessions on disability, gender and ethnicity. We also have lunch and learn sessions covering these issues.”

“As part of the Faculty presentations and in-house training for the Learning Support Team, there is a section on disability awareness, the DES and the DDA, explaining the rights of disabled students.”

“Cultural awareness. Built into many other training sessions, for example, selective interviewing.”

Question 14 asked about whether training for staff, as discussed above, was compulsory or voluntary. Only one informant claimed that the training was compulsory for all, but for two institutions (25%) it was compulsory for particular staff (see Table 5.7). For the majority of the institutions, the training referred to was voluntary. The following responses illustrate the range of comments received here:

“An on-line equality training programme has been developed as a collaboration with other HEIs in Wales – this will be rolled out to staff as a requirement to complete.”

“Induction has diversity training and is compulsory.”

“Initially, disability and equal opportunities training have been compulsory. Training on specific disability issues is voluntary.”

**Table 5.6 Training provided to staff within Welsh institutions (Question 13)**

Form of training	Number of institutions
Disability awareness/Disability equality training	8
General equality training	7
None at present	0

**Table 5.7 Voluntary or compulsory training for staff (Question 14)**

Training type	Number of institutions
Voluntary	5
Compulsory for all staff	1
Compulsory for particular staff	2
Don't know	0

### 5.2.5 Representation of disabled students in committees or advisory panels (Question 15)

Question 15 asked whether disabled students are represented directly in any committees or advisory panels. Somewhat in contrast with the responses from England, the Welsh answers to this question showed almost all institutions involving disabled students (in some way) formally, as illustrated in the table below.

**Table 5.8 Representation of disabled students in committees or advisory panels (Question 15)**

Representation	Number of institutions
Yes	7
No	0
Don't know	1

## 5.3 Institutions' use of HEFCW disability premium funding

Section 3 of the questionnaire explored issues around disability premium funding, reflecting the specific interests of HEFCW.

### 5.3.1 The main uses of HEFCW disability premium funding (Questions 16 and 17)

Key destinations for funding within institutions were the provision of technical assistance and equipment (75% of institutions), improving campus accessibility and providing dedicated disability services (50% each) (see Table 5.9). There was a spread of activities, as with the English institutions, across the expenditure areas, although no informants claimed that their institutions allocated these funds to providing careers services for disabled students, or to providing accessible information. As for England, this lack of attention to careers services might be a concern (see also Chapter 7), but the issue of accessible information is certainly more surprising. It is an important issue for many disabled students, and one where it might be expected that funds are being deployed. Comments received for this question also included the following:

“The HEFCW Disability Premium is not allocated to specific purposes. It is a contribution to the much larger costs of providing disability service.”

“Funding has not been ring fenced for specific spend.”

**Table 5.9 The main uses of HEFCW disability premium funding (Question 16)**

Uses of HEFCE funding	Number of institutions
Improving campus accessibility	4
Improving accessibility of residential accommodation	3
Providing technical assistance and equipment (e.g. computers)	6
Providing accessible information services (e.g. transcription)	0
Providing individual support services (e.g. personal assistants)	1
Providing general dedicated disability services (e.g. disability staff)	4
Improving admission and outreach services for student recruitment	1
Improving careers services for disabled students	0
Providing staff training	2
Supplementing DSA for individual students (e.g. hardship funds)	1
Other/comment	4
Unanswered	0

An additional question was used alongside Question 16 to look further at the most prioritised areas in relation to funding. These appeared to confirm the responses shown in Table 5.9, with campus accessibility, dedicated support services and technical assistance most often figuring in the top three priority categories (see Appendix 4, Table A10).

### **5.3.2 Allocation and monitoring method for disability premium (Questions 18 and 19)**

Question 18 (untabled) asked what allocation method was used by the institution for distributing the disability premium. 50% of the informants stated that their institution had used a method that allocated a block grant to central support services. For two institutions, some other method was used, the second being of considerable interest:

“Ad hoc, case by case basis.”

“A process of consultation, involving disabled students, Student Union, Student Services, estates staff and representatives from registry, looking at prioritising need.”

The other respondents selected ‘don’t know’, or did not provide a response. A related question asked whether institutions have any separate monitoring to record how these monies are spent (Question 19). Again, only 50% of the institutions provided a positive response to this question (see Appendix 4, Table A11). Comments as to the type of monitoring system in place included:

“Separate account monitored by Finance Dept.”.

“Monitoring is recorded as a specific element within the Institute Widening Participation Strategy.”

“Separate project code.”

### 5.3.3 Estimation of budget for disabled students covered by disability premium funding (Question 20) and other sources (Question 21)

Question 20 asked institutions to estimate approximately how much of their budget for disabled students was covered by HEFCW’s disability premium funding (see Table 5.10). Half of the informants chose a figure of less than 50%. Question 21 (untabled) requested information on the amount of funding used from alternative sources (HEFCW teaching grant, HEFCW widening access premium, HEFCW capital funding and any other sources). Only two responses were received, one of which stated that 10% of the institution’s budget for disabled students was drawn from HEFCW capital funding, and 60% from ‘other’, which included “fees and DSA funding”. The other respondent also claimed that 10% of the institution’s budget came from HEFCW capital funding.

**Table 5.10 Estimation of budget for disabled students covered by disability premium funding (Question 20)**

Amount of budget	Number of institutions
1-24%	2
25-49%	2
50-74%	1
75-100%	1
Unanswered	2

### 5.3.4 Level and impact of disability premium funding received in the last round (Questions 22 and 23)

Question 22 addressed the most recent round of funding for disability premium funding and, as shown in Table 5.11, half of the respondents indicated an increase. When asked about the impact of fluctuations in funding on the continuity of planning (Question 23), the largest group of responses stated some effect (as with the English institutions), with 50% selecting this option (see Table 5.12). One respondent amplified by stating that “Some posts have been fixed term rather than permanent posts”. Another stated that whilst there had been an effect on their institution from such fluctuations, there had been “sufficient discretionary funds available to ‘even out’ the fluctuations and minimise impact on service levels”. The informant who stated ‘other’ claimed that:

“This year is the first year of substantial decrease, however, possible fluctuations in the yearly allocation [have] had the most effect on continuity of planning.”

**Table 5.11 Level of disability premium funding received in the last round (Question 22)**

Changing level of funding	Number of institutions
Increased	4
Decreased	3
Stayed the same	1
Don’t know	0
Unanswered	0

**Table 5.12 Impact of fluctuations in mainstream disability funding allocation (Question 23)**

Fluctuations	Number of institutions
Fluctuations have had no effect on the continuity of planning	2
Fluctuations have had some effect on the continuity of planning	4
Fluctuations have had substantial effects on the continuity of planning	0
There have been no fluctuations	1
Other	1

### 5.3.5 External sources of funding used for disabled students (Question 24)

Only two institutions suggested that they had been able to use extra resources to meet the needs of disabled students, most stating instead that they had not (see Table 5.13). Specific sources mentioned included:

“Support for individual students has been met via the Financial Contingency Funds and charitable funding e.g. Lillian Oldfield Trust.”

“Research grant (teaching innovation) for curriculum development.”

**Table 5.13 External sources of funding used for disabled students**

External funding available	Number of institutions
Yes	2
No	6
Don't know	0
Unanswered	0

### 5.3.6 Allocation of institutions' own resources (Questions 25 and 26)

Question 25 asked whether internal funds were available for spending on provision for disabled students, and the results are shown in Table 5.14. Seven institutions supplemented external funding to cover these costs, allocating funds to staffing, support for “International Students and students on short courses who are not entitled to the DSA” (as mentioned in the previous chapter), individual cases of hardship, and the purchase of equipment for loan.

**Table 5.14 Regular allocation of institutions' resources to supplement external funds (Question 25)**

Use of institutions' resources	Number of institutions
Yes	7
No	0
Don't know	1
Unanswered	0

Question 26 was designed to complement the previous question, to obtain more detail on the use of internal funds. Informants identified improving campus accessibility and accessibility of residential accommodation, as well as referring to individual support and dedicated disability

support services. Other areas were also identified, although, again, career services did not feature in the priorities for this type of funding for any institutions (see Table 5.15). One institution highlighted a difficulty in providing support:

“The greatest challenge for us is the support of students not eligible for DSA. DSA is the easy part. Non-DSA requires considerable ‘creativity’ on our part.”

**Table 5.15 Allocation of own institution’s resources (Question 26)**

Areas to which institutions’ funding is allocated	Number of institutions
Improving campus accessibility	5
Improving accessibility of residential accommodation	5
Providing technical assistant and equipment (e.g. computers)	3
Providing accessible information services (e.g. transcription)	2
Providing individual support services (e.g. personal assistants)	5
Providing general dedicated disability services (e.g. disability staff)	5
Improving admission and outreach services for student recruitment	1
Improving careers services for disabled students	0
Providing staff training	3
Supplementing DSA for individual students (e.g. hardship funds)	4
Other	1
Don’t know/unanswered	1

### **5.3.7 How far HEFCW funding has led to contributions from own institution’s resources (Question 27) and been a stimulus to positive work within institutions (Question 28)**

As Chapter 4 explained, this part of the questionnaire concluded with two questions relating to HEFCE or HEFCW’s funding performing a leverage or catalyst role. Five respondents felt that HEFCW funding had had some influence (see Table 5.16), although two felt that it had had very little influence. Six informants agreed that HEFCW funding had stimulated positive work towards disability equality practices at their institution (see Table 5.17). On the second question here, there were no negative responses as to the role of HEFCW funding as a stimulus for positive work (although two responses were not decided either way).

**Table 5.16 How far HEFCW funding has led to contributions from own institution (Question 27)**

Influence of HEFCE funding for institutional funding	Number of institutions
A great deal	0
It has had some influence	5
Very little influence	2
No influence at all	0
Don’t know	1



**Table 5.17 How far HEFCW funding has been a stimulus to positive work towards disability equality practices (Question 28)**

Influence of HEFCE funding for positive work	Number of institutions
Strongly agree	1
Agree	5
Neither agree nor disagree	2
Disagree	0
Strongly disagree	0
Unanswered	0

### 5.3.8 Franchise arrangements with colleges (Questions 29 and 30)

This section only applied to HEIs, and so only seven of the institutions responded. Five institutions had some form of franchise arrangement with colleges (see Table 5.18). Some of the informants claimed that their institution operated more than one type of service through these franchise arrangements (see Table 5.19). Within all of these arrangements, however, the college provided support for the disabled students, but in three of these cases, support from the university was also provided in some way. One informant, for instance, stated that:

“We provide advice and guidance for students where necessary, and approve application and admissions processes with the college.”

**Table 5.18 Franchise arrangements with colleges (Question 29)**

Franchise arrangements	Number of institutions
Yes	5
No	2
Other	0

**Table 5.19 Provision of support during franchise arrangements (Question 30)**

Type of support provided	Number of institutions
Disabled students access support services at our institution	3
We provide support services to the college for disabled students	0
We make a contribution to the cost of support services for disabled students at the college	1
The college provides the support for disabled students	5
Other/further explanation	See below

## 5.4 Individual funding for disabled students

The initial website check revealed that all of the Welsh institutions provided some form of information on DSA on their site although, as with the English institutions, the level of detail provided varied immensely.

### 5.4.1 Numbers of students in receipt of DSA (Question 31) and provision of support for DSA (Questions 32 and 33)

The first question in Section 4 of the questionnaire concerned numbers of disabled students receiving DSA. Of the four institutions with more than 200 disabled students covered, all were universities (see Table 5.20). The next question asked about the kinds of support offered to students in receipt of DSA (Question 32). The results of this are shown in Table 5.21. As with the English institutions, the Welsh HEIs and FEC appeared to be involved in a range of different types of support. Looking at the responses of the two institutions that stated ‘other’, we can see that a range of services are offered:

“Specific to DSA we have an information flyer to students regarding the DSA process, explaining the SSTA at the Access Centre. Lecturers in the Learning Support Team help students complete paperwork and guide them through the DSA process. We have 50 staff supporting the DSA students with respect to human support, plus three IT tutors for their tuition on specialist sw/hw. We have our own independent Access Centre which also provides SSTAs, advice on equipment and support on applications for DSA.”

“We advise students before their formal assessment of need and liaise with needs assessors regularly to ensure all the student’s support requirements are taken into account.”

The majority of institutions also appeared to provide the services at a range of different points during the student experience (see Table 5.22).

**Table 5.20 Numbers of students in receipt of DSA (Question 31)**

Numbers of students	Number of institutions
500+	1
200-499	3
100-199	1 (college)
26-99	0
1-25	0
None	0
Unanswered	3

**Table 5.21 Kinds of support offered (Question 32)**

Support offered	Number of institutions
Written info (pamphlets/website)	7
Personal support/counselling services	8
Assistance with filling in forms	8
Conducting assessments of need	7
Other	2

**Table 5.22 Stages at which support is offered (Question 33)**

Stages	Number of institutions
Prior to admission	7
At induction and entry stage	7
During the course	7
Other	1

#### 5.4.2 'Emergency', supplementary and other forms of financial assistance for disabled students (Questions 34, 35, 36 and 37)

As in the questionnaire for England, these four questions are closely related, addressing similar issues in different ways, and therefore discussed together. Question 34 requested information as to whether assistance was offered in the event of delays for DSA. All of the institutions claimed to offer support of this type (see Table 5.23). For five of these institutions, Financial Contingency Funds were mentioned as one such source. Also included in the added comments were loan of equipment, study skills support, access to support workers, and discretionary funds. Question 35 was similar to the above, but asked whether funding was available to 'supplement' DSA funds for students (Table 5.24). Again, all informants claimed that such monies were made available to disabled students, highlighting similar types of funding to those already mentioned. Financial Contingency Funds, the LEA premium, equipment and staff time were all suggested. Question 36 asked about whether funding could be provided when DSA cannot be secured, and again all institutions provided a positive response (see Table 5.25), with some further overlap of replies with those received for the two previous questions. Answers also included, however, the availability of provision for international students. As one respondent stated, "A fund has been set up for international students and through centrally funded staff" and, as another noted, "a separate budget for International students and part-time students who do not meet the criteria for a DSA" is available. Finally, Question 37 asked if any other form of funding was available for disabled students. There is no table for this below as the question was open-ended. Two institutions did not answer the question, and one stated that no other forms of support were available. Five, however, repeated the types of funds listed above such as the Financial Contingency Fund, funds for international students, and hardship funds.

**Table 5.23 'Emergency' or temporary financial assistance (Question 34)**

Emergency/temporary funds	Number of institutions
Yes	8
No	0
Don't know	0
Unanswered	0

**Table 5.24 The availability of funding to supplement DSA funds (Question 35)**

Funds to supplement DSA	Number of institutions
Yes	8
No	0
Don't know	0
Unanswered	0

**Table 5.25 Funding offered in place of DSA funds when unavailable (Question 36)**

Funds in place of DSA	Number of institutions
Yes	8
No	0
Don't know	0
Unanswered	0

The responses above suggest a relatively positive situation in terms of overall awareness, although we cannot comment on the detailed effectiveness.

### 5.4.3 Uncovering undeclared impairments (Question 38)

All eight of the informants from the Welsh institutions claimed that they did take steps to uncover undeclared impairments. The comments received in relation to this question addressed a range of ways in which this might be achieved, including dyslexia screening being available to students, information campaigns, the use of a “health check questionnaire sent to all students at enrolment”, or through links with other services. One respondent stated, for instance, “We have an active student health centre (GP and nurse) which provides a ‘flow’ of declarations throughout the academic year”. Another informant stated that they used several methods including:

“Talks to new students’ cohorts to encourage disclosure at any time during the course of study to make students aware of support available and their entitlement. Early intervention policy for student support prior to DSA funding. Close liaison with other support areas, including counselling service and welfare service to help ensure students are receiving all the support to which they may be entitled.”

The areas most frequently identified were similar to those identified by the English institutions. As mentioned in Chapter 4, these issues have been explored further through a small-scale supplementary questionnaire survey. The results are discussed in Chapter 7.

## 5.5 Admissions, access and audit

Section 5 of the questionnaire covered issues around information and access.

### 5.5.1 Information provided for new applicants (Question 39)

Question 39 requested detail on information provided that is specifically relevant for disabled students. As with the English institutions’ responses, there was a good spread of information types, although ‘accessibility maps’ and information on students’ groups were each noted by only three of the institutions (see Table 5.26).

**Table 5.26 Information provided for new applicants (Question 39)**

Type of information	Number of institutions
Information on dedicated disability services	8
General information on the accessibility of the campus	5
An 'accessibility' map of the campus	3
Information on accessible residential accommodation	6
Information on financial support	8
Information on technical assistance	6
Information on students' groups	3
Contact details of an appointed representative	7
Other	0
Unanswered	0

### 5.5.2 Improvements to the physical environment/access audits (Questions 40, 41 and 42)

Questions 40 to 42 addressed the physical environment directly. Table 5.27 shows the institutional responses on whether significant improvements had been made to the physical environment in specific areas in the last ten years. There appeared to have been a spread of activity, with campus accessibility, lecture theatres and seminar rooms in particular being tackled. Question 41 (not represented below in a table) asked about access audits, and all institutions who answered this question (seven) had carried out an access audit within the last ten years. The responses to Question 42, as shown in Table 5.28 seem to mirror those of the English institutions, with some possible lack of confidence shown in relation to the effectiveness of audit and adaptation within the institutions. Over half of those who answered this question stated that their institution audits and adapts buildings 'reasonably well', although three did state that audit was 'effective'.

**Table 5.27 Improvements to the physical environment (Question 40)**

Areas of physical environment	Number of institutions
Campus accessibility	7
Lecture theatres	7
Seminar rooms	6
Laboratories/workshops, etc.	3
Leisure facilities (sports, etc.)	4
Residential accommodation	5
Other	1
Unanswered	0

**Table 5.28 Effectiveness of institution audits and adaptation of buildings (Question 42)**

Level of effectiveness	Number of institutions
Very effective	0
Effective	3
Reasonable (being handled 'reasonably well')	4
Poor	0
Very poor	0
Don't know	0
Unanswered	1

## 5.6 Institutions' self-evaluation of progress

### 5.6.1 Self-evaluation exercise (Question 43)

As was explained in the previous chapter, this type of evaluation measure is most useful as a general indicator of self-confidence across the whole group of institutions in relation to differing areas of activity. Institutions rated themselves at between 1 and 5, with 1 being 'poor' and 5 being 'excellent', in relation to a number of services or activities. With 12 categories in total, institutions could achieve a maximum score of 60 by aggregating their performance across these activities. Taking each category of activity in turn, we added together the total scores that institutions had given themselves, and divided by the total number of responses for that activity category. Our table below therefore shows a self-rating average score for each category obtained by aggregating all institutions' responses.

Strikingly, the two areas scoring lowest are the same in the English and Welsh responses (see Table 5.29). On the other hand, the Welsh responses placed their performance slightly higher in providing equipment for disabled students. The indications from this question reinforce two themes already found for performance in England. Thus, we can have some doubts about the degree of commitment made so far either to consultation and participation on the one hand, or mainstreaming of disability issues into university business on the other.

**Table 5.29 Self-evaluation exercise (Question 43)**

Categories	Average score	Total responses
Meeting physical access needs	3.6	8
Providing equipment for disabled students	4.5	8
Meeting disabled students' communications needs	3.87	8
Dealing with financial provision for disabled students	4	8
Providing dedicated resources (staff and allied services for disabled students)	4.25	8
Mainstreaming of disability issues into committee business, monitoring & reporting practices	3.5	8
Consulting and involving disabled students and their representatives	3.37	8

Categories	Average score	Total responses
Representing the interests of disabled students in contacts with external bodies	3.75	8
Meeting disabled students' needs with reference to specific impairments	4	8
Meeting disabled students' particular needs with reference to ethnicity	3.6	8
Meeting disabled students' particular needs with reference to gender	4	8
Meeting disabled mature students' needs	4	8

## 5.7 Conclusions

The findings from the returned questionnaires (of which there were eight for the Welsh sample), and the website review, offered useful insights into the provision of services for disabled students, and uses of funding within the institutions. Some of the key findings that emerged from this stage of the research are summarised below.

- Most institutions have some form of support service for disabled students, largely as part of a broader equality service (although in many, core staff numbers are relatively small). Six respondents identified an 'equality champion' within their institution.
- Inquiry into the provision of support for students with specific impairments showed that the group catered for most regularly across the largest number of institutions is students with dyslexia.
- Those groups of students mentioned whose needs are perhaps not being met sufficiently, according to the responses provided, were students with mobility impairments and hearing impairments (each mentioned by a quarter of the respondents).
- The DES had been produced by the majority of institutions, according to the website review. There was evidence of consultation with disabled students in all but one institution; the collection, publication and monitoring of data on disabled students in most institutions; and the production of an annual report in over half of the institutions.
- All institutions have some form of disability training available for staff, and some have additional general equality training. This training, however, is only compulsory for staff at one of the institutions.
- As regards the representation of disabled students in committees or advisory panels, nearly all institutions (seven) involve disabled students in some way.
- HEFCW's disability premium funding is mainly used to provide technical assistance and equipment or general dedicated disability services, and to improve campus accessibility.
- Allocation methods for HEFCW funding varied considerably but half of the respondents, who provided a response, claimed to use a method of allocating a block grant to a central

support service. Some form of monitoring of such spending is noted within three of the institutions.

- The responses seemed to suggest that HEFCW funding could be providing a stimulant to institutions locating additional resources for supporting disabled students. A question on the impact of fluctuations in this funding seemed to support the valuable nature of this for institutions. In addition, only two of the institutions have any other external sources of funding available than those secured through HEFCW or the DSA.
- For institutions involved in franchise arrangements, it seems that the colleges provide the support to disabled students in the majority of cases, although in some instances the university provides supplementary support.
- For students in receipt of or applying for DSA, a range of services are offered and at different stages by the majority of institutions.
- All of the institutions offer some form of financial support in the event of DSA delays. Financial contingency funds were often cited as substitute funding.
- All institutions provided some form of specific information for disabled students at application stage, although 'accessibility maps' and information on student groups were available at less than half.
- Campus accessibility seemed to be an area that the majority of institutions had made improvements to over the last ten years, and all who answered the question on audit had carried out an access audit within the same period. Despite this, it appears that there is still room for progress.
- From a self-evaluation exercise, it appeared that respondents' confidence was least evident in their institutions' ability to mainstream disability issues into university business, and in their ability to consult and involve disabled students.



# Chapter 6

## The case studies

### 6.1 Introduction

Seven of the organisations completing the questionnaire were selected as ‘case studies’ for more in-depth study. Selection was based primarily on two criteria – type of institution and geographical location – with efforts made to include as wide a range of institutions as possible. All seven institutions were visited, and semi-structured interviews or other meetings took place with individuals involved in developing and delivering provision and support for disabled students. These informants included: frontline disability support staff; equality and diversity practitioners; teaching staff; representatives from estates; senior management; and so on. The timing of this part of our study made it difficult to meet with students (who were largely taking their summer break), but we secured direct input from disabled students at four of the institutions. Given this limitation, the research team made a particular effort to explore with frontline staff any problems that were known to have been experienced by recent students. Overall, there were discussions with 38 staff members and six students, supplemented by additional contacts prior to or following visits as appropriate. The selection of interviewees at each institution was in part shaped by our initial contacts, generally those staff who had filled in the questionnaire. This proved unproblematic (and indeed helpful) in terms of access to insights and information (and discussants were in any case not meant to constitute a representative sample). It should be noted, however, that levels of disability awareness amongst our informants were probably very much higher than amongst HEI or FEC staffs in general. Names of institutions and individuals have been anonymised to protect the confidentiality of respondents. We are very grateful for the contributions of interviewees, both staff and students.

A brief sketch of the seven institutions and our informants is now presented, before an overview is given of practices and progress across them. In that overview we touch on some examples of good practice (6.3.1), and this topic is taken further in Chapters 7 and 8. Finally, various constraints that mitigate against positive work are identified. A brief conclusion then summarises some key points.

### 6.2 The sample institutions

#### 6.2.1 Institution A

Founded in the 1960s, this university claims to have rapidly established itself as amongst the best in the UK. It is a small, relatively modern campus institution, based on a single site. Of its 10,000 students, around 260 are in receipt of DSA. Staff members interviewed included the Director of Policy and Planning, two student advisors in learning support, an academic staff representative from the Equalities and Diversities Committee, and the Head of Academic Services including the library. It did not prove possible to arrange to talk to any disabled students.

## **6.2.2 Institution B**

This is an urban university founded at the end of the nineteenth century, and comprising 28 schools based on campuses in a major city. Many of the institution's buildings are old, sometimes with potential implications for access. There are over 25,000 students, but it was unclear how many were in receipt of DSA. Staff members interviewed included the Equality and Diversity Compliance Manager, the Accessible Curriculum Project Officer, a representative from Estates, and the Disability and Dyslexia Service manager. It did not prove possible to arrange to talk to any disabled students (although the research team was able to refer to a substantial higher degree thesis which touched upon disability from student perspectives at this university).

## **6.2.3 Institution C**

Founded in the late nineteenth century, this is an urban institution that attracts substantial numbers of international students. The campus comprises predominantly older buildings on public streets. Of its 7,500 full-time and 800 part-time students, about 90 were said to be in receipt of DSA. It was acknowledged, however, that this was likely to be an underestimation of numbers who might be eligible. Staff members interviewed included the Advisor to Students with Disabilities/Dyslexia Support Tutor and a Dean. It did not prove possible to talk to any disabled students.

## **6.2.4 Institution D**

Dating back to the end of the nineteenth century, this institution is a multi-campus university, with additional activities based abroad. The largest campus is sited in an attractive parkland location. Of over 30,000 students at the university, a little over 500 were thought to be in receipt of DSA. Staff members interviewed included the Head of Student Services, the Diversity Officer, the Disability Support Manager, and the Dyslexia Support Manager. Contact was made with two students. One was a wheelchair user studying archaeology and art history, and the other a wheelchair user taking an MSc in IT management.

## **6.2.5 Institution E**

The most recently-established of the case study institutions is a campus university based in a parkland location. The university comprises distinct colleges, and buildings range from older listed buildings to more modern structures. It is a small institution with approximately 8,000 students, of whom around 200 are in receipt of DSA. Interviews took place with the Director of student services, three SENDA coordinators, a representative of Estates, the Head of Disability Services, the University Disability Advisor, the Dyslexia Support Tutor, a Library representative, and three Student Welfare Officers. One student with dyslexia was also interviewed.

## **6.2.6 Institution F**

This institution is spread over three campuses based in and around a city centre (although the campus arrangements are about to change). It is one of the largest of the new universities, with more than 30,000 students. Approximately 1,000 of these are in receipt of DSA. Staff members interviewed included the Head of Disabled Students Support Portfolio, the Student Support Manager, the Director of Student and Academic Services and the Diversity Manager. Discussion also took place with a student who was a sign-language user.

## 6.2.7 Institution G

The institution is predominantly concerned with FE, but provides a limited number of HE courses: degrees, diplomas, certificates and professional qualifications. It is currently based on three campuses, one being in a city centre, one on the outskirts, and one in a nearby small town. The first two of these are due to be replaced by a new city centre campus. Around 10,000 part-time and 3,000 full-time students attend the college, with just five thought to be in receipt of DSA. Staff members interviewed included the Learning Support Manager, the Learning Support Tutor for Deaf Learners, the Director of HE, the Head of Equality and Diversity, the Equality and Diversity Advanced Practitioner, the HE tutor, and the Health and Safety Officer. Two students were also interviewed, both with dyslexia (one taking a Foundation Degree in Art, and the other an HND in photography).

## 6.3 Practices and progress across the sample institutions

All institutions were undoubtedly making progress with provision for disabled students. There was, however, some disagreement between stakeholders about the extent of good practice, the urgency of speeding up change, and the degree to which disability was in fact 'embedded' throughout the institution. At Institution A, for example, there was a recognition that things would not become 'perfect overnight', but optimism that they would steadily improve:

"It's a bit like having a super-tanker in the sea and trying to steer it in a different direction – it just takes a long time for something that big to turn."

At Institution G, however, the recently appointed Director of HE expressed surprise that there wasn't more evidence of the new duty to promote disability equality. As she told us, "I don't get a sense of urgency around here". A similar lack of urgency was highlighted at other institutions.

All institutions visited had a Disability Support Service or equivalent. In some cases this was part of a broader Equality Service or Additional Support Team. Several had their own assessment units, and all offered support in filling in DSA forms. Despite this, however, there was massive disparity in the number of students reported to be claiming DSA at each institution, with only five students for example at Institution G. There was awareness that many students were unwilling to disclose their impairment status, and some students reported delays in getting the support they needed (see 6.4 below). At Institution B, complaints were voiced about the general attitude that there should be "one unit that deals with diversity for the university". There was similar recognition in the other institutions that these specific support units were not sufficient in themselves, and that there was a need to 'embed' disability issues at a broader institutional level. In line with their new duties, all institutions visited had produced a DES which included an action plan. Even so, mechanisms for assessing the impact of these plans were often underdeveloped. The importance of demonstrating measurable improvements, and the need for enforcement mechanisms, emerged as major issues. As we were told at Institution B:

"DES actions need to feed into a higher strategic document. Somebody higher up should be asking for that report."

Six of the seven institutions claimed to have involved disabled students in the development of their plan, but in most cases students seemed to have been 'cherry-picked' by staff, and there was no real attempt to involve a wider constituency of disabled students (see 6.4).

Discussions indicated that all institutions were aware of their statutory duties to disabled people in relation to the building regulations. All claimed to be making advances in terms of campus accessibility, and the accessibility of teaching buildings and accommodation. Some institutions were making positive attempts to produce access maps of their campuses and buildings (see 6.4). Improving access for disabled people was very much seen as an ongoing process, however, and a number of difficulties were also highlighted (see 6.4). Accessibility in terms of teaching and learning seemed to receive a lower priority, as will be discussed below.

### 6.3.1 Positive practice

As Chapter 7 also indicates, there are many examples of good practice occurring in institutions across the country. All institutions visited demonstrated an awareness of and commitment to the broad principles of disability equality in HE. In all instances, however, work to achieve such equality was very much ongoing. Thus, these seven institutions could be seen to an extent as being in transition. Examples that were referred to of innovative practice in supporting or working for disabled students included:

- **The purchase of a minibus to assist the mobility of disabled students in a hilly campus.** Institution D had recognised the difficulties faced by disabled students in hilly conditions, and had purchased a minibus to assist students with mobility impairments to get from their accommodation to classes, and to travel between classes. This contrasted with other institutions that saw environmental access between their buildings as outside their sphere of responsibility. As we were told at one institution, "we don't own the streets".
- **Consultation with disabled people's organisations.** Institution B had made links with the local disabled people's organisation, and had consulted them about issues relating to access to the built environment and so forth.
- **Proactive moves to uncover impairment.** At Institution G, active attempts had been made by a dyslexia worker to uncover the condition in students, and to encourage them to accept support and apply for DSA. She was proactive in informing students about the condition, and routinely went into classes and handed out information, coloured overlays and so on. Both students interviewed here were tested for dyslexia after they had started their courses. As one told us, "I just thought I was slightly dumb". The other claimed "it was like a light going on". However, both had experienced long delays in getting the equipment and support they needed (see 6.5).
- **Networking and support for staff.** Whilst there was felt to be a general lack of guidance and leadership relating to support for disabled learners, a number of staff interviewed were members of various networking groups and forums. The Head of Academic Services at one university library, for example, was a member of Claud: Librarians in Higher Education Networking to Improve Access for Disabled Users (see: <http://www.bristol.ac.uk/claude/>). Other staff were members of NADP (National Association of Disability Practitioners: The professional association of disability and support staff in further and higher education) (see: <http://www.nadp-uk.org/>). Informants felt these links to be invaluable.
- **The dissemination of accessibility information, and the production of online accessibility maps of university buildings and campuses.**

Institution A had employed an external agency run by a wheelchair user – *DisabledGo* – to audit buildings on their campus (see <http://www.disabledgo.info/>). The resulting web pages were due to go online over the summer. Institution F was planning to employ the same company. Several institutions had produced their own online accessibility maps, although the process by which these were developed was not always clear. At Institution B, the estates representative explained that she walked the routes, noted any problematic areas, and then produced her own maps. Disabled people were apparently not directly involved.

- **The appointment of an Accessible Curriculum Project Officer.**

This was an unusual and innovative job role that was only found within Institution B. The remit of the job was to advise all 28 academic schools about how to make their teaching more inclusive and accessible. Whilst some schools were very receptive to the officer's input, she clearly met with a good deal of resistance. She was adamant that there should be more compulsion for universities to improve their practices (see Section 6.5).

## 6.4 Limitations and constraints

A number of constraints and areas for improvement were highlighted during this fieldwork stage of the research. These will now be considered.

### 6.4.1 Dedicated resources: assessment and disclosure

At Institution F, David (now a final year computing student with a hearing impairment) had been assessed prior to beginning his course. He was advised to apply for DSA and it came through 'quite quickly', after about 2-3 weeks. He is provided with a note taker, a sign language interpreter, study skills support and computer equipment, and claims to be happy with his support "75% of the time". Other students, however, did not have such a straightforward experience. At Institution G, for example, where we spoke to two students whose dyslexia had been identified since commencing their courses, the process was much less smooth. As Jane told us:

"Waiting for that assessment of needs was a very lengthy process and then it took months after that before you actually get the allowances and the equipment that you needed."

Both these students agreed that it would have been useful to have been told about DSA before they started their course. This suggests that information about provision and support for disabled students should perhaps be circulated to *all* students, not just those who tick a relevant box on their application form. This might also reassure students, who initially do not wish to disclose an impairment, that such a disclosure could have positive outcomes. It is important that institutions find more innovative ways of encouraging students to disclose impairment and seek support.

On the whole students were satisfied with their support once it was in place. David, at Institution F, however, highlighted the issue of continuity and consistency of support:

"It's quite disappointing when interpreters leave, say after one year and then new interpreters will come."

For this student, freelance interpreters were problematic, as they often lacked specialist knowledge and sometimes used regional signs which were hard to understand. Perhaps most importantly, David raised the issue of the lack of monitoring procedures, a matter that he thought should be the responsibility of the Disabled Student Support Team:

“There’s not that sort of ongoing check to see that students are satisfied with what’s going on. Then perhaps some leave because they’re not happy with the course or they’ve not made friends easily.”

### **6.4.2 Involving disabled students**

Involving disabled students appeared to be problematic at all institutions visited, and none of the students we talked to had ever been consulted on matters relating to disability policy or provision. This was a particular issue in relation to the drafting of DESs. Institution A, for example, involved one relatively politicised student in reviewing an early draft of the scheme. As the Academic Staff Representative of their Equalities and Diversities Committee told us:

“I’d be the first to say I don’t think the process was perfect or exemplary, but we were working to a tight timescale and we tried to involve people as best we could. It could have been better if we’d had a lot more time and resources but that was not going to happen ... We couldn’t for example go out and survey the entire student population or the entire staff population saying ‘what do you think the priorities for disability should be?’ because it just would have been unmanageable in the timescale we had. But what we did instead was to use mechanisms that we already had – equalities and diversities committee that kind of thing ...”.

Institution B had not involved disabled students at all, despite the requirement to do so. The lack of engagement across our case studies was often attributed by staff to student apathy. Institution F, for example, had a Disabled Students’ Forum in their Students’ Union that the Head of Equality and Diversity was keen to involve. We were told, though, that “the difficulty is students engaging with the Forum so we can engage with the Forum”. Indeed, the student that we interviewed at the same institution had been asked to join the Forum but had declined:

“I just feel like the forum’s a bit of a waste of time because it’s just people meeting up, meeting with lawyers, clarifying this policy and that ... just a small number of people. ... I don’t think you can make big changes like that.”

We were informed that neither of the students at Institution D had ever been consulted about any matters relating to provision for disabled students, despite the fact that one of them was a member of a students’ union disability group. Ayesha commented that she “would have really loved to be involved. He who wears the shoes knows where it pinches.”

In fact, attempts to ‘drum up’ interest from students seemed to be fairly ineffectual. When drawing up their DES for example, Institution A mounted a day’s events to try and interest students in becoming involved. Yet only one student actually attended. It seems, then, that more creative strategies are called for, as student involvement appears to be an area where improvements are urgently required. (Perhaps one option might be to pay modest fees or expenses more often to participants in at least some kinds of consultative roles, so that they could feel they have some recognition of the value of their inputs and time.)

### 6.4.3 Continuity of funding

Some institutions were concerned that planning ahead was difficult because of the fluctuations in HEFCE mainstream funding. Institution A, for example, had seen a substantial drop in their funding, despite the fact that there had been an increase in the number of students claiming DSA at the university:

“Because it’s based on this relative system, we just slipped over the edge, dropped a quartile and they hacked out a big chunk of our funding, which institutionally we’ve been making good thereafter ... It was really quite problematic to understand why they’d taken the money from us ... We were very disappointed ’cos our absolute number of students claiming disabled student’s allowance was going up. We could see no reason why the funding would drop”.

In this instance, funding had been redeployed from other areas to make up the shortfall, and provision had not been affected, but, as the Director of Policy and Planning explained, this had had a significant impact on the morale of disability support staff:

“It’s almost like a lack of appreciation of their effort because they *know* they’re actually supporting more disabled students”.

An interesting aspect of this situation was that local personnel did not seem fully aware of the drivers behind the fall in monies coming to their institution. In a context of increasing national demand from students, a fall at institution level may result from fixed national funding being distributed across greater numbers (rather than from any withdrawal or intended redistribution of support). Clearly there could be a problem for confidence and commitment within institutions if this type of effect is substantial.

### 6.4.4 Physical access needs

Several of the visited institutions have a number of older, often listed, buildings. Working with such structures was identified as the greatest challenge by the estates representative at Institution B, as “they weren’t designed with disabled access in mind”. Similarly, at Institution C, reference was made to “places where [access for disabled people] is impossible because the buildings are old”. At Institution E, however, the estates representative was critical of what was described as the “listed building, can’t touch it” mentality. As he saw it, the fact that buildings were old was often used as an excuse. Adaptations *could* be made to listed buildings, and they were not necessarily the barrier that people thought they were.

All institutions were aware of the need to make teaching space accessible, and improvements in this area were ongoing. Simply being able to get into a teaching room, however, is not sufficient for many disabled students. The lack of induction loops was highlighted as a problem at Institution B, as were arrangements for emergency evacuation, and both students at Institution D were critical of the facilities inside lecture theatres. Rachel’s choice of university had been determined by the fact that it was “a campus university, with everything not too far apart”. She was nonetheless critical of the fact that she had had no choice over where to sit in the lecture theatres, and that there was sometimes no designated space for wheelchair users. This could be very uncomfortable for viewing PowerPoint presentations:

“I often have to sit against the side wall as there is no designated wheelchair space, and have to turn my head quite a bit and tilt it back.”

Similarly, Ayesha told us:

“Until towards the end of my second semester, I felt it was great studying here. A personal experience I had toward the end of the second semester was the limitation I encountered in doing things I wanted desperately to do, like doing [a] presentation for my group. The facilities built for these were obviously not adapted for wheelchair users – e.g. the controls of presentation equipment. They were high and unreachable for wheelchair users. I had to stay at a certain position to do my presentation while another person did the controls for me. That was very odd and actually played into my psychology. The second presentation I wanted to do was even worse because of the steps in the lecture room. I [had to sit] at the back [while] a colleague did the controls for me. It would be worth incorporating disabled students’ participation into designing some of these facilities. Personally I love being involved in school work but the difficulties faced with the equipment available can really be discouraging.”

All but one of the institutions (Institution G) provided residential accommodation for students, and all claimed to have accessible rooms available. These were often grouped together in what some could perceive as ‘ghettos’, however, and ideas about what constituted ‘accessibility’ were clearly variable. At *Institution B*, for example, the Accessible Curriculum Project Officer admitted there were a lot of accommodation issues:

“I think there’s a real lack of understanding about what people’s needs might be. Like one student who does walk but with some difficulty and he needed a ground floor flat and he really needed parking near it, but basically he was offered – ‘well you can have parking near your flat but it’ll be on the top floor, or you can have a ground floor flat but you’ll have to park ten minutes walk away’. So what he’s been doing for the last three years is carrying his bike around in his car, cycling from his flat to his car, getting the car and driving to class. When he goes to the supermarket he leaves everything in his car and carries like two tins to his flat every time he goes back and forth. You know and that’s *after* he’s complained and tried to have his accommodation sorted out.”

Even more alarmingly, at Institution C, disabled students were charged extra for accessible rooms. This is clearly not acceptable.

University accommodation is generally guaranteed for all first year students, but subsequently students are expected to move into private housing. Rachel, at *Institution D*, highlighted that the university could make this process easier for students with particular access needs. She suggested that:

“The university should try and publish a little guide booklet on accessibility in and around [the city]. This little guide could also include information on finding private housing as all students move off campus after the first year ... I found my two houses by pure luck and they weren’t stress-free”.

#### **6.4.5 Teaching and learning**

A range of inter-related issues arose that were connected with learning and teaching. One was about staff attitudes and involvement. On the one hand it was suggested that there was a positive outlook, but on the other there was recognition of practical or attitudinal barriers. The



more optimistic view was illustrated clearly at Institution A, in comments from the Director of Policy and Planning:

“I don’t think we’ve identified [attitudes of teaching staff] as a particular issue here. I think most departments would bend over backwards to support students.”

An academic working in the same university, however, insisted on the need for ongoing efforts to improve matters:

“We have to keep working to try and raise our game on teaching and learning, and I feel quite strongly that that’s something that gets neglected in discussions nationally about disability equality. People think first in terms of lifts, ramps, that type of thing ... but ... we need to see that how academics do their teaching is a big part of how you improve disability equality and there are things like not just facing the white board all the time, but more fundamentally making sure that you try and develop your teaching to make it as accessible to the students as you can – like providing hand-outs in advance – that sort of thing”.

Discussions within the case study institutions certainly acknowledged that academics already have many demands on their time, so that changing their teaching practices may not be a top priority. As a student with dyslexia told us, “You’re not going to be popular if you’re time needy”. It was further suggested that older academics – “who came into academia when it was a different type of job” – were more resistant to changing their practices, and that with their gradual replacement by “young-blood” the speed of change might increase. Even if this were a correct hypothesis, however, simply waiting for older staff to disappear would not constitute a satisfactory strategy to generate improvements.

Teaching practices as such seemed to vary widely. Students interviewed often distinguished between ‘good’ and ‘less good’ tutors. David, a sign language user, told us:

“Most of them are pretty good but a lot of them aren’t perhaps very deaf aware. Perhaps some of them aren’t quite patient enough. Perhaps some of them don’t provide interpreters with material to prepare ... interpreters *need* that time to prepare”.

Similarly, at *Institution G*, Emma (who has dyslexia) observed that:

“With the less good [tutors] you would be expected to basically get off the course if they felt you weren’t keeping up to the work”.

Despite efforts by support staff to inform tutors about the needs of dyslexic students, both Emma and Jane claimed that they had never received a hand-out on coloured paper, a very simple adjustment. This perhaps points to an urgent need for training, an area that is considered next.

#### **6.4.6 Staff training**

All institutions visited offered some sort of training focussed around equality and diversity and/or disability equality. None of them appeared to offer DAT and, indeed, across the seven case study institutions, staff were not all necessarily alert to the distinction. Training was always voluntary, except for people taking up new appointments or for particular staff roles. Institution A was not unusual therefore in informing us that:

“We don’t have mandatory staff development on equality and diversity issues, although induction for new staff will always have an equality and diversity input.”

There was a strong feeling from informants at Institution B that training should be mandatory for all staff, and at Institution G the recently appointed director of HE was clearly surprised that she had been offered no training around disability issues:

“It feels to me as if the college makes a lot of grand statements about what it achieves, what it does with regard to equality and diversity, but when you actually come down to it, I’m not sure that it’s being very active in taking some of those things forward in terms of staff training ... I’ve had no training and been offered no training about actually working with disabled students, and I think what is offered is probably offered on a voluntary basis”.

If this picture reflects a more widespread situation across institutions, then there is certainly a significant gap in the implementation of staff training, and in management strategies for this. There could well be a strong case for more mandatory staff training and development around disability equality and awareness, although the potential implications in terms of resources (especially of teaching staffs’ time) would need to be acknowledged and tackled. Chapter 7 notes some of the ongoing work in HEIs and FECs in the training area, and also points to instances of innovative projects and initiatives to improve communications, teaching and assessment. These imply a little more optimism than some of the comments referred to above, but the case studies show that there is no room for complacency on this issue.

#### **6.4.7 Support from above**

In terms of embedding disability issues at an institutional level, it was felt vital by informants that there was support for positive action from senior management. As we were told at Institution B:

“There needs to be a *demonstrated* commitment to equality from the top level on a more formal basis – *informed* commitment”.

It may not, however, be any easier to secure the genuine commitment of senior staff on an ongoing basis than it is to ensure that hard-pressed front-line teachers devote time to developing better practice in their work. At the end of a day’s training conducted by the Accessible Curriculum Project Officer in one institution, a member of senior management had apparently asked:

“So what happens when equality comes into conflict with our ambitions to be a world leading university?”

As our informant noted here, the speaker had not said “if”, but had said “when”. Given the pressures for institutions to perform successfully in so many ways, it may well be that issues of equality and diversity do not stand high on the agenda. In addition, there have probably only been rather limited internal levers within HEIs and FECs for encouraging regular managerial commitment to disability issues, amidst the wider array of competing demands placed upon institutions. As we were reminded at Institution A:

“Realistically the university has other fish to fry and equality and diversity will be a part of what it has to do as an institution, it’s not the whole business of the university.”

Nonetheless, some case study informants pointed directly to the crucial significance of central management and administration for embedding and mainstreaming good practice and proactive approaches. The work of local 'equality champions', of committed disabled staff, and of active students themselves, might be undermined or 'side-lined' if senior management is not prepared to prioritise in favour of positive change. In other parts of this report we highlight the potential role that EIA might have in starting to strengthen mainstreaming.

#### 6.4.8 External support and monitoring

As discussed above (Section 6.4) it was often felt that there was little in the way of external advice and support. As we were told at one institution: "There isn't a clear agenda nationally." It was also suggested that there should be an external agency monitoring the progress made by individual institutions. As we were told at Institution B:

"without some external body expecting the university, *demanding* the university shows what's it's doing, I'm in this position where I go into an academic school and say 'I'd really like you to do this' and they go 'we really don't wanna do it' ... and I've got nothing. I can't say 'you will be expected to do it'. You know the QAA isn't asking about this. I would love the QAA to take it seriously."

### 6.5 Conclusions

Although staff presented positive achievements on behalf of their teams or institutions, there was also recognition of specific and general limits in what has been done so far. Useful insights were offered from both staff and student informants, and there was some resonance with several of the points emerging from the national survey. Before moving on to our good practice chapter, we summarise with some key positive points that have emerged through the case studies, along with some matters deserving attention:

- Levels of commitment and knowledge are often high amongst staff whose work regularly includes or focuses around disability issues. This reflects changes that have taken place in institutional environments in recent years, moving towards fuller recognition of disability.
- All institutions were making progress with provision for disabled students, although there was uncertainty across stakeholders about the extent of good practice, the urgency of speeding up change, and the degree to which disability was acknowledged in mainstream thinking and action. Staff directly engaged with disability issues can often cite positive examples of change and innovation, although they may also be well aware of barriers that remain.
- Work to achieve greater equality was very much an ongoing task, and the case study organisations could best be characterised as *institutions in transition*.
- There can be problems of delay and poor communication affecting the meeting of individual support needs. Institutions could seek to reduce delays in processes (perhaps especially where these concern access to resources), and improve the flows of information. Targeting of information and advice is likely to be most effective where it includes all students, rather than being focussed too tightly on the groups whose needs are most clearly visible from the outset.

- Consultation, participation and feedback mechanisms do not seem well developed, and deserve more attention.
- There is not always adequate continuity and reliability of funding for services and student needs, and this can affect performance of essential work, planning and innovation.
- While progress has been made on access and allied issues, much remains to be done, and students can still find themselves facing very difficult situations.
- Improvements in learning and teaching have been made, but practical and attitudinal barriers sometimes remain.
- Staff training is not as far-reaching or mainstreamed as might be hoped, and the seriousness of staff commitment to improved understanding and better practice is thought to vary. As far as we can judge, DAT seems under-valued within institutions. One hypothesis might be that time and resource problems facing teaching staff may have combined with limited levels of senior management commitment, to delay positive change and resulting in diminished commitment to training. This cannot be verified within the limits of our present study.
- Officers engaged with disability issues day-to-day are not always convinced about the strength of commitment of their senior managements. Thus it is difficult to confirm that disability issues are being mainstreamed effectively into university and college business in strategic and planning terms, despite good work at the support officer and unit levels.
- External regulation and support are seen by some informants as having important roles to play, but there are some doubts expressed about the adequacy of monitoring and guidance.

# Chapter 7

## Good practice developments in England and Wales

### 7.1 Introduction

This chapter draws together information on progress within institutions to show something of the 'state of play' on good practice and innovation across the sector. The material can be informative in itself (as no similar review has been available previously for England and Wales), but also provides one of the bases for recommendations featured in our conclusions chapter. In that chapter we include selected exemplars and descriptions gathered and assembled during the analysis of good practice, and make suggestions about subsequent development of a good practice toolkit for HEIs.

The present chapter relies on the national survey, but supplemented by some additional contacts. The survey responses showed that a large number of institutions feel they have something particular to offer in terms of their work towards good practice. Thus, 46 of the questionnaire responses across England and Wales referred to specific instances, or more general achievements, under the good practice heading (Question 7 of the questionnaire). In addition, institutions identified areas in which they felt strong (Question 6), and some gave useful comments in amplification or support (see also summary in Table 7.1). Taken as a whole, the material points to quite a rich array of positive work in hand, demonstrating that strong proactive efforts are being made.

**Table 7.1 Areas of activity in which institutions feel strongest (English and Welsh institutions)**

Area	Number of institutions
Meeting physical access needs	20
Providing equipment	32
Meeting communications needs	21
Dealing with financial provision	31
Providing dedicated resources	54
Mainstreaming of disability issues	25
Consulting and involving disabled students	24
Representing interests with external bodies	21
Handling particular needs (impairment)	29
Handling particular needs (ethnicity)	9
Handling particular needs (gender)	9
Handling particular needs (mature students)	16

This is not to suggest that further progress is unnecessary, and we were surprised not to find more examples cited of good practice in one or two specific aspects of HEI and FEC operations. Furthermore, there can always be financial and time constraints. As one university response put it:

“We are able to meet many of the needs of our students but due to heavy workloads the response is typically reactive rather than proactive and is sometimes limited by funding issues and other resource constraints.”

Another informant (additional to those contacted through our survey sample) highlighted what she saw as the under-resourcing of disability offices. In her own organisation, caseloads were apparently more than double those that had been officially recommended, and there were inevitably sometimes long waiting lists. This was despite the university providing services with “12% of the Access to Learning Funds”, an additional £75,000 to support disabled students, “the full amount of the HEFCE disability widening access funds”, and additional monies such as some from the alumni fund. Perhaps growth in demand and recognition of a widened range of needs has been such that there are likely to be ongoing shortfalls in the services dedicated specifically to disabled students.

Nonetheless, a substantial number of institutions present a very committed image, confirming our overview in earlier parts of this report. There have been major shifts towards engagement with disability in recent years, and increased acknowledgement of needs. We can add that some respondents referred to specific HEFCE-funded work to illustrate involvement with good practice. An extensively documented example is the SPACE project on inclusive assessment, a staff-student partnership for assessment change and evaluation run with a consortium of eight institutions in the South West. This project exemplifies the depth of detailed work in hand within the sector, and provides information of potential value to a range of readers (see <http://www.plymouth.ac.uk/pages/view.asp?page=10494>).

Some of the examples cited by institutions were selected and followed up by the research team to obtain more information, and this was reinforced by material gathered through general networking, the case studies, pilot work at Leeds, and our review of websites. No particular pattern was evident to suggest that best practice is to be found predominantly or disproportionately within any particular types of universities or colleges. The exemplars of positive developments described in the next chapter draw on information from some very different institutions; including a Welsh university, a small North of England college, a large English civic university, and a new university covering several old industrial areas. It is worth noting, however, that the small group of specific references in questionnaire responses to links with other aspects of ‘difference’ (with mention of mature students, etc.) came from newer universities. This may reflect priorities related to recruitment patterns and the composition of student populations. In a similar way, the infrequency across our sample of explicit commentaries on part-time students might perhaps be an indicator of a relatively low level of interest.

The sections below comment first on the survey responses as a whole on good practice, supplemented by information from websites, case studies and other contacts. This is followed by a discussion about how good practice is defined. There is then a brief conclusion, noting that a selection of exemplars and descriptions of good practice will be presented in the final chapter to give fuller examples of specific positive developments and ways forward.

As we indicated in Chapter 4, an additional research investigation was carried out to enhance our responses from 60 of the sample institutions through a small-scale supplementary email questionnaire. This was to investigate further the perceptions of potential links between student take-up of support monies on the one hand, and the sensitivity of practices to facilitate impairment disclosure on the other. The targeted institutions were those that had already commented in some way relevant to this topic, so that the new exercise was very much a logical

step to deepen or amplify the insights that they had begun to provide. The outcome of this enquiry is reported in Section 7.2.5, as the material bears directly on good practice around disclosure.

## **7.2 Good practice developments amongst HEIs and FECs**

Examples of good practice offered to us by institutions were grouped initially into the nine main areas identified for investigation at the outset of this research. An additional category was subsequently added to cater more particularly for responses provided via our small-scale supplementary survey focused on relationships between take-up and good practice on disclosure (see also Chapter 4). The ten categories are shown below. Some activities or initiatives do not fit neatly under one of our headings, and could have been located within more than one group. Staff training, for example, relates to enhancing communications but also to dedicated resources and improved procedures. We have dealt with it mainly under the communications and information heading below (7.2.3), reflecting its importance in helping staff improve what they can offer for students, but that discussion touches briefly on other issues too.

### **7.2.1 Physical access needs of disabled students and potential students**

Only a small number of specific examples were directly referred to as good practice under this heading in the completed questionnaires (although 20 institutions saw this as an area of strength). Perhaps improving access has become sufficiently regularised in HEI and FEC activities to not seem worth citing as a distinctive instance of innovation and good practice. Physical access needs have been acknowledged widely for some time, and the task of improvement is understood to be ongoing (albeit sometimes presenting numerous problems). A few particular instances of action, however, were mentioned to the research team as good practice (and this is an area into which resources have been channelled from HEFCE). For example, one questionnaire response noted the adaptation of vocational workshop areas to meet individual needs, and a case study informant described the example of an accessible fume cupboard developed specifically for wheelchair users for use during chemistry experiments. Another respondent explained that their institution was engaged in an extensive and ongoing programme of improvements to physical access, and was using an access consultant to ensure production of a brief for developers based on principles of access for all. In a third case a new purpose built campus was expected to improve further the physical access. In the meantime, modifications had been made on existing sites, with advice from the institution's Access Centre. Ongoing work via access audits is also evident (see our chapters on the questionnaire responses for further information). For example, one informant via email commented that access audits had been done, and there was an ongoing plan of works to improve accessibility. Recently this institution had commissioned an information accessibility audit with DisabledGo (see also below), which would list (when live on the web) all the main buildings (by type of service), and indicate what access would be like for them.

It also seems that practice on access can move forward even if major physical changes are slow. One example was the provision of a minibus on a large campus. Another was a free bus service through part of the town, connecting with areas of the extensive sites that constituted the campus. Although not completely satisfactory, the free bus was accessible for wheelchair users.

Overlapping with the equipment category in 7.2.2, and communications in 7.2.3, was the use of a system for students with visual impairments to find their way around the university

independently. Developed by the RNIB, the system called React involves speakers located on certain buildings which are triggered by a device carried around by the student. These speakers provide information about the location of the student, so that they know what part of the university they are currently in. This type of system can deliver information in some of the public spaces and in appropriate strategic locations. Installation of this system potentially assists students with visual impairments, in particular, but is a type of development which eventually could also have generic applications in being useful to a variety of site users. Perhaps this example points towards future thinking about using electronic resources to move towards what we might call the 'smart campus', complementing directly the physical improvements. This idea is referred to again in the next chapter (see 8.3.1; see also 4.5.1 and 4.5.2 for other relevant developments).

## **7.2.2 Equipment and space needs of disabled students**

27 of the institutions indicated that this was an area in which they felt strongest, although informants did not provide many specific examples of good practice here. Nonetheless, this category overlaps slightly with 7.2.1, 7.2.3 and 7.2.6, where we add more. Examples mentioned in responses on equipment include hearing or induction loop systems, adjustable furniture, and IT items or facilities (such as laptops, assistive software, etc.). Additional information referred to accessible shower facilities, hoists, installation of the Deaf Alerter system for specific buildings, and pagers. Recognising the need for effective 'backup' support for users of equipment and IT is also important. Some reporting indicated that this had been responded to by appointment of an assistive technology officer or advisor or by an assistive technology initiative, to help students on the use of specialised equipment and IT support, and to advise academic staff on ways in which technology can enhance the student experience and their teaching. One institution noted that its "Disability Services has an IT suite staffed with an IT Disability Support Officer" and was able to offer training for students. As is indicated elsewhere, the focus of good practice development may have been moving towards addressing particular impairment-related needs, but there has also been work around specific student academic categories, such as a project supported by HEFCE to create online resources for postgraduates. This resource - known as 'Premia' - provides materials, information and advice for students, staff, researchers and others with the aim of overcoming some of the barriers encountered by disabled postgraduate research students. It built on research that had revealed students' postgraduate research experiences to be very different from their lives as disabled undergraduates.

Although there were few explicit mentions of good practice linked to equipment, the information on websites was more encouraging. A large number actually noted the availability of some specific technical assistance, generally referring to items of equipment such as particular types of software, loan of laptops, audio equipment and so forth. Even so, levels of provision (and the amount of information provided on the website) did vary considerably.

## **7.2.3 Communications (and information) needs of disabled students and potential students**

Several examples relating to communications and information were given in the completed questionnaires. Entries related both to arrangements or support for students, and to training and guidance, to help staff perform well in terms of understanding and communicating. In addition, there was reference to the development of guidelines, rules and other information.

As far as provision for students was concerned, a few comments from respondents related to early stages for applicants or to entrants just starting their degrees. For instance, references



were made to an “Information day on admissions”, and “specific induction for disabled students”. Arrangements linked to identification and personal assessment were also noted, such as the “Pre-declaration interview”, and “alternative assessments” (see below, on the SPACE project). These are part of the communications process, and relate to identification of needs, although reflecting administrative needs as well as those of disabled students.

For the later stages of the academic trajectory there were good practice entries on one or two questionnaires mentioning careers workshops, workshops on skills and employability, and what were described as exit interviews for deaf students. Other potential sources of advice and information for students mentioned under the good practice heading were mentors and peer groups (see also 7.2.6 and 7.2.9). We also encountered some material on how institutions try to ensure a flow of information to staff and officers from disabled students. For instance, one institution mentioned using surveys with evening class students to further explore support needs, and during the summer and prior to the academic year sending out “a Needs Questionnaire to anticipate any requirements and support”. Another had carried out a survey providing numerous detailed insights, and had placed the results on the web. One of our case study institutions was using a questionnaire on experiences of learning and assessment, and this included coverage of how far students had experienced specific good practice modes in teaching contexts. Reference was made to having note-takers, sign language interpreters, materials available in advance, audio recordings, etc., and students could indicate whether these had been experienced, and (if so) whether they had been beneficial. Experiences of assessment and special arrangements were also explored, and a follow-on exercise using focus groups or interviews was mentioned. These types of surveys may well be becoming more widespread, even though not directly cited in many responses to the questionnaire.

Some institutions noted accessibility of curricula or course material, or “the production of courses and systems of assessment” as instances of their good practice. Course production methods may well be seen as exemplifying good practice if they ensure subsequent clear communication of materials and aims, and this would apply to distance learning as well as site-based studying (although good practice could also relate to methods of testing or consultation). In any event, institutional responsiveness to specific impairment issues as well as generic ones could be expected to be reflected in teaching, pastoral support and assessment practices, with effective communication clearly an ongoing concern across all three.

Not surprisingly, in view of this concern for effectiveness, good practice examples provided for us quite often focussed around training, information production or dissemination for staff themselves. Mention was made of such topics as student support documents, training workshops, online training packages or presentations, practical training on working and communicating with disabled people, and training for placement mentors. One response noted coverage of disability support “in the academic context as part of [our] Postgraduate Certificate in Academic Practice”. Another emphasised how disability training was apparently “integrated into much of our current training provision so that it becomes part of everything that we do”.

Claims of this kind were meaningful, but we did not necessarily have extensive evidence on outcomes. Sometimes training or advice targets were impairment-specific, as in the case of “staff resources and training in relation to providing support for students with dyslexia”. Responses also mentioned “bespoke training” and “staff disability drop-ins”. Dyslexia was the focus for provision of marking guidelines on the web, cited as an example of good practice by one respondent, and for other information to help staff. The direction of developments for staff guidance and training is towards increasing the accessibility of teaching, and improving the assessment, feedback and marking approaches.

As we note below, there is also considerable interest in mental health, and this is an area where staff may be grateful for easily accessible and succinct guidelines as well as training opportunities. One institution provided us with a very clear and useful short guide for staff to refer to when called upon to respond for students in emotional distress or a period of mental ill-health. This is well understood to be an area in which communication by staff with students needs to follow best practice paths as far as is feasible, including prompt referral on to specialist advice and support (when appropriate). A key informant, who had been involved with a specific related initiative supported by HEFCE at this institution, explained that it was important to help various categories of staff find out what was needed, to become more aware of emergent problems as well as ongoing ones, to know how to deal with concerns such as invasion of privacy, and to learn more about the effects of medical treatments. Staff training resources had apparently included video material on a case study, workshops, and the clear written advice mentioned above. Bringing information together in accessible forms was important for staff and students, as was involvement of some disabled students in helping with the initiative. It was also reported that there had been an increase in disclosure, directly via the project team and attributable to the initiative. We refer to mental health again below under 7.2.6 and 7.2.7.

We are aware that good practice around staff training is potentially contested, in view of reservations some disabled people may have about attempts to simulate or convey to staff the ways in which teaching methods, materials or approaches can be perceived and received. On the other hand, significant efforts are currently going into matters such as training for teachers who are using e-learning, where the focus is on the urgent need to improve delivery of technical materials. Similarly, one university noted that its Centre for Additional Learning Support had been working closely with the Mathematics Education Centre to provide support for dyslexic and dyscalculic students. The leading tutors were founder members of a national interest group in this territory, and had developed a postgraduate qualification in specialist support (giving specialised training in this area). We return briefly to the matter of staff training in Section 7.3 as it appears to be one of the key areas for proactive involvement by institutions and groups of staff. Improving communications in teaching and pastoral work is only one of several potential benefits.

There now seems to be considerable breadth of coverage in the documentation sometimes available to staff, and the web is a resource that channels information to staff, students or both. An example of the extent and range of training provisions was given by one small university:

“We have carried out DET only with staff in Student Support Services. The Disability Advisers provide training via the Staff Development programme on the Roles & Responsibilities of all staff towards disabled students, which focuses on the SENDA & DDA 2005. This is often adapted for specific Faculties, for example, Education & Health, which need to focus on professional standards. The counsellors & mental health adviser provide training on responding to students with emotional & psychological disorders, also through the Staff Development Programme. The Equality & Diversity Manager provides induction training for all new staff on equalities issues & all staff have been informed that they have to complete the online Equality & Diversity package. Many bespoke sessions are provided to staff via Faculty or Dept meetings or staff development time, on issues as diverse as ‘note taking difficulties for students with dyslexia’ to ‘communication needs for D/deaf student nurses’”.

Other media are also in use; one arts-orientated institution referred to its “Disability booklet and CD version of access guide” in our questionnaire section on good practice.

## 7.2.4 Financial provision and needs for disabled students

Only a small number of informants identified particular activities directly related to finance as examples of their good practice. One instance cited on the resource allocation front was providing specific funding for overseas disabled students. Other responses focussed on assessment, with mentions of “diagnostic assessment at no cost to student”, and “Campus based dyslexia and DSA assessments”. Although direct reference to financial examples of good practice was rare, many other developments referred to have clear financial implications, including dedicated and specialised services of various kinds, staff training, efforts to improve take-up, etc. (see 7.2.6). Access to DSA was mentioned by some respondents in connection with making early contact, maintaining this, and dealing with screening and forms.

Institutions have a variety of financial approaches, and it lay beyond our remit to judge these in terms of any preferred model for good practice on disability, particularly as far as internal distribution of departmental or services funds was concerned. One reported way of prioritising some parts of institutional spending has involved a bidding process by departments or other units seeking resources. In one of the case study institutions this method was being used to distribute modest funds amongst departments, to enable them to make necessary reasonable adjustments for particular cohorts of their students. It did not include specialist IT provision and physical changes to the estate (both dealt with separately). Regular bidding procedures offer potential benefits in terms of encouraging innovation, and avoiding the so-called ‘silting up’ of funding flows and new opportunities that can occur through the accumulation of ongoing commitments. Bidding may also be useful if it leads to a steady build-up of better access and equipment, while allowing flexibility over time in selection of key targets. On the other hand, this method of distribution is less appropriate where what is required is a reliable periodic supply of resources to meet needs that are continuous.

## 7.2.5 Relationships between take-up and good practice on disclosure

As mentioned previously, a supplementary exercise was carried out to deepen our material on the relationship between good practice and disclosure on the one hand, and take-up and expenditure levels on the other. The responses taken overall supported the view that good practice and appropriate mechanisms could raise disclosure and take-up levels. Informants generally took a positive view of the impact of better practice on disclosure, and indicated that experiences had been enhanced where more sensitive practices had been developing. At the same time, some respondents made clear the potential difficulties of evidencing the relationship in terms of statistics or other data. We give now a summary of key points from the responses. As explained earlier, the targeted institutions were 60 from our national samples that had already commented in some way relevant to this topic. A copy of the supplementary questionnaire letter is included in Appendix 5. The response rate was approximately 38% (which can be considered successful in the context of a very tight timescale of a few weeks, but in any event proved sufficient to provide a deepening of insights from the individual respondents).

### ***The significance of sensitive (and non-intrusive) practices when institutions are trying to facilitate disclosure amongst disabled students***

Informants confirmed in various comments that sensitive practices for facilitating disclosure are very important. Some went further and provided detail on the ways in which they believed that their practices achieved this sensitivity. One institution, for instance, provided an in-depth outline of how they offer as many varied opportunities to disclose as possible. For them, this

included contacting potential applicants who declared an impairment on the UCAS form, providing information about services in a variety of places (via Blackboard, reception screens, posters, at events such as Induction and Freshers' week, etc.), and working with staff to improve awareness. As they stated:

“We are involved in discussions with staff throughout the year and impress upon them the need for sensitivity in their approach to any students where they have concerns about a disability e.g. dyslexia, mental health difficulty. The Disability Service meet all new faculty learning support tutors and agree referral procedures as required. This continues to give students clear signposting e.g. for dyslexia screening.”

Another ten informants supported the idea of providing many varied opportunities (and at different stages) for students to disclose their impairments, with a view to improving disclosure rates. One response from a large university stated that sensitive practices are:

“Vital. The more opportunities that a student has to disclose the better and I think that there must be non-intrusive options available. I find that in our team we often elicit disclosures that are sensitive in nature in the middle of offering support for something completely different and because the student feels at ease s/he then opens up more. I would say that such practices are particularly valuable in cases of invisible disabilities, especially mental ill-health disclosures.”

Specific issues were raised in relation to the requirement for sensitivity, and how this might be achieved. Comments referred to the need for explanation around the use of language or terminology, classifications of what constitutes an 'impairment' or 'disability, issues of confidentiality and the consequences of disclosure. Two informants drew attention to how some students can be discouraged from disclosing an impairment due to terminology such as 'disability' and 'disabled', or even 'Disabled Students Allowance'. One reply suggested the need for a brief explanation of terminology in the text when in contact with students, which helps to reduce problems. This respondent continued that the line of questioning used can also have a significant impact:

“The right sort of questioning is important, such as starting off with, 'Hi, what can I do for you', if appropriate, 'what's the nature of your disability/ condition' as opposed to 'what's your disability' or even, 'What's wrong with you?', or 'What are you suffering from?'. Once you have their confidence they are more likely to respond positively.”

Another informant noted how disclosure can be affected by lack of information about what constitutes a 'disability', when declaring it on the application form. Thus, definitions should be made available, to ensure that "...people do understand the full range of conditions and needs which can be addressed through DSA and/or disability service provision". This response went on to state that it is also essential to make sure that "...there are multiple case history style examples of students with different impairments and needs scattered through the prospectus and other materials". This need for encouragement within advertising was supported by another informant, who stated that:

“It is important that institutions making HE provision are perceived (pre-application) as being inclusive and supportive in nature. Authentic images of disabled students are therefore important in course marketing as well as case studies/cameos/success stories.”

Several informants highlighted the importance of confidentiality, discretion, making clear to the applicant how information about them is held, and what is done with it (such as being used to liaise with different staff), fostering a sense of 'safe disclosure'. As one stated, "It is also important to address understandable concerns about why we are asking for disability (and other) information". Another, who drew attention to the handling of confidentiality, went on to highlight the importance of students exercising control over what is done with information about them:

"Some students also comment that they appreciate the facility to limit/specify the people who may receive information about their disability - they feel more in control of the information and appreciate that they are trusted with this decision. This is particularly pertinent in the case of potential future employers - some students are keen to confirm that information about their disability will not be included in references or information sent out to their potential employer."

In terms of concerns around the consequences of disclosure, three informants discussed how institutions need to be aware of anxieties that students may have about this (and the impact of stigma), in order to facilitate disclosure. As one reply stated, some students may think: "Will this in some way be used to discriminate against me?"

One response highlighted difficulties that can arise in improving disclosure across the wider university. This institution is currently updating its procedures because:

"I think they work well within our team, but I don't think they work so well out in the wider University. That is, the same procedures are meant to be followed when a student discloses a disability for the first time for someone outside of disability services, but I couldn't put my hand on my heart and tell you that happens. I think the students that are most concerned with disclosure are often those with mental health difficulties who often fear the stigma and a few students with dyslexia".

Finally, one informant stated that their institution treats disclosure sensitivity because:

"After all, we are aware that without this provision we would lose the aforementioned students, and therefore we would be failing to meet their educational needs, our aim is to provide all students with the confidence to complete."

### ***Links between sensitive practices on disclosure and better levels of DSA take-up and wider access to support***

Whilst informants indicated that they did think that sensitive practices lead to better levels of DSA take-up, one stated: "Anecdotally – yes," but also noted that the institution "has no statistics to back this up other than the increase year on year of students applying for the DSA". This point about data was reinforced by some other informants who stated that they did not have evidence to support their belief about a positive effect. Nonetheless, one reply indicated that there had been improved disclosure since the institution had started sending information about disability support services to all applicants, not just those who declared an impairment. Another stated that whilst the informant believed that sensitive practices lead to better levels of DSA take-up, this could not be achieved on its own, but rather, "Based on our experience, this needs to be balanced with overt advertising...Otherwise students may not be aware of their entitlements". Clearly the situation on causation is understood to be complex as well as difficult to measure. Thus, as one informant stated, when responding on the issue of the impact of sensitive practices for take-up:

“Probably yes, though I doubt if the number-increase directly attributable to this is huge. The majority of students who have disclosed who do not take up the DSA are those with chronic medical conditions (e.g. asthma, diabetes) where (unless the condition is unusually severe) there is little need for DSA as there are few or no additional needs arising from the condition. A few do not take it up because they somehow feel they are not entitled, they say ‘save it for those who really need it’ (they don’t understand that one person’s claim does not affect another person’s claim) or they object on political/philosophical grounds to claiming government support.”

Even so, many informants reiterated the need for well explained, transparent disclosure practices to provide an increased take-up of DSA.

### ***Experience of effects on take-up levels from improving disclosure practices***

A question was asked specifically about experiences of impact within the informants’ institutions. Replies indicated that better levels of take-up had been achieved due to improvements in the way that disclosure was handled, although (as noted above) the lack of evidence that informants could draw on to support their comments led to some caution. Comments included:

“I am not able to cite any firm evidence about this but I do feel that in educational environments in which there is a strong emphasis on learner support for ALL students there will be more disclosure.”

“Yes, I believe so, although I do not have any statistical evidence to back up my instinct. In particular we have recently ensured that there is always a member of the disability team on duty at open days and we have noted a marked increase in students arriving with DSA after talking to staff at an open day. In the past students would arrive and tell us that they had heard about it but hadn’t actually applied and I feel that by meeting someone face-to-face who is able to deal empathetically and in a knowledgeable manner then students feel it is worthwhile applying for support.”

A third reply said: “Yes, to a modest degree”, a fourth was unsure because “We’ve always tried to approach the issue in a sensitive manner”, and a fifth stated that the institution had only just improved their procedures, so had not had time to witness any improvements. One respondent from a college stated that they did believe that better levels of take-up amongst their HE students had resulted from improved disclosure practices within their institution, but that: “This has of course coincided with an increase in student numbers, although it is our belief that building in some of the measures...has had a positive effect on disclosure”. A reservation about further unmet needs also surfaced from a respondent:

“Our practices re[garding] requesting disclosure have improved numbers of disclosures but we know there are still many students who don’t declare particularly in the area of mental health.”

Some informants provided specific examples of where improvements in their practices might have led to higher disclosure rates. One respondent, for instance, believed that more careful wording of questions might have had an effect, while another drew attention to greater visibility of the disability service and more places that a student could declare. For another institution, it was said that the most important improvements had been clearer communication about the reasons a student should disclose and how the institution used the information. One

respondent elsewhere referred to the improved 'placement' of the disability service around the campus and with staff, through talks and disability awareness presentations, which "has and will increase the number of students accessing the service". This had gone "hand in hand with sensitivity about disclosure mechanisms and an overt commitment to confidentiality". Practice had developed so that a student "can discuss the issues around disclosure to various parts of the university and reach agreement with an adviser".

## 7.2.6 Dedicated resources

This area was clearly an important one for action, and that was confirmed in that 54 institutions who answered the questionnaire saw it as an area of strength. The two chapters on the questionnaires mentioned the development of specific/dedicated provision or support for particular groups of students, and the group most frequently catered for was students with dyslexia. 'Dedicated resources' concerns not only ensuring that financial resources serve effective purposes (linked with 7.2.4), but also the establishing of facilities, support systems and services directly responding to generic or specific impairment needs. The purposes behind support and resourcing vary, and include targets such as recruitment and retention. Inevitably, the present section overlaps with others. Altogether, 33 institutions claimed to provide a separate, dedicated service, and 34 institutions a service that forms part of a broader equality unit. Others provided some form of service, such as a disability officer within a student support or learning support service.

Charting the more detailed formal arrangements for management and delivery of services lay outside our brief for the survey, but respondents did provide helpful illustrative material. Many institutions have dedicated officers, units or centres (for counselling, assessment, support services, Braille and text enlargement, or what one referred to as an "AccessAbility Centre"), and there is an array of targeted activities and innovations. A reply from a multi-campus university noted the development of support at all campuses, using local resources, to ensure that students receive appropriate support wherever they are based. Within the HEI or FEC environment, resources in effect may be dedicated to a wide diversity of systems, practices and regular events to channel support, sometimes starting before enrolment. They range from the complicated multi-staged backup systems in place to deal with and provide guidance on the DSA, to such facilities as a "Daily Drop-in" offered during term-time by a disability support service. One informant mentioned contracting out of support services, within the questionnaire section on good practice, and there was one other questionnaire reference to a strategy of that type. It seems probable that the majority make heavy use of 'in house' development strategies, given their 'spin-off' value in raising awareness across institutions, but there are instances where purchasing or liaising closely with outside expertise is thought very beneficial. The second response relating to this explained how the arrangements were about facilitating choice:

"When learning support is recommended through DSA, students are given the choice of using an external company working in their own home at their preferred time."

Support groups may also be found that involve people coming regularly into universities or colleges from outside from organisations that focus on specific impairment areas.

Several instances of mentoring services are mentioned in questionnaire responses. Some are for complex or specialist cases, such as mentoring for autism or Asperger's, and there is also reference to "buddy schemes" along with "one-to-one mentoring and group support". A good example is an institution that reported recent developments in the mentoring of its disabled students (especially those experiencing mental health difficulties and Asperger's Syndrome),

commenting that it had followed and helped develop best practice in the sector. The scheme was apparently proving successful (with strong demand), and was student-led in terms of take-up. Some students prefer to be seen regularly, while others are mentored only when they feel support is needed. Although normally operated face-to-face, this scheme extends to distance learning or on-line courses too.

For those students who are on placements (such as in nursing), telephone and email mentoring can be arranged. Peer group arrangements are also in use in some places, to provide support and advice, and mention was made by one institution of a peer group support network. As far as more formalised support systems are concerned, it is likely that the scope and scale of services involving personal and academic assistance have grown rapidly across institutions generally over the last ten years (although this is an area where there may be some potential for problems and tensions, resource issues, etc.). Some questionnaire responses mentioned large numbers of personnel involved in relation to disability, but it was not possible to estimate total numbers, or the balance in England or Wales between volunteers, external employees and universities' own staff. One university provided information on a Community Services Volunteers (CSV) project, which was aimed at giving a holistic and supportive service that would enable disabled students with multiple or complex physical needs fully to participate in student life. There were well developed approaches to induction, training and supervision of volunteers, with coverage of issues ranging from health and safety matters to preparation for difficulties that might be encountered. The CSV scheme deployed eight volunteers on one-year placements, between them supporting three disabled students. These volunteers live in student accommodation and receive a basic living allowance while supporting the student with all aspects of physical care on and off campus.

Further specialist support and intervention has developed in a number of institutions in relation to specific impairments and situations. Dyslexia was briefly mentioned already in 7.2.3 and 7.2.4., and seems to be attracting considerable attention across a range of institutions. Amongst further references to it in the questionnaires were comments on a "web based online source for staff", "an in-house Dyslexia Service which includes dyslexia assessors and tutors", "a well established infrastructure for producing screening and diagnostic testing and support for students with dyslexia", and a "holistic programme for dyslexic thinkers" (see also 7.2.8 and 7.2.9 below). Some responses suggested quite a strongly interventionist approach:

"All level 1 students are screened for dyslexia on entry; support and further testing is available. We also screen internally and have follow-up assessments with an Educational Psychologist in house."

Support systems have also been developed for autism, and a screening and diagnostic process for Irlen syndrome in one institution. Returning to mentoring (mentioned above), we can note that some systems with this label seem very professionalised, and perhaps there is not a very clear divide between what is titled 'mentoring' and other forms of support service. An impressive example focussing in particular on those on the autistic spectrum can be cited at more length. One goal here was to assist the transition between school/college and university. The arrangements had developed over the past four years, and most recently had been assisting 33 students via 18 mentors. The scheme had been included as a good practice example within a publication from an external body, where its role for students with Asperger's Syndrome was highlighted. As part of this scheme, the disability advisor liaises with the student, their school, and relevant departments within the university about support requirements, strategies are sought to overcome barriers, and advice and support is given to staff. Mentoring is usually delivered by means of DSA funding, and mentors receive full training and support. Although in



essence the funding is used to provide study support, there is an element of support with strategies to cope with other matters that have an impact on studies, such as time management across activities. One benefit highlighted by the scheme's organiser was that mentors had "assisted in the retention of vulnerable students who would otherwise have found the demands of university life untenable". She indicated the potential of the students that might have been lost, in giving an example of one who recently achieved a 2.1 degree result and was now moving on to Masters level.

On developments within teaching and learning packages, one response referred to a "Bridging course for students with learning difficulties". Although we did not receive much information about specialised educational pathways, there may be various places across HEIs and FECs where educational routes are planned and targeted directly for people with specific impairments. One example was provided in a response from a college engaged in running a course for 80 students with an acquired brain injury. The impression here was of strong and proactive commitment, and we have used the case for illustration in the next chapter.

Mental health and well-being seems to have been one particularly strong focus. Responses from the questionnaires referred to a "Critical Incident Team for mental health", a "mental health support team", and a "Mental health practitioner role to help support staff and students in halls of residence". Elsewhere there was "Joint work on student risk; e.g. counselling, accommodation and disability and mental health", and "Supporting needs of disabled students, particularly mental health". Another comment mentioned "Specialist deaf support and [a] mental health adviser", while there was also mention of an institution's support for students with mental health needs and students with visual impairments being "notable strengths".

Additional information obtained about the Critical Incident Team mentioned above showed concern for potential threats to a student or group of students due to an emotional or physical health problem. Instances might include an "acute mental health episode" or "a bout of communicable disease". The idea for the team was that it should respond quickly and efficiently when help was needed, and it would "take just ONE phone call". Response was facilitated by an on-call rota (although out of office hours enquirers seemed to be referred to the emergency services, and direct telephone contacts to the team itself were in any case to be via staff). The team was made up of qualified student services staff from different but related professional disciplines, to provide a multidisciplinary and integrated response. There were strong direct links with named staff within Schools and services, and co-ordination with external agencies as well as internally (along with communication with families). The team could train nominated staff in crisis interventions, and would allocate professionally trained mentors to students experiencing poor physical or mental health (in order to help avoid a critical incident). Students experiencing distress which required support but was not critical would be channelled into consultation with a member of the Student Wellbeing Team. There was also a strategic dimension to the team's work.

This approach certainly seems to represent good practice in principle, provided some kind of adequate response is available for certain types of incident on a 24-hours basis (albeit that this might be the responsibility of emergency services of other types). Confidential contact via email was available for students, with a promise of response within two working days. In another example an institution's documentation noted that the Student Counselling Centre was not a crisis service, although it could help by facilitating referral. Due to pressure of demand, there might be limits on guaranteeing long-term help or support, but other sources of support were highlighted too. These included the Student Medical Practice, the Student Advice Centre, the Chaplaincy, the International Students Office, Nightline (a confidential listening and advice

service), Hall wardens, and FLASH Clinics (Focussed Learning and Self-Help sessions run by mental health workers from the Primary Care trust). For the latter, students could either self-refer or be referred by their GP or counsellor.

From the array of information available to our research team, it seems that the mental health area can be one with inherent difficulties of resource needs, demanding ethical and confidentiality issues, and potential tensions amongst students themselves. Support may be needed for students for whom the behaviour of another student is causing distress, as well as for those experiencing crisis. In any event, this is clearly one area among several where significant developments have been taking place within some institutions. For most types of interventions, our survey responses on their own generally did not provide sufficient depth to see exactly how well interventions were working.

One institution claimed to be particularly strong in the provision of support for students with visual impairments, especially in relation to the services provided by its on-site transcription centre. As well as contributing to the RNIB National Library Service archives with Braille and audio copies of key texts, it apparently also provides all reading sources for specific courses at the university in a range of different formats (Braille, audio, large print and electronic). With its continuous transcription of a range of study materials and resources in various formats, its own collection and that archived at the RNIB are continuously being developed, providing ready access to sources for students.

The balance between generic and specialised services is important, but there is no way of ascertaining how well the latter complemented ongoing development of the former across our samples. One informant emphasised the generic approach, stating that the Disabled Student Support Team was “broad and holistic in nature”, although there were areas of specific, dedicated expertise. This respondent also felt that this comprehensive model of support might be unusual. The claim was made that the university had developed a more embedded model, where the expectation is that all staff in the institution are equipped to support disabled students as part of their role. Looking at information we have gathered on student assessment, we can see that resources may be dedicated to improving this through training or course development which takes account of specific and more generic needs. We have already mentioned the SPACE project, and add now that this includes development of an alternative assessment toolkit for specific subject areas. A direction indicated in that work is towards a more universal design of assessment systems, perhaps beginning to reduce the increasing reliance on ‘special arrangements’ that has developed. The SPACE documentation actually notes (2008, 5.2, p.2) that special arrangements have grown exponentially to become “a resource hungry edifice”. We comment further on the SPACE contribution in the next chapter (8.3.5).

### **7.2.7 Adoption and implementation of appropriate formal practices and procedures**

This is a key element within an approach that seeks to improve the general environment in line with social model perceptions. It should involve both the *mainstreaming* of disability issues by any necessary adjustments to existing arrangements or mechanisms, as well as any specific new practices of record-keeping, audit or testing. The focus could be at several levels, from central administration down to departmental settings, and good practice might extend to better use of monitoring or reporting, and development of impact assessment by institutions.

There were a few references by questionnaire respondents to information and monitoring systems under the good practice heading. SITS (Strategic Information Technology Systems)

were mentioned specifically as a means for storing and sharing information on students (and another scheme called *ADAPT* was also mentioned). Little was said beyond this, however, except for one reference to the “monitoring of reasonable adjustments”. More institutions, by contrast, mentioned as good practice their activities and/or their documentation around rules, codes, guidelines or support and intervention tools. This was suggestive of ongoing innovation and consolidation at formal, procedural and practical levels. Examples cited included a full Code of Practice on Provision for Disabled Students, Learner Support Systems and Documents, a Disabled Student Support Portfolio, and (noted earlier) marking guidelines on the web. One university mentioned that its Learner Support Documents were discussed and agreed with students, and could be circulated. This may well reflect wider practices that are developing or already in place, and there was also mention in responses of Personal Learner Support Plans and Student Support Agreements (addressing similar needs).

Specific examples of procedural developments offered under the good practice heading were the Fitness to Study Procedures cited by two institutions. These procedures appeared to involve additional staff, and a system for temporarily withdrawing students from their studies. A document from one university explained that the Procedure for Assessment of Fitness to Study on the Grounds of Health and Safety (post-entry) was intended to be used as an alternative to any disciplinary procedure:

“... where there is sufficient concern that a student’s behaviour resulting in a possible disciplinary response could be as a result of disability, ill health or have an impact on the health and safety of the student or other people.”

Decisions made on a student’s fitness to study would be made “through a collective process of consideration of the ability to study, learn and graduate”, and academic and support staff might “initiate use of the procedure if concern for the student is sufficient”. In related territory, our discussion of a Critical Incident Team (in 7.2.5 above) illustrates the development of regularised intervention systems which will cater for preventative and containment activities as well as offering support. We should probably add to our account of procedural developments those cases where requirements have been introduced for staff to have compulsory training, when about to take on particular formal roles (as with recruitment training, “annual training for admissions tutors”, etc.).

Documentation advising participants about procedures and requirements can be extensive, and this includes rules for students as well as staff. One large institution, for example, has prepared a Student Mental Health Policy that runs to 14 pages, covering key responsibilities for the University, Schools, Faculties, individual staff members, individual students, prospective students, the Disability Team, and the Student Counselling Centre. The Code of Practice on Provision for Disabled Students already mentioned above, is 43 pages long. It has 12 main sections, but also adds appendices dealing with examples of reasonable adjustments to assessments, and guidelines for organising and administering support workers for assessment activities. The text includes issues that are perhaps still relatively little discussed across academic environments (such as competence standards and the way these should be approached) as well as matters that have attracted considerable discussion in learning and teaching contexts (selection and admission, confidentiality, programme specifications, reasonable adjustments, risk assessment, assessment methods, etc.). Inclusion of guidance on specific parts of practice (such as guidelines for clear print, accessible formats and accessible visual displays) will probably help make this document seem immediately useful to staff for points of reference. This Code is intended to form part of the institution’s Academic Quality Manual.

A crucial feature of all arrangements is that they should appear fair as well as being supportive. This applies to assessment, the taking into account of mitigating circumstances, systems for providing services, and changes in teaching practices. Although very rarely brought to our attention during the research, there has been some minor reporting at institutions of hostility (both from staff and other students) to the specific assistance given to disabled students. It is possible that the shift towards increased interest in dyslexia and other relatively invisible impairments could have heightened any feelings of resentment, and it is vital to ensure that procedures as well as learning and teaching developments are transparent, robust in terms of fairness, and fully defensible to all students.

From the point of view of generic changes in HEI and FEC environments, one of the most interesting procedural issues is likely to be the development and fuller implementation of forms of impact assessment. A small number of responses to the questionnaire touched on this; for instance, in a reference made to impact assessment in course validation. Two examples mentioned in questionnaire responses were followed up to obtain more information, and are discussed further in the last chapter. At a more modest level, a respondent noted that “Alternative assessments [are] built into module design and validation”, presumably implying that modules would not be formally approved without taking account of students’ needs as far as modes of assessment were concerned.

## **7.2.8 Consultation and participation**

Discussions with informants confirmed that there is recognition that working towards inclusion requires involvement of disabled students in regularised consultation. This can be issue-based (access, equipment availability, course validation, accommodation, etc.), but also more ‘generic’ or proactive. For example, some disabled students might wish to be involved in outreach work with potential applicants for student places, in ‘ambassador’ programmes, and so forth. It was perhaps surprising, therefore, that few direct mentions were made of student involvements as instances of good practice in the questionnaire responses (although a disability liaison group, a Student Voices event, and a consortium involving staff/student partnership for assessment change and evaluation were cited). An institution noted positively that some of its departments “include disabled students as part of presentations in student inductions to encourage declaration of disability”. Another institution stated that:

“A disabled students group meets once a term. Notes of the meetings are considered at the Student Affairs Committee, chaired by the Vice Chancellor and action implemented when necessary. A disabled students rep also sits on the Equal Opportunities Working Group”.

One respondent elsewhere, however, indicated a lack of success in attempting directly to consult with disabled students, and stated that disability had therefore been raised via agenda items on the Student Council. A different informant described the efforts to involve students and again noted the limited success achieved. Here, there seemed to have been genuine difficulties in securing participation, although a new (albeit modest) attempt was currently being made via installation of a post-it note suggestion board. Perspectives from disabled people had fed into audit processes for the development of this institution’s DES, but student groups as such seemed not to have responded. A similar point about non-participation was mentioned in one of the case study institutions we visited. In fact, information from a student source at that university revealed a desire to be more involved, but apparently there was a lack of information about the opportunities for students to engage.

Perhaps one possibility is that the existence of established disabled students' societies is something upon which institutions could build, in their attempts to work towards good practice. The website search showed that at least 13 institutions had such a group (including dyslexia societies, for instance). Looking further to see if some other forms of groups might exist which mentioned disabled students or disability in some way, 12 institutions could be considered to have a group fitting that description, although these would not necessarily provide the kind of peer support that a disabled student might wish to have. In any event, it would perhaps be useful if the institutions made such potential channels more apparent for students. On the other hand, deeper interrogations revealed that students certainly are involved or consulted within some forward-looking good practice developments as well as through regular committee memberships. A key feature of good practice may be to ensure both that established mechanisms are in place for disabled students to raise worries or suggestions in an ongoing way, and that students are incorporated into standardised consultation processes related to change and improvement. As an example of the latter, we note in the next chapter their consultation as a matter of standard procedure during specific impact assessment processes (EIA).

### **7.2.9 Communications and interactions with external organisations and environments**

This heading reflects the desirability of HEIs and FECs adequately representing the interests of disabled students alongside other students in consultations and negotiations with external bodies (such as local employers, academic partners, the research councils, etc.).

It is clear that some institutions' staff very actively participate in collaborative events (such as a symposium to raise awareness on dyslexia that was cited) and networks (such as a dyslexia network also referred to) to try to make progress. One Welsh institution, for instance, referred simultaneously to several such engagements; a collaborative forum involving local government, HEIs and FECs, student-centred networking, a social support group for young people with Asperger's Syndrome, and involvement with the National Autistic Society. Two other Welsh institutions also highlighted valuable external relationships (with RNIB, RNID, Autism Cymru, British Dyslexia Association, and others, albeit in part for securing advice and guidance). Clearly there will be contacts between many HEIs or FECs and outside organisations or groups, for various specific purposes, and the range includes professional bodies (such as those for specialist teachers), third sector organisations, public agencies and services, bodies concerned with skills and training, and many others. Furthermore, there was evidence of recognition from outside bodies of specific achievements (as in one case where work had been commended in the field of autism) and of successful publishing enterprises linked with conferences (in one instance through a forum exploring creativity across science, art, dyslexia and education).

HEI and FEC staff may be able to interact with outside organisations on behalf of individual students (for instance via mentors for disabled students who are on professional placements in fields such as nursing). Apart from mentions of support for placements, however, little specific illustration was offered on good practice in dealing with potential employers, career paths and further training opportunities. A rare exception was where students not at degree level were being assisted through a social enterprise scheme. In this instance, pathways had been established into job opportunities (albeit in areas of kinds perhaps traditionally associated with disabled people). One positive feature here was that disabled people now established within local enterprises were apparently playing a facilitating role for new applicants from the academic institution.

There was no scope in the present research systematically to explore roles played by departments or academic units dedicated to disability studies, or that deal with specialist study in understanding areas of impairment. One hypothesis is that such units provide 'added value' through their capacity to engage with outside organisations on behalf of disabled students (and may also contain active 'equality champions' working alongside people based in disability services). They may be able to operate on problems requiring detailed insights at the interface between disability, on the one hand, and academic institutional practices for students on the other. An example is the raising of questions about how the practices of research council postgraduate award allocations may affect disabled people. One postgraduate teaching and management team had drawn a number of issues here to the attention of the Economic and Social Research Council during the latter's consultation exercises. Such issues as these might seem relatively minor by comparison with some more difficult problems facing disabled people, but there is an important general point. Universities and colleges can be proactive on behalf of disabled students, and this does not stop at the campus boundary.

### **7.2.10 Relationships with other dimensions of 'difference' amongst students**

Most questionnaires said nothing specific in the responses on good practice about aspects of 'difference' outside disability itself. Perhaps this might be because there are not many ongoing or recent projects that tackle this linkage directly, but it might also be because interest in new activities often tends to focus around impairment categories (rather than subdividing disabled people on lines of ethnicity, age, gender or sexual orientation).

Nonetheless, there was some positive comment from institutions, suggesting commitment. One university stated that some expertise had been developed in dealing with ethnicity, gender and the needs of mature disabled students, reflecting the "composition of our normal body of student clients". Another stated that "we strive to meet the specific requests of students in respect of age, gender, cultural or religious background". A third indicated that gender issues were considered "when undertaking DSA support or dyslexia assessments", with particular requests for gender preference being responded to. Here also, mature students "have a dedicated generic enquiry service", and mature students "querying dyslexia for the first time have access to no-charge dyslexia assessments". One area in which we might possibly look for more future investigations might concern the combination of mature student status with impairment and demanding domestic and financial situations.

## **7.3 Defining good practice**

Good practice is being defined and detailed in a wide variety of ways within and across institutions, and some routes forward may not command as much approval as others. In effect, the concepts and meanings of good practice can be contested. For example, some people might feel that extensive screening and investigation procedures could become intrusive. Record keeping and management of risk relating to mental health could certainly be an area where there might be an awkward combination of the wish to support and the need to contain potential difficulties. For this kind of reason it is important to keep innovations and practices under review, and build up the consultation processes which seemed a little under-represented in the questionnaire responses on good practice (7.2.8). It is also desirable to maintain a reasonable balance between interventions focussed on specific impairments on the one hand, and the overall learning and living environment on the other. There is clearly movement forward

on both fronts at present, but a preoccupation with responding to impairments should not be at the expense of improved procedures and 'generic' concerns.

Our commentary in 7.2.3 indicated the significance of ongoing work with staff, to improve the services that they can offer in support capacities and teaching. As we indicated, some approaches to the training of staff might be contentious. In particular, there could be reservations about some types of attempts to simulate or convey to teaching staff the potential responses or perceptions of disabled students. It can be argued that simulations (and certainly forms of role-playing) will not properly reveal the experiences of disabled students, and we should also bear in mind that it sometimes might be difficult to develop general or generic standards that accommodate the unique circumstances of individuals. At the same time, however, various forms of communications used in learning and teaching need to be scrutinised in ongoing ways, in order to improve effectiveness and equality of access. Consequently the search for higher standards of delivery should be treated as part of a good practice approach. Making presentation methods more sensitive to difference also has something in common with providing the best available equipment to improve accessibility of teaching in the lecture theatre or of exchanges in supervision sessions or seminars. A well-known simple example of trying to accommodate needs is that visual material may be improved for some disabled students by using overheads or slides that contain material prepared in large size formats. Indeed, this may assist students in general. In any event, we should not rule out examples of good practice focussed around improving sensitivity within teaching, even if the methods of training may involve attempts to predict how particular kinds of materials may be received. In fact *prediction of impact* is perhaps a better way of approaching this than is simulation (although there could be a fine boundary between them in some contexts). As one document from a university put it when referring to an initiative on inclusive teaching:

“It is our professional responsibility to adopt an approach to the development of our teaching which anticipates the needs and expectations of a range of different learners.”

Significant efforts are currently going into matters such as developing training for teachers who are using e-learning or e-assessment, where foci are on improving delivery of materials and enabling student responses in a fairer way. This may involve training for staff on making quite technical materials (such as tests and questions) more accessible, and this can include various practical illustrations that seek to capture particular presentation difficulties or challenges linked to impairment. A key expectation to ensure that good practice is achieved is to integrate consultations with disabled people into specific stages of the development process for training packages relating to teaching (and to assessment of academic work).

## 7.4 Conclusions

There is a very wide and sometimes impressive variety of positive developments and innovations reported from institutions. Nonetheless, there seem to be some areas of activity (such as consultation and participation, work to facilitate exit pathways, or the monitoring of the financial experiences of specific groups) where we might have hoped to hear more. The chapter also presented findings from our supplementary analysis on the relationship between sensitive practices for disclosure, on the one hand, and take-up of support on the other. Here we received general confirmation of the view that there are potential benefits from improved practice.

Taken alongside our chapters on the national survey results, this analysis of good practice informs particular parts of the final chapter. In Chapter 8 we amplify elements from our present exploration to illustrate in more detail some ways in which specific activities may carry good practice forward. The discussion there builds especially on experiences or actions in specific universities or colleges, with the aim of providing pointers for ongoing developments across the sector.



# Chapter 8

## Conclusions

This chapter summarises some key points arising from the detailed work, and offers broad interpretations. The study has successfully assembled a valid 'snapshot' of what is happening across the sector, along with a background analysis that helps locate recent trends, events and research contributions. There is justification for considerable optimism about trends, but still much room for further positive change.

We proceed first below by suggesting (in Section 8.1) that trends and achievements can be characterised in terms of three overlapping stages or steps in development within HEIs and FECs. Secondly (in Section 8.2), we draw out and list selected key conclusions about the present situation. To complement this (in Section 8.3), we comment on good practice exemplars or descriptions we have assembled, building on experiences or actions in specific universities or colleges. Then (in Section 8.4), these examples help us summarise ingredients that might together constitute a portfolio for 'the proactive good practice institution'. This indicates an agenda that could be taken further to generate a good practice and innovation toolkit. Finally (in Section 8.5), the chapter explores some potential options for moving forward across England and Wales.

### 8.1 Three mutually reinforcing stages of development within HE

Although activities overlap and mutually reinforce one another, we can characterise positive change within institutions in terms of three stages, steps or trends. First, during earlier periods there was an emphasis particularly on responding to physical impairments, by improving access and reducing barriers. Work on this continues within universities and colleges because campus and residence environments still present many problems. In our good practice chapter we began to take the debate on this a little further, by identifying the concept of the 'smart campus' as a theme for future development (see also below, 8.3.1). Thus, physical change may be complemented increasingly in years to come via concerted technological improvements making use of electronic systems.

A notable shift has taken place more recently, however, as considerable effort has gone into responding to less visible impairments and to improving support mechanisms and systems for individuals. This can be seen as a distinctive second stage or trend. Dyslexia in particular has moved up the agenda. Implications include exploring better methods of delivering teaching, improving communications, training staff, and looking afresh at assessment and curriculum delivery. There is also much emphasis on more systematic appraisal of needs and better response systems for impairments of several kinds. Such matters seem to constitute major preoccupations amongst staff engaged with disability in numerous places across the sectors. There is considerable energy and enthusiasm being put into improving practice both in support systems and in learning or teaching performance.

A third stage of development may also be emerging, and it is appropriate to stress its significance. This stage is exemplified particularly by the adoption of EIA (see also 8.3.4). EIA opens doors to embedding disability issues more firmly (and in a generic way) across the core activities and central management processes of institutions, complementing and helping to consolidate the ongoing work that is flowing from the other two stages. Crucially, it also has the potential to bring with it a more regularised and significant consultative approach to all domains of equality strategies.

The three boxes below summarise the stages or overlapping trends. Clearly, the idea of stages is a simplification, since they contain what is in practice an accumulating body of activities within which priorities have shifted over time.

### ***An accumulating set of activities***

#### **BOX 8.1**

##### **STAGE ONE (ONGOING)** **EMPHASIS ON TACKLING PHYSICAL BARRIERS**

The need for improving access is widely acknowledged today, and much has been done.

Best practice involves disability issues being automatically considered when changes are made.

Continuing attention to detail (such as signage) is important.

Effective consultation can be an important factor in producing better environments.

Innovative technology may offer ways forward to complement changes to buildings, and there might be scope for developing future visions of the 'smart campus'.

#### **BOX 8.2**

##### **STAGE TWO (ONGOING)** **EMPHASIS ON RESPONDING TO LESS VISIBLE IMPAIRMENTS AND IMPROVING SUPPORT SYSTEMS**

This has moved rapidly up the agenda, and often focuses on specific impairments.

Targeted projects, web-based material and training are important resources.

Teaching, curriculum and assessment are key foci for improvement.

Assessment of individual needs is an important area where developments have taken place.

## BOX 8.3

### **STAGE THREE (DEVELOPING NOW)** **EMPHASIS ON EMBEDDING EQUALITY ISSUES WITHIN THE CORE ACTIVITIES OF INSTITUTIONAL PLANNING**

This is best seen as an emerging development.

A key component is the requirement to engage with EIA, which could complement and help consolidate existing emphases on specific impairments and needs.

EIA requires institutional commitment at the highest levels, and its generic character provides an opportunity for leaders to embed equality issues more directly within mainstream planning.

Periodic consultation is essential.

## 8.2 Key findings

This list highlights some selected broad points that seem especially salient for informing policy debate:

- The climate of thinking about disability in HE has been transformed over the last ten to fifteen years, so that disability issues are now acknowledged regularly within support work, site planning, admissions, learning and teaching, and assessment. This is not to say that responses are adequate, but to accept that the overall environment of ideas and attitudes has shifted very substantially within many institutions. Disability is firmly on the agenda, even if the priority sometimes given to it may not be high enough. Inputs from official bodies (including HEFCE and HEFCW) need to be accorded recognition in the change that has been achieved, although much remains to be done. The flow of finance may well have been very important.
- There is widespread evidence of enthusiasm and innovation amongst key staff in HEIs and FECs, evidenced clearly in efforts to improve practices and provide better services across a large array of institutions. Indeed, we have encountered staff that genuinely can be described as 'equality champions' in their specific work. A variety of useful projects and initiatives are helping towards better understanding and feeding into developments in teaching, assessment and support. Some of those projects valued and cited by institutions in England as good practice have been sponsored directly by HEFCE, while others in both countries have arisen out of a keen wish amongst lecturers or managers to enhance day-to-day practices (such as communication within teaching).
- There can be no guarantee that students are always accessing the necessary support to which they are entitled. This is because of possibilities of unrecognised and unmet need amongst student populations. Despite the excellence of some of the support being given to those who can be most readily identified, some students may 'fall through the gaps' in provision. This is a problem affecting planning but also data. Meanwhile, events can still go badly wrong for individuals who are being catered for with delays, lack of continuity, poor staff awareness, access problems, and shortfalls in resources.

- The trend towards better institutional performance linked to specific impairments and to support systems has been improving what is provided, but it is less clear how much progress has been made in embedding disability matters in a more 'generic' way within university business. Thus mainstreaming is not a feature on which institutions appear to be quite so successful. Useful documentation and formal procedures have been developing in positive ways in many places. Yet it is uncertain how far central managements have yet adjusted to the needs implicit in taking a more holistic view, or in implementing EIA. The uncertainty of the research team on this reflects a general reservation about the depth of evidence on regular commitment at senior levels. There is also a question to consider about how far such commitment would be sustained independently of external pressures and funding.
- When referring to good practice, informants did not very often emphasise successful participation or consultation, and this may well be an area that remains underdeveloped. Indications are, however, that the position may be better in Wales than in England. One informative exception for England is mentioned in our good practice exemplars in 8.3.4 below. This involves a small college in the North which has set up a strategy for involving in its EIA procedures three categories of informants: disabled students, disabled staff, and disabled members of the external community.
- When reviewing the attention being given to needs and barriers along the pathways and trajectories of students, the research team found some references to holistic approaches and 'joined up' activities, although we might perhaps have hoped for more. Little was mentioned about assisting or developing effective exit (or postgraduate) strategies, although there were some exceptions. The limited commentaries offered on transition to postgraduate level might reflect various factors, including the stance on disability taken by external funders (such as the research councils). This is certainly an area deserving review, since arrangements can influence the capacity of HE to deliver disability equality in line with official expectations. An initial view might be that allocations of funding via HEIs both for higher degrees and postdoctoral work ought to take account of regional patterns of potential student demand, local access situations, institutional strengths relevant to supporting disabled students, and the need for continuity of location and support systems for individuals over time. This would be likely to fit with the needs of other potential students embraced by an equality strategy, who may have domestic commitments, important local links, and a requirement for ease of access within a specific region (cf brief comments on availability of HE, in NAO, 2008, p.10, d.). Such matters ought to be taken up with external bodies by HEIs, in line with the need to be proactive on disability and other aspect of 'difference'.
- The financial side of disability support work seems to receive considerable attention within institutions, and there is some evidence of attempts to fill specific gaps in funding (such as with overseas students). On the other hand, nothing was brought to our attention to reveal any detailed investigations into financial problems that might be faced by disabled students during their time in HE, or the connections this might perhaps have with other aspects of difference or circumstance (such as having family responsibilities, studying part-time, etc.). Although individual informants clearly were aware that there might be specific financial and non-financial difficulties faced by part-time students, little detailed comment was offered on the extent of problems, and the matter was not a focus for any of the substantial good practice examples made available. No data were offered from informants on such potential concerns for part-time students as travel costs, 'out of hours' provision of services, problems of making contact, or access to DSA (cf. Chapter

2; 2.5). These are matters that might deserve further research, but, looking across HE as a whole, the lack of responses may suggest relatively low priority given to part-timers.

- The data position at the interface between HE and disability is rather weak. Research and evaluation face particular challenges (see Chapter 3), and within institutions the impression is of limitations in information collection and monitoring. The lack of internal data in some domains within HEIs and FECs may become a pressing issue as EIA becomes more entrenched, and there might be dangers of falling back too much on impressionistic methods. There may already be something of an over-reliance on small-scale qualitative investigations that generate useful insights from individuals and small groups, but lack adequate contextual or comparative grounding. At national level there may be a case for more statistical work on degree completion and achievements. Chapter 3 comments briefly on this (and indicates the importance of controlling for factors which could be expected to have an impact on attainment).<sup>13</sup>
- Differences between institutions may be significant, with some not even providing adequate website information, while others show that they have taken a range of excellent good practice steps. There does not seem to be any clear differentiation between categories of institutions, although there were minor variations.

## 8.3 Exemplars and descriptions of good practice and ways forward

This part of the chapter draws on our analyses of good practice and positive innovations to illustrate some of the ways in which specific activities may carry good practice forward. We present descriptions or exemplars of preferred practice, each of which builds on experiences or actions in one or more specific universities or colleges (and sometimes draws on our survey information in general). They all highlight selected present and emergent practices in a way that could provide pointers for a programme of ongoing developments across the sector.

### 8.3.1 First steps towards the ‘smart campus’?

One way of improving HEI and FEC sites for students, staff and visitors might be to add more electronically controlled aids and enhancements. Automatic doors and ‘speaking lifts’ are existing examples, but the research team also obtained information about a more novel system (mentioned previously) called React, introduced to inform people about their locations across parts of a university site. This deploys voice messages when activated/triggered by a device carried by the student. Speaking equipment is located at selected key locations, to provide information about the main campus site, and can assist students with visual impairments in particular. Perhaps this example points towards future thinking on using advancing technology to move towards the ‘smart campus’, with universities and colleges mirroring the concept of the ‘smart home’ deployed in the housing field. At present this option is likely to be pursued only in modest ways, and can in any case only complement rather than be a substitute for physical

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<sup>13</sup> After completion of the review stages for this study, the NAO published an informative report on widening participation that includes comments on data deficiencies, and on the proportion of students “declaring a disability” (see NAO, 2008, *Summary*, 8 and 23a; *full report*, p.15). Unsurprisingly, “people with disabilities” are categorised as one of two groups “with limited data” when participation trends are referred to (*ibid.*, p.15).

improvements of direct kinds. Good maintenance and on-going upgrading and monitoring of equipment is also essential (especially since the failure of facilities such as lifts can be very damaging for individuals and disrupt learning). Nonetheless, there may well be scope for considering doing more as technology develops. Key elements for good practice would be:

- Periodically checking the availability, costs and benefits of technological innovations, in conjunction with regular access audit and ongoing improvement to physical structures.
- Regularly consulting disabled students and community informants about potential changes.
- Developing a longer-term vision of the campus as a more receptive and inclusive environment, in which new technologies could have important roles to play.

### 8.3.2 Moving towards better websites

From looking at a range of websites, we identified several features that might together characterise good practice. First of all, the most obvious area where good practice will be evidenced is through general access/accessibility features of the website. These should be present from the main page and throughout the website (including on the disability/equality service pages). Features should include the ability to alter the layout/background/presentation of the site to suit the viewer's access requirements. The website search for this study looked at each institution's main page to see what accessibility provision is available. 60 of the 96 websites have some way of making the site accessible. This varies somewhat from being able to select a 'text only' option, to changing the font size or background colour, to a large selection of accessibility features. Some websites have an accessibility option which does not actually work, and so they were not included in the final total. If this accessibility feature was not available via the main page, it was looked for through another location on the website, such as through disability services, or through different departments. Overall, 61 (not necessarily the same as above) had some accessibility link from an alternative page. 54 sites had *both* a link from the main page *and* from somewhere else on the site.

In addition to accessibility features being available for the viewer via the website, having access to an area on the site where disability services/equality services provide further, more specific information for disabled applicants and students is important. This should also be easy to find from the main page. If there is not a direct link from the main page, the use of a search engine to locate it should be available. Within this disability services/provision area, information should be easily accessed on the types of services, equipment, accommodation, environment issues, application details, contact details of relevant persons, etc. (if not to be found elsewhere, e.g. in a disability policy document available online). The provision of information on funding opportunities and specific funds available for disabled students is likely to be important for students, and should therefore be possible to access via the website. A large number of institutions did provide information on DSA (78), although the level of information varied greatly, from one line to a whole page, to links to the Government web page. There was sometimes also information on other types of funding available.

Other information which potential and current disabled students should be able to access might include: the DES, information on student funding, support groups/student peer groups, information on technical assistance and accessible accommodation, and information about the physical environment. This might include, for instance, an 'accessibility map'. Accessibility or access maps can provide important details for a student in terms of how to access a building,

where to park, where accessible toilets might be, and so forth. Of the institutions in the sample (96), 20 had some form of map clearly available (although the standards varied greatly). Of these, 16 institutions made their maps available online, via their website. It was not clear whether or how far disabled people had been involved or consulted when maps had been drawn up. 53 of the institutions had some form of information available on accessibility of the environment, even if this was only to state that the campus was predominantly inaccessible. Such information may be very important to a student's decision to attend a university or college. The accessibility of residential accommodation provided by the university is also important within these considerations, and 63 of the institutions provided some mention of accessible accommodation being available. On occasion, this involved only the name of a person to contact if such accommodation was required, but in other cases thorough information on each of the different halls of residence was available, with details on the number of 'accessible rooms' and whether guide dogs were allowed in the buildings. One way of engaging with issues had been to use the services of DisabledGo, which had provided independent access audit and assessment for some of the HEIs contacted, and was capable of generating accessible internet materials on this for clients.

Drawing on the above information, we suggest that a good practice exemplar for website arrangements would be likely to include:

- Good accessibility features
- A specific location for disability services information, well linked to main pages
- Within this disability information, coverage related to key topics and issues
- Links to the DES and/or disability statement
- Accessibility maps or similar guides
- Good contact details within specific parts of the site (ideally including connections to student organisations as well as university resources, units and their staff)
- Detailed information on the provision and characteristics of residential accommodation (with appropriate contact details, etc.)
- Financial/funding information.

### **8.3.3 Addressing specific impairment needs within an inclusive environment**

It is important to create environments in which impairments can be revealed and discussed without stigma and any sense of exclusion. There are signs of good practice in particular institutions on this matter, and a view that sensitive procedures and communication can make positive contributions to better take-up of services and support. A number of ingredients should be kept in mind when developing responses.

Planning to meet the needs of individuals requires a prior process of identification (preferably self-identification) and assessment, screening or appraisal of some kind. Thus, there may be a learning support questionnaire (or similar document) and/or a meeting, or some other efforts to gather information and anticipate requirements. Coverage may be given at the same time to

DSA, and to whether an application has already been made. Additional matters to be considered will include confidentiality and the release of information. At an early stage it will be important to begin keeping a record of the situation, and to develop a personal learning support plan. Perhaps this would initially be of a draft character and subject to updating and elaboration if needed later. A good practice approach to this would seem to include:

- (i) reaching a clear understanding of the main effects that the student feels impairment may have on study;
- (ii) assessing the support requirements that may arise for him or her, with the links needed in terms of liaison with appropriate staff and services;
- (iii) analysing any implications in terms of teaching and learning arrangements, covering reasonable adjustments that will deal with specific barriers, and the connections that should be made with teaching managers and departments (in some cases to be made as early as possible, and leading into further dialogues, etc.);
- (iv) exploring probable assessment and examinations issues as far as these are relevant, and the implications in terms of support arrangements and adjustments;
- (v) preparing for dealing with any risks, access problems or allied issues around emergencies (such as use of emergency exits, etc.);
- (vi) confirming the responsibilities of the student, including keeping staff informed, maintaining regular contact, etc.;
- (vii) confirming the responsibilities of university staff to provide specific support as far as feasible, and to offer opportunity for ongoing feedback from the student;
- (viii) reference may be made to the institution's code(s) of practice, which will set out expectations of staff and students, and should provide a coherent and comprehensive framework for actions.

There is much being undertaken to respond to particular needs, but good practice seeks to set this within a broader outlook. The theme of inclusiveness is often crucial here, and can be complemented sometimes by a holistic approach that aims to minimise gaps and ensure inter-connectedness of the varied aspects of support work. One statement captured especially clearly the theme of inclusion. This was from a college that runs a course for students who have acquired a brain injury (which is often referred to as 'abi'):

“The college ethos is very much centred around inclusion, while ensuring that these students receive specialised teaching to enable them to deal with their injuries and progress through [the college's] individual tutorial system. Every student is allocated a tutor who meets with them on a regular basis to assess their progress and to identify any areas of concern or celebration.”

What apparently makes this approach more inclusive is a set of identified factors: disabled students being taught in the same buildings as other students, using the same facilities, and being treated in an integrated manner. Staff at the institution felt that at other colleges (by contrast) 'abi students' are at risk of being segregated, particularly in terms of being located in separate buildings and so forth. This abi course also adopts a holistic or inclusive approach in itself, in that people can progress for up to four years on the abi programme and this may lead them into further study. Ages of participants can include students of 20 years old, up to more mature students of 70 years old. We also noted, elsewhere, holistic outlooks that could enhance inclusion strategies. For example, one case study institution gave a strong impression of working hard to achieve 'joined up' support and advice activities. Thus the personal, academic and accommodation domains were brought together.



From the point of view of an inclusive communication and institutional 'profile', we can add that there may be advantages from having some documents that welcome and encourage students in general, acknowledging simultaneously both the more generic (or shared) problems they face, and the more specialised needs that some will be dealing with. A very good example was provided by a new university in a document titled *Student support: A helping hand through University life*. This included coverage of loneliness, homesickness, stress, exam stress, panic attacks, helping a friend in crisis, eating disorders, self-harm, alcohol, drugs, personal safety, harassment, looked after young people, family liaison, students with children, and immigration advice. At the same time, it introduced the Student Support Team and support issues, and referred to making an appointment with a student support adviser, as one of its sections.

The conclusion from the above discussion is that addressing needs requires not just attention to individual impairments, but the adoption of a strategy catering for some other central themes as well. Thus, a good practice overview on needs would mean:

- Acknowledging the specific issues faced by students with particular impairments, and seeking better to understand students' individual needs.
- Making the necessary links and adjustments across the full range of relevant activities, so as to support these individuals in an ongoing way.
- Being responsive to any new or emergent difficulties that can arise for students.
- Making sure that the services offered are as 'seamless' as is feasible, through genuinely joined up approaches, thereby reducing the danger of problems 'falling through the gaps', delayed responses, etc.
- Seeking to make the environments (academic and residential) as inclusive as possible, and ensuring that this becomes automatic within all relevant practices from initial publicity through to graduation.
- Aiming to be both proactive and preventative whenever possible.

### **8.3.4 Procedural good practice: developing impact assessment**

Two institutions (referred to here as Institutions W and Y [being from Wales and Yorkshire]) provided examples of aspects of the development of good practice on impact assessment, and we draw on these now. EIA sets out to discover in advance of a policy the effects that policy can be expected to have on identifiable groups of people. Ideally, predicting the impact of policies and practices on disabled students (as well as other groups) will help indicate disadvantages or problems (as well as benefits) that would arise if a strategy or change were to be introduced. Thus, a key concern is to examine a policy or practice (or a criterion or provision) to determine whether there is a "differential impact on a particular group" (HEFCE and ECU, 2004, p.3). This approach is meant to be integrated into the activities of public bodies in general, and the outcomes of EIA work should be reported and made available. The approach can also be applied retrospectively to policies that are already in operation. The findings of EIA do not in themselves dictate policy, but should ensure a more sophisticated and aware discussion about options. Furthermore, if negative or adverse impact is revealed, then steps should be taken to deal with this. EIA thus has the potential to become a crucial tool within planning processes if it is implemented as has been hoped. HEFCE guidance (2004) has emphasised relevance and proportionality as principles to consider when deciding whether to undertake full impact

assessments (some policies having less equality relevance or significance), and has recommended an initial mapping out of policies and practices, assignment of responsibilities, and screening to determine equality relevance and ascertain priorities. A recent ECU report also notes the requirement (in the case of disability) for institutions to look not only for potential or actual negative impact, but also for opportunities for positive impact “that might have been missed” (2007, p.7). There is furthermore a duty to involve in an ongoing way those that the rules are aimed at protecting.

Both Institutions W and Y took important initial steps by recognising the significance of the new requirements, and had been devoting time and staff resources to exploring the systems that might be put in place. Documentation prepared for Institution W’s Human Resources Task Force pointed out that EIA needs to become a “natural part” of the policy making process “when new policies are being considered and when existing policies are being reviewed”. Thus it was felt that “EIA should take place at an institutional level, covering central strategies, policies and practices”, as well as within “College, School and Central Services”.

In order to prepare for EIA and develop appropriate processes at Institution W, preliminary and pilot work was undertaken. Key elements were as follows:

- **A pilot project** within human resources (HR), looking at all the strategies, policies, practices and processes for which HR was responsible. For EIA there first needed to be a *mapping of these policies*, with identification of those people responsible for them. This was in effect an important ‘trial run’ and learning exercise within a particular practice domain.
- **Development of template documentation** for screening policies to identify risk. This involved creating a *policy screening form* for impact assessment, based on guidance provided by HEFCE and the ECU on conducting EIA. A number of areas of equality can be looked at (as well as disability). Examining risk across various policies and practices implies an institution being able to prioritise policies for attention, in terms of their importance and equality relevance.
- **A working group** focussed on HR, *to take responsibility for the pilot project* exercise in screening policies and procedures, with individual members responsible for screening of various policies and procedures. They involved other people or groups as appropriate.
- **Results from the screening process were shared more widely and observations invited.** The screening process was then ‘signed off’, with recommendations to move to full EIA. The pilot process within HR had resulted in identification of policies and procedures that should be covered in full EIA.
- **Recommendations from this preliminary work** included: further equality and diversity training; training on undertaking EIA; the embedding of impact assessment into policy development and review; and recognition of the importance of good statistical data and of making this available.

Having gone through and learned from these tasks, the institution began planning for introducing full EIA. A briefing sheet produced by the Equal Opportunities Officer summarised clearly the key aims and understandings underpinning the new approaches. Underlying aims included removing any unfairness and disadvantage, ensuring equality issues were mainstreamed, and engaging all university members in the equality agenda as well as meeting

legal requirements. It was understood that EIA should be an ongoing process, leading to consideration of equality issues being embedded in all management decisions, procedures, processes and practices. A working group met to discuss the next steps, and an action plan set out the stages to be run through from February to August 2008. A further pilot project was to take place on undertaking full EIA, targeting a policy identified as being high risk by the screening process. The action plan set out five stages:

- (a) Communicate requirements (presentation to college managers and central services staff; inform task groups, working groups and advisory groups; make information available via intranet)
- (b) Mapping (colleges and central staff to identify staff responsible for EIA and strategies, and policies and processes to be covered)
- (c) Staff training
- (d) Screening (key staff to identify risk using screening template)
- (e) Full EIA (pilot project on implementing this).

The steps taken by Institution W to begin to meet the challenges of EIA seem very much in the spirit of the official advice on how to proceed, but at the same time indicate that moving into EIA for a complex institution with diverse functions cannot necessarily be a matter of immediate implementation. Data availability may well prove a crucial issue as institutions attempt to explore some effects of policies, so it is not surprising that it featured in the last of the bullet points above. Consultations will be one way in which information or data on potential impact is gathered, and may also help when screening methods or approaches are being worked out.

Institution Y has also been engaging effectively with EIA, and can be cited more narrowly now to illustrate developing good practices on the consultation dimension in particular. This is a much smaller institution, and is already able to deploy impact assessment forms not only for assessing policies, procedures and practices, but also for course and module developments. Course developers or heads of department complete the relevant form and seek advice from Dyslexia and Disability Support Services if required. The person completing the form has responsibility for involving disabled people, and this may be fulfilled by seeking help from the Dyslexia and Disability Support Co-ordinator to convene a group, or by using other contacts. Three groups of disabled people have agreed to be involved: one of staff, one of students, and one of community members. A College Readership Group of disabled staff has agreed to read and comment on policies. People responsible for EIA are advised also that they may wish to develop methods of involving disabled people which are specifically relevant to the academic area involved. The impact assessment for course validation is embedded in the course validation procedure, so that all course developers have to complete it. A key officer involved in the developments comments also that "The other impact assessments are beginning to catch on as people undertake scheduled reviews of their services." Near the start of the form issued at this institution, staff are reminded of the need to involve disabled people in identifying priorities for EIA, in completing the assessment, and in revising policy. The person responsible is asked to "detail the ways in which you have involved disabled people in assessing this policy". Reference is also made to the need to have regard to the parts of the general duty to promote disability, and a table is to be completed with entries on the effect of the policy under review on particular impairment and illness groups. In addition, the member of staff must indicate what actions "you could take to reduce the negative impact on disabled persons".

It is difficult to know how typical or distinctive our two examples above may be, because little was said in most questionnaire responses about EIA. It would be useful to see some more extensive research on the implementation, benefits and problems with these developments,

given their apparently transformative potential. ECU has drawn on some research for its report on *Conducting Equality Impact Assessments in Higher Education* (2007). At the same time, there might be a case for further governmental intervention and support for the sector in this area. Our overall conclusions for good practice are:

- Every institution needs to press on with the development and implementation of EIA.
- The approaches recommended through ECU can be used as a reasonable starting point.
- Considerable investment of time and staff resources is required, and a casual approach is unlikely to work.
- Data availability will generally need considering from the outset.
- Consultation processes need to be planned at an early stage in development of systems.
- Implementation within a large institution may need 'staging' carefully, with selected key targeted areas identified quickly, a learning process in place for building on the first stages, and a rolling programme as part of the institution's planning.
- Institutions should see EIA as a way of demonstrating commitment at senior levels and in their central management processes, and a means through which leaderships can take more direct 'ownership' in relation to disability issues.

### **8.3.5 Developing strategies for assessment and for training staff; the SPACE approach**

SPACE (Staff-Student Partnership for Assessment Change and Evaluation) is a three-year project funded by HEFCE, involving a consortium of eight institutions in the South West. The aim over a three year period has been to develop and promote alternative forms of assessment "as a way of facilitating a more inclusive approach to assessment" (SPACE, 2008, p.1). Students are represented as well as academic staff and disability officers, and information is readily available about the project through a website as well as in publications that have arisen from it. At time of writing, the SPACE resource had become available on-line, and hard copies were about to be distributed to participating HEIs. Research was used to explore attitudes and issues (the SPACE survey and research).

The core activity has been to develop an alternative assessment toolkit in the subject areas of arts, education, business, science, humanities, human sciences and technology. Key elements include: a critical review of the issues governing the choice of assessment; case studies of inclusive assessment; institutional, departmental and individual procedures to support the process of assessment change; and staff and student evaluation forms. An important feature has been to take account of perspectives and voices from disabled students, so that the main SPACE document contains sections on how disabled students view 'special arrangements' for assessments, how they view current assessment modes, their preferred choice of assessment modes, what they say about assessments based on group work and on oral presentations, and what they say about their assessment performance. Alternative and inclusive assessment case studies are offered as staff development resources.

A strong justification for the work lay in the argument that it had been timely to move beyond projects for development of specialist services, as these did not necessarily “create on-going consistency”, or “the development of strategic approaches to inclusive practice through curriculum change, resource planning and relevant staff development” (SPACE, 2008, p.2). Thus, the emphasis in SPACE was towards encouraging dialogue and innovation between disability services and academic departments, supporting institutional change. A framework for looking at assessment was adopted that distinguished between a ‘contingent approach’ which in effect involved assimilation into existing systems (via arrangements for extra time, amanuensis, etc.), an ‘alternative approach’ offering a repertoire of assessments embedded into course design (such as providing a viva voce rather than written assignment), and an ‘inclusive approach’ capable of assessing the same learning outcomes in different ways (as with a flexible range of assessment modes available to all students). The inclusive approach would be concerned with equity, regardless of disability, learning style or learning experience. Aiming for a ‘universal design’ for assessment could potentially avoid problems of making categorical distinctions between disabled and non-disabled, and reduce the needs for testing of claims, evaluation of their significance, and negative labelling. It might also reduce some of the developing pressures for special arrangements that absorb extra time and resources. The implication is for “flexibility in content, course activities, learning environments and assessment of learning” (SPACE, 2008, p.10). As is argued in the SPACE documentation (2008, p.10), promoting the notion of flexibility in assessment practice, “as a cornerstone of an inclusive and universal approach”, does not deny absolutely the need for contingent and alternative approaches for some disabled students in some assessment circumstances. On the other hand, the clear priority is for establishing an inclusive approach to assessment, through which disability is taken merely as one diversity within a holistic approach to equitable assessment practice. An advantage of the overview is that attention has been paid in general terms to weaknesses in current assessment practices, and to good assessment practices related to a range of student needs (such as a variety of more nuanced approaches to assessment encouraging student commitment and feedback). At the same time, the obstacles to change are not ignored.

As the material generated by the SPACE project is both very lengthy and accessible, we do not further summarise the details here. Instead we will highlight a few features that may help toward good practice in a range of teaching and learning contexts, drawing on some of the SPACE material and other information supplied to us, but bearing in mind that the debates on assessment will continue to develop:

- Adopting more inclusive approaches to assessment will require institutional changes and levels of commitment that go well beyond individual teaching teams and departments.
- Student perceptions of assessment need to be kept under review, and may help inform curriculum change and plans for delivery of teaching.
- The impact of differing modes of assessment should be monitored periodically to ensure that appropriate pathways are available for all students.
- Flexibility and choice over assessment methods should be considered and reviewed regularly, paying regard to the diversity of students as well as to desired learning outcomes.
- Students should be fully informed about potential assessment mode choices, and may need detailed advice when exercising these choices.

- Staff must be resourced adequately to learn more about diverse needs, and to design and implement changes in the curriculum, modes of delivery, and assessment methods.

### **8.3.6 Training and supporting staff to improve communication and delivery of teaching, and to better understand the impact of assessment methods**

We discuss two examples here. The first relates to the use of the web to provide resources for staff. One of our case study institutions had created a substantial staff resource on *Thinking about Dyslexia* via the web, as a means to help the development of practice. This included 33 video interviews “intermingled with quick help on inclusive teaching methods and reasonable adjustments, and supported by in depth documents”. Two questions were posed here: how were staff developing their teaching practices in ways that suit the wide range of approaches to learning which dyslexia presents, and what is the student perspective? Videos and guidance were arranged across three themes, with reference to 19 “topics in academic practice”. Amongst the specific matters covered were planning of module content, mind-mapping, podcasting, webCT and students tape-recording lectures and meetings. Video material was intended to give insights into how students experience dyslexia in their studies, and how staff teach in ways that include a range of approaches to learning. Attention was also given to assessment and marking issues, with suggestions about such matters as giving feedback and adjusting deadlines. This site seemed to offer an informative and intelligent way of providing insights and encouraging change.

The second example focuses on small-scale exercises aimed at improving teaching delivered electronically, and facilitating better understanding of the implications specific impairments may have for e-based assessment. A HEFCE-funded (Centre for Excellence in Teaching and Learning) initiative on Active Learning in Computing (ALiC) has brought together four institutional partners. Although the team is primarily concerned with group and project work, some staff have been producing training tools for improving teacher sensitivity to specific impairments in e-learning delivery. Amongst external influences on this has been the work of the Joint Information Systems Committee (JISC) TechDis Service, which supports the education sector with advice and guidance on disability and technology. Informed also by consultations with a Disability Services manager (himself disabled) and other staff, a small group has created an accessible site (linked to other relevant sites) which includes sample questions (with some simulations) in relation to ‘visual, motor, hearing and cognitive impairments’. The elements of simulation used relate to very practical implications for receiving taught material, and are partly focussed on implications impairments may have for attempts to conduct e-assessment (involving issues such as the impact of imposed time constraints, uses of colours, and over-complex language or layout). Initial pilot work with staff trainees raised issues in feedback about the lack of direct guidance for practice, to complement the indications of difficulties. This led to the production of summary good practice guides, and these are accessed by links from the main website pages. The designers are now moving towards further testing which will draw upon focus groups of disabled students. The staff training aims to raise awareness of potential problems in delivering teaching materials, and in administering certain kinds of assessment (initially in computer science but subsequently in some other areas too).

Conclusions from these two short accounts are:

- Resources to assist staff can take many forms, and training should range from the general to the much more specific.

- Attention must be paid in an ongoing way to specific impairments, in order to plan and design for more inclusive teaching and assessment, and to reduce barriers.
- Research, consultation and testing are important at many levels of activity.

## **8.4 Generating an agenda for a good practice and innovation toolkit**

This section briefly summarises some of the key ingredients that might together constitute a portfolio for ‘the proactive good practice institution’. The summary looks a little beyond the scope of the present study, by indicating the agenda that would need to be explored in more depth with institutions to generate a good practice and innovation toolkit. We build heavily on the previous section.

The accounts above show that key steps for institutions are likely to include: improving the campus (8.3.1); ensuring that websites are adequate (see 8.3.2); keeping under review the support systems and documentation for individuals while simultaneously paying attention to inclusiveness (8.3.3); and making full and systematic use of impact assessment (8.3.4). All institutions also need codes of practice that are sufficiently comprehensive, although we did not attempt to outline key ingredients of formal codes via an exemplar, since it seems likely that ongoing exchanges of ideas amongst institutions will be the most appropriate way forward. It is also important to continue the work of staff training for improved teaching, communication and assessment, and we offered some points on these in 8.3.5 and 8.3.6. At the same time, consultation and participation ought to be demonstrable across a range of activities (and this was for instance touched on briefly in 8.3.6). On the finance side, an area for regular attention should be the circumstances experienced by disabled students themselves, and we were a little surprised that good practice examples offered to us via the questionnaire did not seem to highlight any specific in-depth explorations or monitoring of financial experiences, opportunities and barriers, or of the pathways of part-time students.

Bringing together the above points with findings from other parts of our research, we now summarise elements that subsequently might provide building blocks for a toolkit or set of guidelines. The two boxes below represent a summary of some of the essential ingredients. Creating a toolkit would require a much fuller exploration of possibilities and pitfalls, via consultations with institutions, so our suggestions are tentative. The first box is a reminder of what being effective and proactive implies in terms of orientations within day-to-day practices and policy-making across the board. The second box reminds readers of some particular areas of performance mentioned in our report, where improved practice might deal with deficiencies and could move more institutions into line with the exemplars that already exist.

## BOX 8.4

### **An effective approach to disability issues within a good practice environment**

A good practice organisation will seek to achieve:

**Mainstreaming** of disability issues, so that progress does not rely too heavily on ad hoc initiatives, and with central management and administration itself committed to ongoing inclusion of disability across all areas of activity.

**Effective formalisation of best practices**, through appropriate documentation and procedures (including written codes, regular consultation with staff and students, and participation).

**Sensitivity and awareness** in the handling of disabled students' diverse needs.

**Ongoing improvements in data collection and use**, with regular information flows complemented by periodic specialist investigations of circumstances and problems.

**Some revisiting** from time-to-time of areas previously dealt with, so as to avoid complacency and to check for continuing effectiveness of implementation.

**Adequate and evolving support for staff at all levels**, to help improve services and responses, taking proper account of the resources (including staff time) that must be dedicated to meeting equality goals.

**Increasing accessibility as an institution**, thinking across the range from physical access to communications and policy transparency.

**Continuity and stability in service provision for students**, while also being ready to innovate to improve what is being offered.

## BOX 8.5

### **Particular target areas to focus on for a good practice institution**

**Continuing to improve sites, access and facilities** through physical change, 'joined up' management, better equipment, and moves towards the 'smart campus'. Ideally there will be a longer-term vision of the campus as a more receptive and inclusive physical environment, in which new technologies could have important roles to play alongside improved buildings.

**Ensuring that websites are effective, and that adequate information is readily accessible.** Features are likely to include a specific location for disability services information well linked to main pages, links from the main site to the DES and/or disability statement, suitable contact details, and information on accessibility of buildings.

**Keeping under review the support systems and documentation for individuals while simultaneously paying attention to inclusiveness.** Good practice acknowledges issues



faced by students with particular impairments, and seeks better to understand individual needs. At the same time, institutions should become as inclusive as possible across all their relevant activities, procedures and documentation, from initial publicity through to graduation. A stance that effectively encourages and facilitates disclosure may contribute to better take-up levels of funding.

**Pressing on with development and implementation of EIA.** This demonstrates commitment at senior levels and in central management processes, and can be a means through which leaderships take more direct 'ownership' in relation to disability issues. Considerable investment of time and staff resources may be required, planned stages or a rolling programme may be appropriate, and data availability and consultation mechanisms will need fully considering.

**Work should be ongoing towards improved teaching, communication and assessment.** Attention must be paid to specific impairments in order to plan and design for more inclusive teaching and assessment, and to reduce barriers. Student perceptions of assessment need to be kept under review, and may help inform curriculum change and plans for delivery of teaching. The impact of differing modes of assessment should be monitored periodically to ensure that appropriate pathways are available for all students.

**To underpin the drive for change it is very important to develop and continue the training and support of staff.** Staff must be resourced adequately to learn more about diverse needs, and to design and implement changes in the curriculum, modes of delivery and assessment methods.

**On the finance side, an area for regular attention by institutions should be the circumstances experienced by disabled students themselves.** It would be helpful to have some specific in-depth explorations or monitoring of financial experiences, opportunities and barriers, for particular categories of students (mature students, part-time students, etc.).

## 8.5 Potential options and issues for the future

The development and implementation of EIA needs to be supported and monitored, as it could prove central to moving proactively beyond impairment-specific initiatives. There are two potential challenges, however, which need to be faced. First (and despite frequent claims that a strong business case exists for diversity strategies generally), full implementation is likely to prove demanding and expensive in terms of staff time. Those instances of development reported to us showed the depth of commitment, planning, testing and interactions needed. Furthermore, much of the cost will become regularised rather than necessarily diminishing after an early investment, although the system should help create much greater sensitivity in policies and practices. Second, the data implications of developing effective EIA are very important. Again, this could prove expensive to manage, particularly if systematic rather than impressionistic insights into policy effects are being sought, and if measurements are to be adequately rigorous. At the same time, disability is only one of several elements within EIA, implying a fairly complex set of arrangements to gather information and perceptions, and to review impact. Given these issues, further exhortation may be an insufficient strategy for governmental bodies. Options might be explored for giving more practical encouragement, and for looking into issues of data and consultation practice. Thus we recommend further investigation around EIA, including deeper engagement with questions about data needs,

staffing and procedural practicalities. This is something where an initiative from national levels could prove very beneficial.

HEIs and FECs do not particularly seem to emphasise the merits of and opportunities for student consultation and participation, although good consultation offers one of the essential ways of learning how to enhance performance. While our material may not fully reflect the extent of participation, and although there can be problems in getting people involved, there may well be a case for fuller and more diverse involvement of disabled staff and students (and their organisations) in some institutions. This issue may be especially salient for England. Perhaps moving forward on consultation processes might be an appropriate theme for further enquiry across HEIs and FECs.

The ongoing positive impact of HEFCE and HEFCW became evident in our investigation, and the significance of supportive intervention should be fully understood in future planning. Catalyst effects from funding or specific initiatives and projects are hard to quantify, but it is not certain that HEI and FEC management or teaching staff can be relied upon to prioritise disability simply on the basis of central government advice. It seems probable that a key benefit of having ongoing direct HEFCE or HEFCW involvement and targeted funding is that the effects might be crucially important with senior staff, as well as in the more visible field of innovative projects close to the teaching 'coal face'. Although changes and innovations in funding and programmes can be of great value, there are also merits in having a clear sense of continuities from an HEI perspective, in available levels and flows of dedicated funds.

We conclude with a further point about resources and governmental intervention, complementing those already made. The pace and depth of positive change in numerous domains may well be influenced strongly by future resource availability, both in respect of the fuller mainstreaming of disability equality, and the widening of commitment by individual teaching staff. The costs of change seen from within institutions may appear considerable, and likely to continue to grow in many areas of work. Given this context, continuing commitment by HEFCE and HEFCW will be significant for maintaining momentum. One modest option for the immediate short-term could be to explore in detail the ways in which institutions might best handle the costs of change (cast in non-economic as well as financial terms), and to feed into such an exercise some newly-assembled data on the staff and allied inputs needed for specific advances to be made. More important, however, clear targeting of key areas for development could well prove invaluable as a further stimulus to institutions. Perhaps one attractive option might be a rolling programme of encouragement, focussed on a succession of key themes year by year, with some supporting or complementary expenditure available as better practices are being developed or demonstrated. EIA (as noted above) could be a clear case for intervention, as could systematic consultation with students and staff. Another example might cover work towards better engagement of staff themselves (including developing processes of participation and consultation for all staff in institutions, as well as more effective release arrangements to encourage take-up of training).

We have pointed to the possibilities of generating a good practice toolkit, and this would probably require a separate collaborative initiative under the leadership of HEFCE and HEFCW.

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# Acronyms

ADA	Americans with Disabilities Act
ALERT	Accessibility in Learning Environments and Related Technologies
ALF	Access to Learning Fund
ALiC	Active Learning in Computing
BSL	British Sign Language
CRC	Commission for Racial Equality
CSV	Community Services Volunteers
DAT	Disability awareness training
DET	Disability equality training
DED	Disability Equality Duty
DEP	Disability Equality Partnership
DES	Disability Equality Scheme
DDA	Disability Discrimination Act
DfES	Department for Education and Skills
DIUS	Department for Innovation, Universities and Skills
DPP	Disability provision plan
DRC	Disability Rights Commission
DSA	Disabled Student Allowance
ECU	Equality Challenge Unit
EIA	Equality Impact Assessment
EHRC	Equality and Human Rights Commission
EOC	Equal Opportunities Commission
FEC	Further education college
FLASH	Focussed Learning and Self-Help
HE	Higher education
HEFCE	Higher Education Funding Council for England
HEFCW	Higher Education Funding Council for Wales
HESA	Higher Education Statistics Agency
HEI	Higher education institute
HR	Human Resources
LfAQ	Learning for All Questionnaire
LTC	Learning and Teaching Capital
NADP	National Association of Disability Practitioners

NAO	National Audit Office
NDS	National Data Strategy
NDT	National Disability Team
NSF	National Student Forum
NUS	National Union of Students
QAA	Quality Assurance Agency for Higher Education
RCP	Royal College of Psychiatrists
RNIB	Royal National Institute for the Blind
SCIE	Social Care Institute for Excellence
SENDA	Special Needs and Disability Discrimination Act
SHEFC	Scottish Higher Education Funding Council
SITS	strategic information technology systems
SKILL	National Bureau for Students with Disabilities
SPACE	Staff-Student Partnerships for Assessment, Change and Evaluation
SpLD	Specific learning difficulties
SRIF	Science Research Investment Fund
UCAS	Universities and Colleges Admissions Service
YCS	Youth Cohort Study