



Models of support for students with disabilities

Report to HEFCE by

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November 2017

Institute for Employment Studies

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REAP is an externally funded research group based in Lancaster University's Department of Educational Research, which explores the factors contributing to exclusion from learning as well as looking at the ways in which barriers to participation can be removed. It works closely with the Centre for Social Justice and Wellbeing in Education, and HERE@Lancaster (the Centre for Higher Education Research and Evaluation).

Acknowledgements

The authors are indebted to Grace Simpson and Sarah Howls at HEFCE for their support and project management, and Rebecca Finlayson at HEFCE for her support in providing relevant data analysis and statistics. We are also grateful to the representatives in the universities and colleges who provided information for the survey responses, and particularly to those who collated and coordinated the institution responses; and also to the staff in the case study institutions for their enthusiasm, frank feedback and detailed insights.

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IES project code: 00099-4644

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Executive summary

Introduction

This report presents findings from the first phase of a two-part study¹ to review the levels of support for disabled students across the higher education (HE) sector in 2016/17 and the progress made by providers towards an inclusive social model of support. It is set against a context in which:

- a. the numbers of disabled students have dramatically increased with particular increases in the proportion of individuals with mental health conditions and specific learning difficulties;
- b. the funding for institutions and for individual students has changed (shifting more responsibility on to providers); and
- c. the prevailing model of disability is gradually moving from a medical model (a problem belonging to the disabled individual) to a social model (where it is society that disables individuals).

The study involved an online survey of 137 providers in receipt of Higher Education Funding Council for England (HEFCE) additional funding² to develop inclusive teaching approaches to support disabled students; and in-depth case studies with 13 providers which gathered detailed insights and feedback from 59 individuals in various roles (including both staff and student representatives).

Governance, organisational structures and budgets

- Strategic responsibility for supporting disabled students rarely sits with a single person or single location within the institution, rather the needs of disabled students are represented on the senior executive team and in a range of key/influential boards and committees. This is felt to reflect the commitment of institutions to supporting disabled students, and also illustrates the cross-cutting nature of this area of work. The

¹ The second phase will revisit higher education providers (HEPs) at the end of the 2017/18 academic year to assess the impact of the increased HEFCE funding to support disabled students.

² Only providers receiving £20,000 or more were sampled for the survey. This includes further education (FE) as well as HEPs, and specialist institutions as well as those with a broader portfolio.

senior executive team also tends to have responsibility for deciding the disability services budget.

■ **Key Indicator 1:**

90% of higher education providers (HEPs) have written policies describing the support and provision for disabled students, covering:

- Assessment (91%)
- Teaching and learning (82%)
- Student support (80%)
- Accommodation (66%)
- Student experience (44%)
- Inclusive curriculum design/universal design (43%).

Almost all institutions have written policies describing the support and provision for disabled students, but these tend not to be updated annually. Typically policies cover assessment, teaching and learning, and student support rather than the student experience and inclusive curriculum design. There are indications that inclusive curriculum design is associated with maintaining or reducing the numbers of self-declared disabled students, perhaps suggesting that with embedded inclusive practices students may not feel the need to self-declare in order to access support. This is worthy of further exploration.

- Approximately half of the institutions have policies relating to specific categories of disability or groups of students, most commonly for students with mental health problems and those with specific learning difficulties – and these represent the largest groups of disabled students in the sector. Other policies, strategies and action plans can include staff development plans and capability/fitness to study policies (to identify students at risk and to provide more intensive support).
- Budget levels are usually influenced by the number of disabled students, historic spending patterns, and availability of internal funding and external (Disabled Students' Allowance (DSA)) funding. The budget for disability services tends to form part of a larger budget incorporating a range of student support services. There are indications that institutions vire funding across student services and disability services; they can and do make 'a business case' for additional funds which are generally approved. Core disability services also seem to have autonomous control over their budget, making decisions about how this is best spent.
- Changes in external funding (largely reductions in DSA) can be challenging for institutions and appear to have two results:

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- a. Institutions are looking to draw funding from a variety of sources but increasingly looking to their core institutional funds to resource activities. Core institutional funding is the main strand of income for supporting disabled students and the disability services infrastructure, but can also act as seed funding to support moves towards inclusive learning and to 'make good' the reduction in DSA support.
 - b. Institutions are finding it necessary to trial different approaches to support, and to be more proactive and anticipatory. Institutions hope that by working to improve accessibility, increase the use of and access to assistive technologies, and mainstream reasonable adjustments, it will over time reduce the need for additional funding of individual adjustments for disabled students.
- There is some concern that external funding for supporting disabled students will decrease further in the future. The additional funds from HEFCE are therefore appreciated but there is some lack of detailed awareness of these additional funds and/or how they are used. This is, in the main, because funding from a range of sources tends to be aggregated into one overall budget for student support so tracking HEFCE funding within this overall budget can be difficult. Those who could track the use made of the HEFCE funds were using them to move to a more inclusive approach in teaching and learning in six areas:
 - a. expanding disability services and providing additional staff (sometimes with a specific faculty perspective);
 - b. responding to the rapid rise in students with mental health problems with increased counselling staff and mental health practitioners;
 - c. providing training and/or resources;
 - d. expanding assistive technologies such as supporting the roll-out of lecture capture and increasing availability of online resources;
 - e. creating/extending dedicated learning support posts; and
 - f. improving inclusivity of teaching and learning.

Organisation of support

- There is an interest among HEPs in operating – as far as possible – an entirely in-house model of support (directly employing their staff) and this is felt to allow: students to be fully integrated into the institution, greater flexibility to respond to students' needs, innovative practice, better quality assurance, consistency of practice, and continuity of provision.
- The majority of disability services are co-located with other student services – creating a one-stop-shop with the ability to triage and signpost to support and provide joined-up services.

- Day-to-day responsibility for disability services tends to be held by a disability services manager, head of student services or head of wellbeing. These individuals manage their team (including support workers, disability advisers and officers, tutors, and admin staff) and internal non-medical helper (NMH) support workers and ensure understanding and compliance with legislation, but also tend to be practitioners, advising staff and students.
- In-house support for disabled students tends to be provided through a combination of central support (often via a number of discrete/targeted/specialised teams which focus on the student experience) and faculty (or even school or department) level services focusing on academic concerns. In some institutions, a third level of service is provided by individuals with a more personalised pastoral role. However, institutions recognise that supporting disabled students is an organisation-wide responsibility, and staff at all levels and in all roles have an important part to play.
 - **Central support** can include specialist disability advisers, often with specialisms in mental health and specific learning difficulties (less commonly in visual or hearing impairments), and advisers specialising in academic/literacy/library support or use of technology. Centrally provided services cover the whole of the student life cycle from supporting their transition into HE (from one level of study to another), during their time in HE and, in some cases, to employment. Central services lead projects and targeted initiatives, record and monitor provision (delivery and take-up), and ensure promotion of the services available (through a variety of channels and media). Centrally provided services also work closely with academic departments, providing consultancy about disability issues, advice on making reasonable adjustments, guidance on inclusive learning practices and providing training. This collaborative exchange of student service expertise increases the likelihood of academic colleagues being aware of the needs of specific students in relation to learning environments/delivery and in assessments (e.g. how to adapt teaching, learning and assessment), and that students access all relevant information and learning materials in an accessible format.
 - **Faculty level support** often (particularly with larger institutions and/or those experiencing large increases in DSA recipients) involves identifying academic staff within faculties/departments with an explicit role – alongside other responsibilities – to support disabled students. A faculty focus helps to ensure subject/discipline issues are taken into account in supporting disabled students. Support at faculty/department level acts to implement individual action plans and operationalise inclusivity practices.
- Some institutions buy in limited external services, generally to help assess whether students have a disability or to provide (additional) NMH support, and there are concerns that with the changes to DSA, in relation to the selection of DSA providers, the requirement to use external services may increase.

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- Others also gain support from external statutory agencies such as NHS, health and social care services. These were most commonly used to help provide support for those with mental health conditions/issues (with links made via the institution's counselling service) or personal care for those with complex needs; links with on-campus GP practices were used to help with individual students in cases of concern or more strategically to support student welfare.
 - Institutions feel that reliance on these external agencies/services will remain the same or increase (rather than decrease) with changes in DSA requirement and a move to a more inclusive approach. As the numbers of disabled students are continuing to increase, there will always be students with complex or profound conditions requiring one-to-one specialist support which due to DSA requirements may move to external provision, and so it may make strategic sense to develop closer relationships with agencies particularly around mental health support. Institutions can also work with charities to provide additional support and advice on a wide range of issues.

Inclusive support

- **Key Indicator 2:**

60% of HEPs rate themselves at 6 or higher (on a scale of 1-10) in terms of inclusiveness³, but no providers consider themselves to be at 10 (fully inclusive), they need:

- Greater staff engagement with training (44%)
- Adjustments to estates and technology (38%)
- Inclusive assessments (18%)
- Inclusive teaching and learning (11%).

All institutions report that they are moving forwards with the inclusive support agenda, and similarly all feel the move to inclusion is a positive one (although this is not to suggest that there is widespread commitment or awareness of inclusive support within institutions). Some institutions have had a commitment to adopting an inclusive agenda for some time and have made significant progress, but others are new to this. Most commonly, institutions regard themselves as being slightly more than half-way to 'fully inclusive' (from 'not inclusive').

- Generally, smaller institutions, FE colleges and specialist higher education institutions (HEIs), and those with a higher proportion of disabled students, feel further along their journey to inclusive provision. Institutions feel more needs to be done and feel

³ Scale from 1 'Not inclusive' to 10 'Fully inclusive'. This is a self-assessed measure so comparison across institutions is limited. It is however useful as an aggregate measure and to explore changes within institutions over time.

this can be achieved by increasing or improving staff engagement in training, more adjustments to their estate and the technologies used and offered, and by making assessments inclusive.

- An inclusive model of disability support is most commonly understood to include accessibility of estates and online materials (thus physical and virtual environments), and covers accessible teaching, curriculum and assessment. It can also be understood as a whole-institution approach that will reduce (but not entirely remove) the need for individual adjustments. Typical inclusive support measures include:
 - Pedagogical changes including use of technology to ensure learning resources are inclusive, for example providing lecture notes in advance (although some institutions only do it for some students), lecture capture, making course materials available online (often via virtual learning environments (VLEs)) and ensuring these materials are accessible and in a variety of formats, making specialist software available to all students, accessibility-testing software and technology, and offering alternative assessment methods.
 - Changes to design, development and procurement processes to embed inclusive learning into module and programme development and evaluation (over 90% have reviewed or plan to review provision) and to consider inclusion during procurement (e.g. the purchase of hardware, software or texts).
 - Awareness-raising campaigns (and services) to promote well-being, the availability of services offered by the library, or learning developers offering general and more focused academic support.
 - Changes to administrative processes, for instance monitoring attendance to identify potential well-being issues (generally with academic staff flagging low attendance to student services rather than having an automated system which notifies student services).
- Most institutions reported high variability in their implementation of inclusive teaching and learning approaches. This results in patchy and inconsistent practice and pockets of good but also poor practice. Institutions therefore highlight the importance of bringing about cultural change and getting staff buy-in as they move to greater inclusion. Shifting the culture is about helping/enabling all staff to:
 - a. think more broadly and to understand and embed inclusive practice;
 - b. overcome individual (often subject and course-related) fears and reluctance;
 - c. think beyond making reasonable adjustments for individual students and think about accessibility for all;
 - d. recognise that inclusive practice is not just a technical issue that is dealt with by someone else but can and should be supported by all; and
 - e. recognise that changes can be small yet still make a big difference.

■ **Key indicator 3:**

78% of HEPs use lecture capture (audio or video recording of lectures), but of these only 20% recorded more than half of all lectures.

Assistive technology (general digital) has a key role in moving towards greater inclusivity and accessibility to help all students. Technology can increase **accessibility**, by which we mean providing material in a format the student can read or engage with using a screen reader. It can also aid **inclusivity** which may also involve thinking about the content and examples used, as well as providing content in different forms e.g. text, video, online quizzes, discussion fora.

- The most common form of assistive technology is lecture capture, and the majority of institutions use audio or video recording of lectures (likelihood increases with the size of the provider) for at least some of their lectures – either focusing on specific courses or subjects, with certain academic staff opting in (i.e. tutor discretion), or with only certain buildings/rooms offering the facility. Most of those who do not currently have lecture capture plan to get it in the future (but this may require overcoming staff reluctance).
 - Other common assistive technologies (available in at least two thirds of institutions) are: mind-mapping software and document reading software which tends to be offered to all students, and also speech recognition software which tends to be available to disabled students. Less commonly available software (used in less than one third of institutions) includes note-taking and recording (generally for disabled students only) and also document conversion for all students.
 - Some institutions have staff dedicated to developing and promoting assistive technologies.
- Another common step towards ensuring learning resources are inclusive includes staff training and induction. This is recognised as important for providing staff with information, guidance and support about making resources accessible (e.g. using heading style sheet, adding an alt text to images) or encouraging inclusive pedagogical practices. Inclusive learning modules are also embedded into institutional and Higher Education Academy (HEA) academic programmes such as Postgraduate Certificates of Academic Practice.
- The majority of institutions provide alternative assessment methods for disabled students. Generally alternatives are not offered as standard, or available for all students, rather they are considered on a case by case basis. Most commonly they offer written assignments instead of exams or presentations; or, the opposite, changing an essay or written assignment into a viva, presentation or oral assignment. Other alternatives include presenting to a smaller group or the tutor alone, video presentation, additional time in exams, providing course-work in place of an exam. Many offer guidance for staff on marking work. Although alternative assessments

meet requirements for reasonable adjustment there is a limited move towards more widespread inclusive assessment practice. Where this exists it often sits with an enthusiast or at departmental level. This is an area requiring further sector support including consideration of subject/disciplinary needs.

- Institutions offer counselling services which are available to all students, and are in high demand (HEFCE, 2015a). A related inclusive agenda of wellbeing activities is also aimed at all students (although wellbeing is still strongly associated with central services rather than a feature of an inclusive curriculum). The majority of providers promote wellbeing activities with their students, often through regular events, workshops and courses focused on particular issues (e.g. stress management), wellbeing weeks and days, and presence on social media. These can tie in with wider national campaigns such as Time to Change. Less common is institutional involvement of their students' union or the use of drop-ins or telephone/online activities. Institutions also offer counselling services which are available to all students, which are in high demand.

- **Key Indicator 4:**

52% of HEPs have an accessibility plan, and:

- Have almost fully accessible social/recreational space⁴ (47%)
- Have almost fully accessible teaching and learning facilities (38%)
- Have almost fully accessible accommodation (19%).

In terms of estates, institutions are more likely to have fully accessible social and recreational spaces than teaching and learning facilities or accommodation. Larger and high tariff institutions are less likely to have fully accessible campuses (perhaps reflecting the size and also age of their buildings and planning restrictions).

Institutions are working hard to make their campuses accessible and inclusive.

Around half of institutions:

- have an accessibility plan and many others are working to assess accessibility;
- use an accessibility checklist when involved in new builds or redesigns; and
- have a named individual in estates with responsibility for providing advice on accessibility for disabled students.

- Institutions offer a range of training to staff (to specialist disability staff and wider staff) that is regularly updated rather than provided only once. Training tends to be a mixture of face-to-face and virtual delivery, it is generally voluntary (not mandatory) and available to all individuals in a staff group. Training is most likely to be directed

⁴ Over 90% of the estate is considered fully accessible

at academic staff, library staff, those in teaching support roles and less commonly made available to research and research support staff. Training includes: general disability awareness often combined with training about specific conditions (sometimes involving external providers, and most commonly provided to academic staff), safeguarding, assistive technologies, first aid, and suicide prevention.

Disclosure

■ Key indicator 5:

88% of HEPs encourage disclosure at all (measured) stages of the student lifecycle:

- Pre-application (95%)
- During application (96%)
- Pre-entry (97%)
- At entry/induction (99%)
- On-course (95%).

■ The vast majority of providers take active steps to encourage disclosure at every stage of the student lifecycle: from pre-application, through entry/induction, to being on programme. They consider themselves open and encouraging.

■ Providers have multiple ways of encouraging disclosure, from the very earliest interactions they have with students at initial open days etc. Services are promoted through various channels such as webpages and intranet, electronic notice-boards, stands, talks and presentations at institution-wide events (open days, induction week, freshers' fair) and leaflets sent to all new students; also less widespread promotion such as word of mouth (which can turn into referrals), targeted direct email contact from the disability services, and opportunities for informal discussions with the support team and/or individual visits. Generally students who disclose a disability are asked to complete a questionnaire which can be used to develop an individual action plan, and design appropriate services.

■ Pre-enrolment disclosure is particularly appreciated but institutions recognise that disclosure is not always possible at this early stage and some students will need to disclose later in their course/student journey. It was felt that routes to HE study may play a part in when students can/feel the need to disclose a disability – perhaps with those coming from the workplace being reticent and needing additional encouragement.

Monitoring and review

■ Key Indicator 6:

67% of HEPs engage with their students' union/guild on issues around disability services.

Institutions do engage with their student body on issues around disability services, generally through their students' union or guild (who can act to represent the voice of students); and many of these, especially in the larger providers, have a nominated disability representative. The students' unions and guilds often work directly with the head of disability services, and also sit on key working groups and committees. In contrast, a relatively small group of institutions gather feedback via surveys and/or focus groups of their students, and this is often focused on the experience of and satisfaction with the disability service (among users and non-users).

■ Key Indicator 7:

85% of HEPs are currently or have recently taken steps to review their support for disabled students.

A majority of providers had either undertaken a review of their provision for disabled students in the last year or so, or were in the process of conducting a review at the time of the survey. While reviews covered a range of issues, common themes within reviews were dealing with the cuts to DSA funding, and inclusive teaching and learning. These two themes were often linked, with providers looking at how embedding inclusive practices can reduce the need for support that had previously been funded via DSA. Similarly, where reviews covered technology issues, there was often a link to the impact of the DSA changes. Reviews commonly resulted in an increase in disability services staff, an increase in technology expenditure, or changes to policies around disability provision.

■ Key Indicator 8:

98% of HEPs sought to evaluate the effectiveness/impact of their support for disabled students:

- Surveyed disabled students (91%)
- Compared the academic results of disabled/non-disabled students (84%)
- Compared the satisfaction of disabled/non-disabled students (59%)
- Undertook qualitative research with disabled students (54%).

Providers reported using a range of methods to evaluate the effectiveness and impact of their disability services. Student surveys appeared the most widely used method, while analysis of attainment, retention and student satisfaction data was also commonly used, although fewer providers gathered formal qualitative feedback from

disabled students. The methods used were generally developed according to the needs of the institution, with some having regular evaluations while others did it on a more ad hoc basis, for example evaluating the implementation of a new service or a pilot project involving software or inclusive assessment. However, some providers mentioned that it was often difficult to link outcomes for disabled students directly to the support provided, because of the wide range of potential confounding influences. Although none referred to directly addressing this issue, the recent audits, reviews and monitoring and evaluation of disability services are increasing understanding of students' use and feedback. In addition, 70% of institutions anticipated trying new and/or different methods in the future to evaluate their support such as reviewing by specific disability group, increasing the use of focus groups, having larger sample sizes or wider distribution of surveys and creating a central dataset to aid analysis of institution data by disability.

Overall views on provision

- There was a fairly widespread feeling among providers that how they organised and trained their staff in supporting disabled students was something that they were doing well. Staff organisation and training covered many aspects, such as linkages between disability services staff and academic staff, the quality of the support provided by specialist staff, the personalised nature of support available to individual students, and good awareness of disability issues among academic and other non-specialist staff. Relatively few providers felt that they needed help or support with staff issues in relation to supporting disabled students, and where providers did need more help or support it was around increasing staff training in understanding of inclusive teaching, and dealing with the increased needs from escalating numbers of disabled students alongside the withdrawal of DSA support.
- Inclusive curriculum design and teaching and learning practices were areas where many providers felt they were currently doing well, although these were areas most commonly identified as a priority for the future, or for which providers felt they needed more support. Specific priority or support areas highlighted were: demonstrating the equivalency of alternative assessment methods, and greater buy-in from academic staff for inclusivity in curriculum design and delivery.
- While some providers (one in five) felt there were doing well in using assistive technology to support disabled students, there were more (approx. 30%) who identified it as a priority for the future. The introduction of, or increased use of, audio and video recording of lectures was commonly mentioned as something providers were planning to implement, as well as working with their IT centres to improve the accessibility of all digital resources such as VLEs. Provision for students with mental health problems was also considered a priority by a sizeable minority of providers.

Suggestions for institutions and sector bodies

A number of suggestions emerged from the findings and feedback for the sector and its institutions:

1. Consider the use of 'champions' to promote inclusive practice
2. Provide clear guidance on the rationale and impact of the funding changes
3. Identify alternative funding streams to resource longer term efforts for inclusion
4. Support effective use of specialist software
5. Improve accessibility of digital resources
6. Support further development and use of lecture capture
7. Promote greater understanding and use of alternative assessments
8. Raise awareness of inclusive approaches and change the institutional culture to gain true staff engagement
9. Ensure greater clarity of approach to staff training
10. Continue to encourage disclosure across the entirety of the student journey
11. Establish a clear programme of evaluation.

Areas to explore further in the next phase of the study include:

- The relationship between disclosure, DSA funding changes and inclusive provision.
- Understanding of, and terminology used for, in-house provision and for inclusive models of support.
- Impact of DSA administrative requirements on in-house provision.
- Tension between delivering focused disability services and inclusive support.
- Progress in raising awareness and changes in culture to support inclusive support.
- Perceptions of adequacy of provision for mental health support needs (in the face of increasing demands).
- Perceptions of accessibility for staff (as well as students).
- Effective use of supportive software.

1 Introduction and Background

1.1 Introduction

The higher education (HE) system in England has undergone significant change over the last 10 years or so and during this time the number of disabled students accessing HE has increased from just over 16,700 new entrants in 2003/04 to over 51,000 in 2012/13, and the proportion of full-time undergraduate students in receipt of Disabled Students' Allowance (DSA) has risen from 3.6% in 2004/05 to 7.2% in 2014/15. These changes have had an impact on institutional services and support structures. At the same time, changes have also been seen in funding for supporting disabled students such as recent reforms to the DSA which placed further responsibilities on higher education providers (HEPs) from 2016/17 for certain levels of non-medical help, specialist accommodation and computer accessories. However, the 2016 HEFCE grant letter prioritised funding towards development of inclusive teaching approaches to support disabled students, and to this end HEFCE doubled the funding for disabled students to £40m in 2016/17 (and this is anticipated to remain at the same level during 2017/18) in order to support HEPs to move towards a more inclusive social model of support.

The Higher Education Funding Council for England (HEFCE) commissioned the Institute for Employment Studies (IES), in partnership with Researching Equity, Access and Participation (REAP) in Lancaster University's Department of Educational Research, to undertake the first phase of a potential two-phase review of the models of support for disabled students. Overall the research will establish the current position of the sector in relation to inclusive models of support and review the progress made across the sector over the next two years. It builds on earlier qualitative work commissioned by HEFCE and undertaken in 2014/15 to explore the funding and support specifically for: i) students with moderate, severe or sporadic mental health problems and/or physical impairments where intensive or multi-agency support is required; and ii) students with specific learning difficulties. This new research is intended to inform how support should be provided from 2018/19 onwards. HEFCE's support for disabled students will transfer to the Office for Students (OfS) from April 2018. This is a new public body which will act as the single market regulator, in place of HEFCE and the Office for Fair Access (OFFA), with responsibility for distributing teaching grant funding and all spending on access (including disability support).

This report outlines the findings from the first phase of the study, which involved a review of the current levels of support and progress towards an inclusive model. A follow-up (second phase) study would be advantageous and could involve a review at the end of the 2017/18 year to assess the impact of increased HEFCE funding to support disabled students.

1.2 Background and context

It is 20 years since HEFCE and the Department of Education in Northern Ireland (DENI) funded 30 projects to develop '*high quality provision for students with disabilities, and to increase participation in HE of students with all types of disability*' (HEFCE 2000: Foreword). Since then there has been considerable change in participation rates, facilities, student and academic services across the sector. Some changes have been informed by legislation influencing the legal requirements HEPs are expected to meet, notably the Special Educational Needs Disability Act (2001), the revised Disability Discrimination Act (2005), the more inclusive Single Equality Act (2010), and Public Sector Equality Duty with its commitment to eliminating discrimination, advancing equality of opportunity and fostering good relations.

During the last 20 years HEFCE has provided targeted funding or introduced metrics to support and influence institutions to:

- Develop their buildings and estates to increase the accessibility of their learning environments and campuses (ECU, 2009);
- Address specific phases of the student life cycle, notably Aimhigher, to tackle aspiration, awareness and admission of disabled students and other identified groups (Aimhigher Greater Manchester (2009); Aimhigher Lancashire (2009));
- Enhance their teaching and learning via Centres for Excellence in Teaching and Learning (HEFCE, 2011) and collaborative projects such as 'What works?' tackling induction and retention (Thomas, 2012; Thomas et al., 2017);
- Provide reasonable adjustments and take an anticipatory approach to address the differential participation and enhance the achievement of disabled students (Student Opportunity fund - HEFCE, 2015c); and
- Monitor progression and graduate destinations where differences in the experiences of different groups of disabled students are evident (AGCAS, 2016).

To support this work, HEFCE has commissioned a number of influential disability-focused reports, including: the review of provision and support for disabled students (Harrison et al., 2009); a report exploring provision for students with mental health problems and intensive support needs (HEFCE 2015a), and the companion report *Support*

for *Higher Education Students with Specific Learning Difficulties* (HEFCE, 2015b). These studies have involved literature reviews, case studies and data analysis. In addition, the Equality Challenge Unit (ECU), the Higher Education Academy (HEA), and Universities UK (UUK) have each invested in and undertaken work across the four UK nations on the support of disabled students. This work has covered broad areas such as recruitment, retention and achievement and more focused topics such as disclosure (ECU, 2012), sensory access to campus (ECU, 2009), use of mental health services (ECU, 2014), and student engagement (May and Felsing, 2010). This body of work has indicated several key issues of relevance, as follows.

1.2.1 Disclosure and terminology

The ECU has explored the issues associated with students (and staff) disclosing a disability, and reported that this raises important implications for the way in which HEPs provide support. The DSA funding model has emphasised a medical/ individualised model of disability that requires individual disclosure to secure financial assistance. Such a model associates the problems and the solutions at the level of the individual rather than the institutional environment, and also social practices which may operate as barriers that disable. Both the bodies responsible for the DSA and many recent initiatives refer to their commitment to the social model of disability which recognises that environment, behaviours, attitudes, services, experiences and contexts can all interact to disable individuals. As Swain et al. (2003: p24) explain *“disability is not something one has, but is something that is done to the person ... being excluded or confronted on a daily basis by barriers”*.

Disclosure is also complicated by language and terminology, as these influence who identifies with the disability label and who is recognised as having a disability by the institution and individual members of staff. A European Social Fund (ESF) project, the Disability Effective Inclusive Policies project (DEIP), identified that many students with Specific Learning Difficulties (SpLD), mental health problems or who are deaf do not relate to the disability label (Coare et al., 2007). Definitions and terminology are relevant to all aspects of the student life experience including student services where institutions may offer targeted activities for specific groups of students, through to inclusive curriculum design and teaching and learning.

1.2.2 Inclusion

Inclusion is often associated with disability, whereas diversity is more typically connected with differences relating to nationality, ethnicity, race, religion, culture, age, and sexual orientation. The HEA have undertaken a number of major initiatives to adopt a more comprehensive understanding of inclusion which encompasses the nine protected characteristics, but rightly extends to the wider issues such as social class. A recent search of their website has over 1,000 results for ‘inclusion’ ranging from Chris Hocking’s synthesis of inclusive learning and learning literature (2010), to inclusive subject specific

guides such as Craig and Zinckiewicz (2010) for Psychology, or through to inclusive principles of 'inclusive curriculum design' developed by Morgan and Houghton (2011) and applied in multiple disciplines. The HEA have collaboratively facilitated more strategic approaches working with Scottish colleges to embed equality and diversity in the curriculum and with ECU to consider disabled student engagement (May and Felsing, 2010). For staff interested and expected to develop more inclusive provision there is a plethora of resources and tools designed to support institutions to review and enhance their provision. However, enabling staff to move from the current reactive response to taking a more proactive approach to inclusion is time consuming, and often staff are not aware that even small changes in their practice can make a considerable difference to individual students, as well as save themselves time and effort.

1.2.3 Technology and Continuing Professional Development (CPD)

There are many challenges and opportunities facing institutions related to the changing student profile, such as the increase in numbers of disabled students including numbers choosing to disclose and those who for reasons discussed may not disclose. Within the teaching and learning context there are other changes which may help or hinder attempts to be inclusive. One example is the transformation in the use and potential of technology to support inclusion. The sector has been supported by initiatives such as the JISC TechDis (an important vehicle for ideas and CPD during the 2000s that continues today as a legacy project <https://www.jisc.ac.uk/website/legacy/techdis>). Technology is important because it offers HEPs possible 'solutions' for greater inclusion. However, this not only requires investment in infrastructure but like many aspects of inclusion requires a model of collaboration that facilitates the exchange of information and expertise between learning technologists, academics and educational developers. Additionally there needs to be an institutional commitment to training and development of staff.

1.2.4 Training and development

Institutional approaches to training and development range from mandatory equality and diversity, unconscious bias, and disability awareness training, through to ad hoc programmes designed to address specific issues identified by the in-house disability service or feedback from the student body. A major lever for inclusion is the UK Professional Standards Framework (HEA, 2011) which positions inclusion as a core consideration and so HEPs' recognition programmes and accredited courses become a mechanism for change at the individual and, over time, the institutional level.

1.2.5 Institutional infrastructure

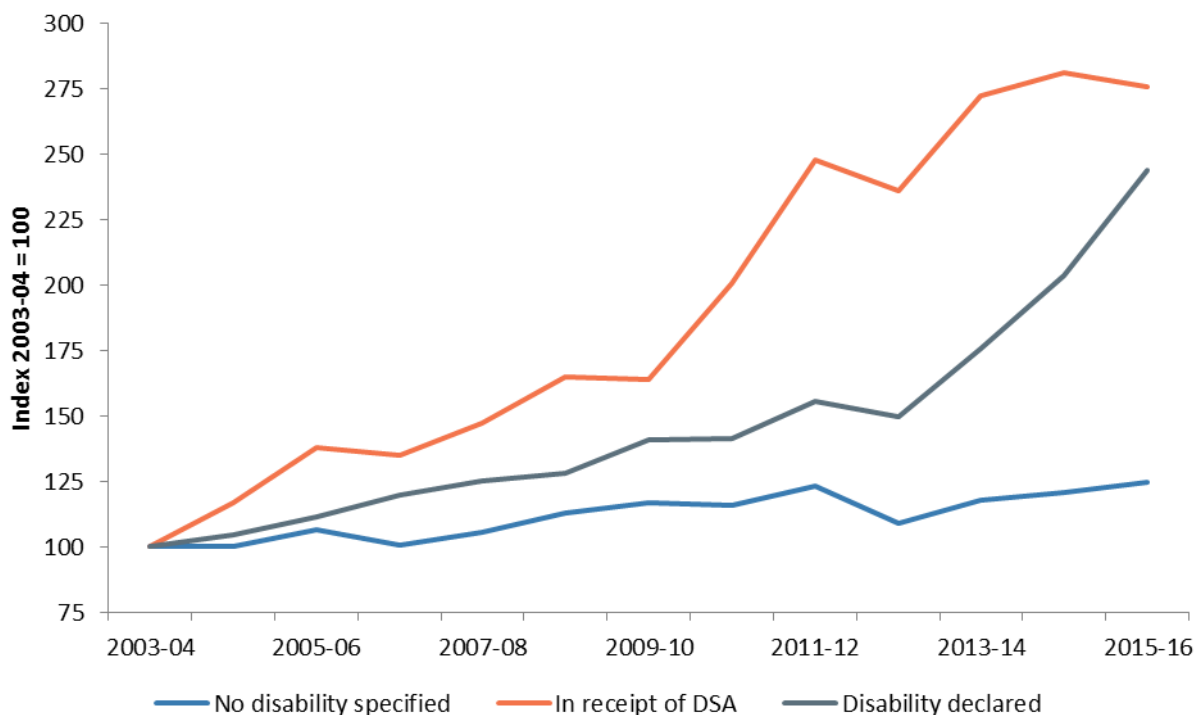
Other mechanisms within HEPs that can support or stifle the adoption and embedding of inclusive approaches relate to institutional governance, which can influence which committees, services and staff within an institution discuss and make decisions relating to

disabled students and inclusion. Mechanisms can include, for example, quality assurance and enhancement processes such as course validation, and peer observation of teaching as well as named champions. Although Higher Education Statistics Agency (HESA) data supports monitoring over time and against benchmarks, there are currently no standard monitoring and evaluation requirements for the effectiveness of retention and success – activities associated with more inclusive provision. As institutions respond to changes in levels of support funded by DSA and the call to adopt more inclusive approaches, there is likely to be a greater interest in assessing the effectiveness of the strategies they explore. There is potential to associate inclusive teaching with wider teaching quality debates connected with the Teaching Excellence Framework (TEF), and currently data relating to disabled students' outcomes are included in the TEF

1.3 Disabled students in HE

The numbers of disabled student in HE, either those in receipt of DSA, or those self-declaring a disability, have risen rapidly in recent years. Figure 1 shows the trend in numbers of full-time UK-domiciled first degree entrants at HEFCE-funded higher education institutions (HEIs) by disability status, expressed as an index with 2003/04 being the baseline year with a value of 100. The figure shows that the number of students in receipt of DSA has nearly trebled between 2003/04 and 2015/16, with the number increasing by 175%, and the number of students with a declared disability has increased by around 140%, while the number of non-disabled students has increased by 25% over this period.

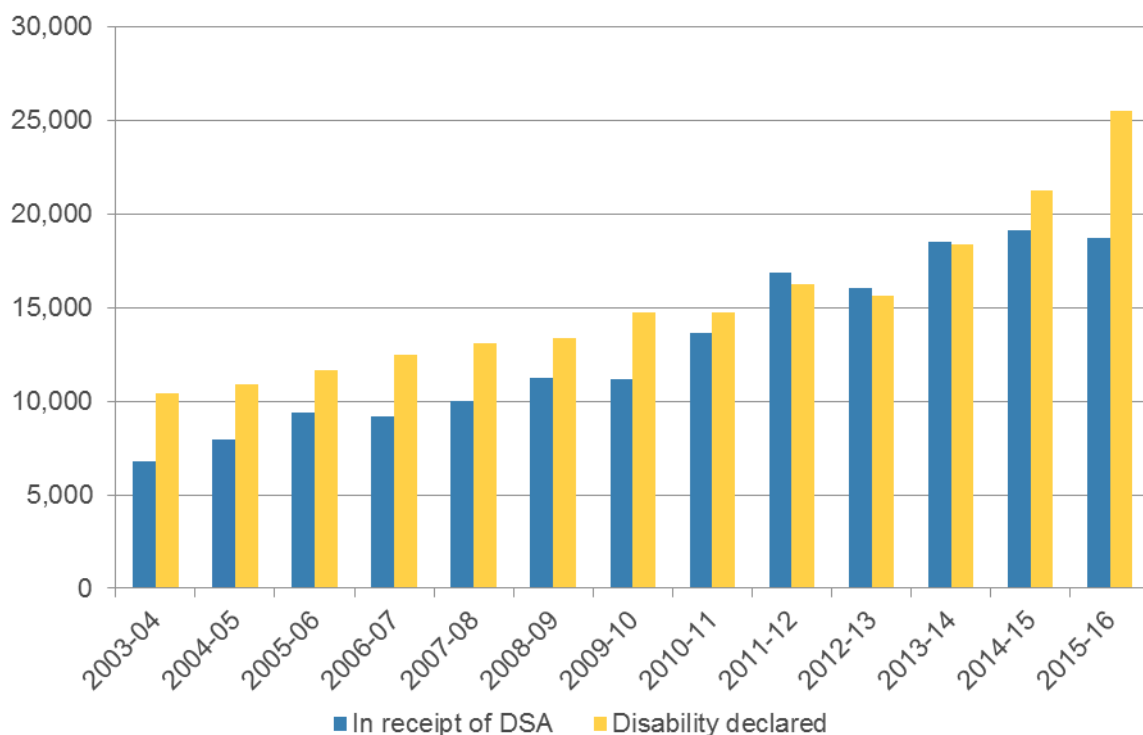
Figure 1: Change in HE student numbers by disability, 2003/04 to 2015/16



Source: HESA bespoke analysis, 2017

Figure 2 shows the actual numbers of disabled students over this period, and shows that the number in receipt of DSA increased from just under 7,000 in 2003/04 to a peak of 19,000 in 2014/15 although the number has fallen slightly in the last year. The number of self-declared disabled students rose steadily between 2003/04 and 2011/12, but at a slower pace than those in receipt of DSA, although numbers have risen at a very fast pace in the last few years to over 25,000 in 2015/16.

Figure 2: Numbers of disabled students in HE, 2003/04 to 2015/16



Source: HESA bespoke analysis, 2017

Table 1 shows the subjects studied by students with different types of disability, impairments and conditions, in 2015/16. Key points to note are:

- Students with mental health problems, social and communication problems, and SpLD were much more likely than non-disabled students, and those with other disabilities or impairments, to study creative arts and design. This subject was studied by 14% of students with mental health problems, 18% of those with social and communication problems, and 15% of those with a SpLD, compared with less than 10% of other students.
- Students with mental health problems (15%), or with two or more conditions (12%), were much more likely than other students (both those with other disabilities or impairments, and non-disabled students) to study humanities and languages.

-
- Students with mental health problems (9.3%), physical impairments (7.7%), visual impairments (7.4%), or with two or more conditions (11.3%), were much more likely than other students to study psychology.
 - Students with social and communication impairments (15%) were nearly four times more likely than non-disabled students (4%) to study computer sciences, while those with visual impairments (7%) were also much more likely to study this subject than were non-disabled students.
 - Students with social and communication impairments were much more likely than non-disabled students to study media studies (4.8% compared with 2.1% of non-disabled students), mathematical sciences (5.0% compared with 2.0% of non-disabled students), and also Physics and Astronomy (3.8% compared with 1.1% of non-disabled students; this is included in the 'Other Subjects' category in the table).

Table 2 shows the trends in student numbers by disability and mode of study between 2008/09 and 2015/16. There has been a small increase in the overall number of full-time students during this period, although this hides a jump in numbers starting in 2011/12 before the increase in undergraduate tuition fees, and a large drop in 2012/13. In contrast, overall part-time student numbers have fallen substantially over this time. However, there has been a five-fold increase in full-time students with mental health problems, and a four-fold increase in full-time students with social and communication impairments, and there were also increases in numbers of part-time students with these impairments. The number of full-time students with two or more impairments doubled during this period, while numbers with a physical impairment studying full-time nearly doubled, and numbers with SpLD studying full-time increased by just over one third.

Figure 3 shows the proportion of disabled students (both undergraduate and postgraduate) that were studying part-time, as opposed to full-time, by disability in 2015/16 (alongside a benchmark of all students and those with no known disability). The proportion of disabled students studying part-time was highest among students with two or more impairments, at nearly 50%, and was also above average among those with hearing impairments, visual impairments, physical impairments, and other disabilities. However, relatively few students with SpLD, or with social/communication impairments, were studying part-time, and so the vast majority (over 80%) were studying full-time.

Figure 4 shows the proportion of disabled students (both full-time and part-time) studying postgraduate courses by disability in 2015/16 (again alongside a benchmark of all students and those with no known disability). The proportion of disabled students studying at postgraduate level was highest among students with hearing impairments, at 22%, followed by those with physical impairments (20%) and those with a long-standing illness or health condition (19%). Students with a social/communication impairment, a mental health condition, or with two or more impairments were least likely to be studying postgraduate courses.

Table 1: Subject of study by disability, 2015/16 (column %)

	A long-standing illness	MH	Physical impairment	A social/communication impairment	SpLD	Visual impairment	Hearing impairment	Other disability	2+ conditions	No known disability
Nursing and subjects allied to Medicine	13.5	6.8	8.4	2.3	13.6	7.4	15.4	9.3	6.2	12.7
Social Studies	14.4	14.2	18.1	7.8	11.8	16.7	13.5	14.8	14.7	12.4
Business, Management and Administrative studies	8.6	5.6	9.1	5.0	8.8	11.6	7.8	8.8	5.7	11.6
Education	8.3	4.4	8.1	2.6	7.1	6.9	10.0	6.6	5.0	7.9
Creative arts and Design	9.3	13.8	8.6	17.8	15.0	7.1	9.7	9.7	9.2	7.4
Humanities and language-based subjects	8.5	14.6	9.7	9.9	6.0	10.3	9.1	10.1	12.2	7.2
Engineering and Technology	3.8	2.8	3.3	6.6	5.6	4.5	4.0	4.0	3.2	5.9
Psychology	5.7	9.3	7.7	3.1	4.0	7.4	4.5	6.5	11.3	4.7
Computer Sciences	3.8	3.6	4.8	15.1	3.5	6.9	3.7	3.8	4.7	4.0
Biological Sciences	4.2	4.7	4.0	4.4	3.2	3.1	2.9	3.8	3.8	3.5
Medicine and Dentistry	2.5	1.5	1.6	0.6	2.9	2.7	2.7	2.2	1.0	3.0
Sports Science	1.7	1.0	1.6	1.8	2.9	1.8	1.6	1.7	0.9	2.6
Media Studies	2.1	3.1	2.7	4.8	2.2	1.8	1.6	2.3	1.7	2.1
Architecture, Building and Planning	1.5	1.1	1.6	0.8	2.6	1.1	1.8	1.4	1.0	2.0
Mathematical Sciences	1.7	1.8	1.3	5.0	1.1	2.2	1.3	1.9	2.1	2.0
Combined	1.7	2.4	2.4	1.1	0.9	4.5	3.2	4.0	9.7	1.6
Other subjects	8.5	9.3	6.9	11.1	8.9	4.0	7.1	9.1	7.5	9.4
N=	18,880	34,535	6,200	6,245	89,795	2,240	4,085	16,940	19,595	1,297,615

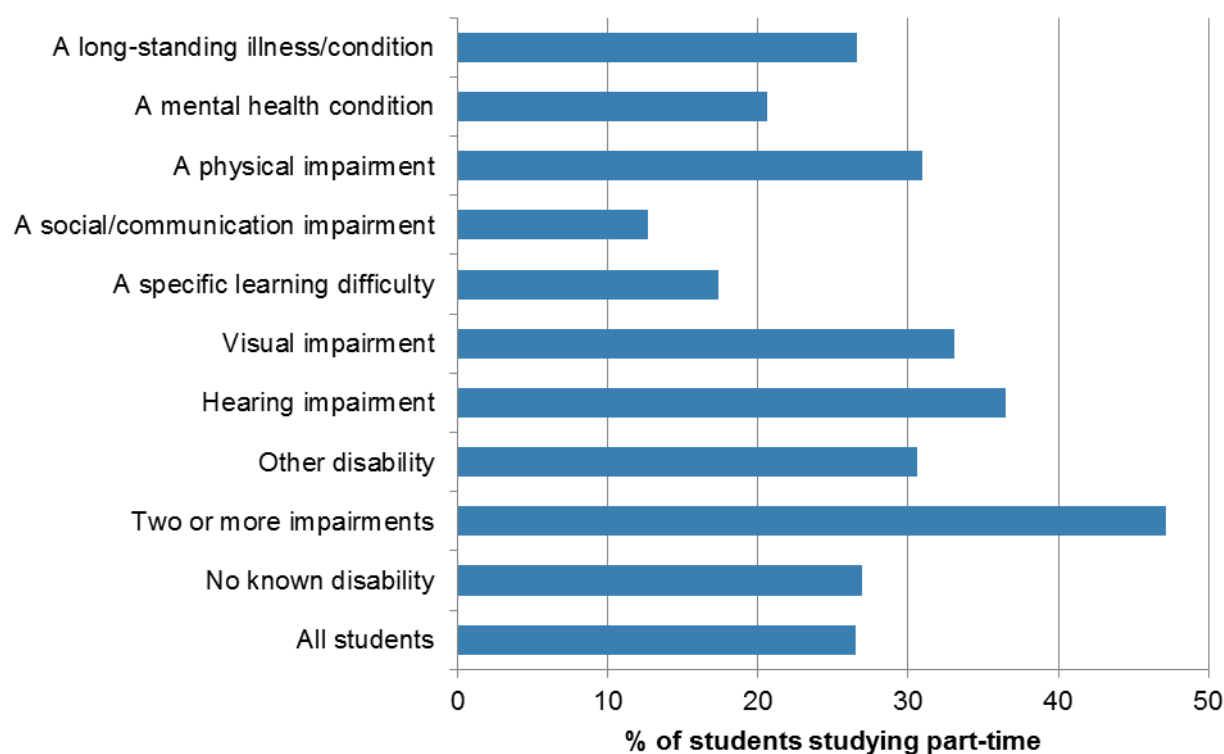
Source: HESA bespoke analysis, 2017

Table 2: Change in student numbers by type of disability and mode of study, 2008/09 to 2015/16 (% change)

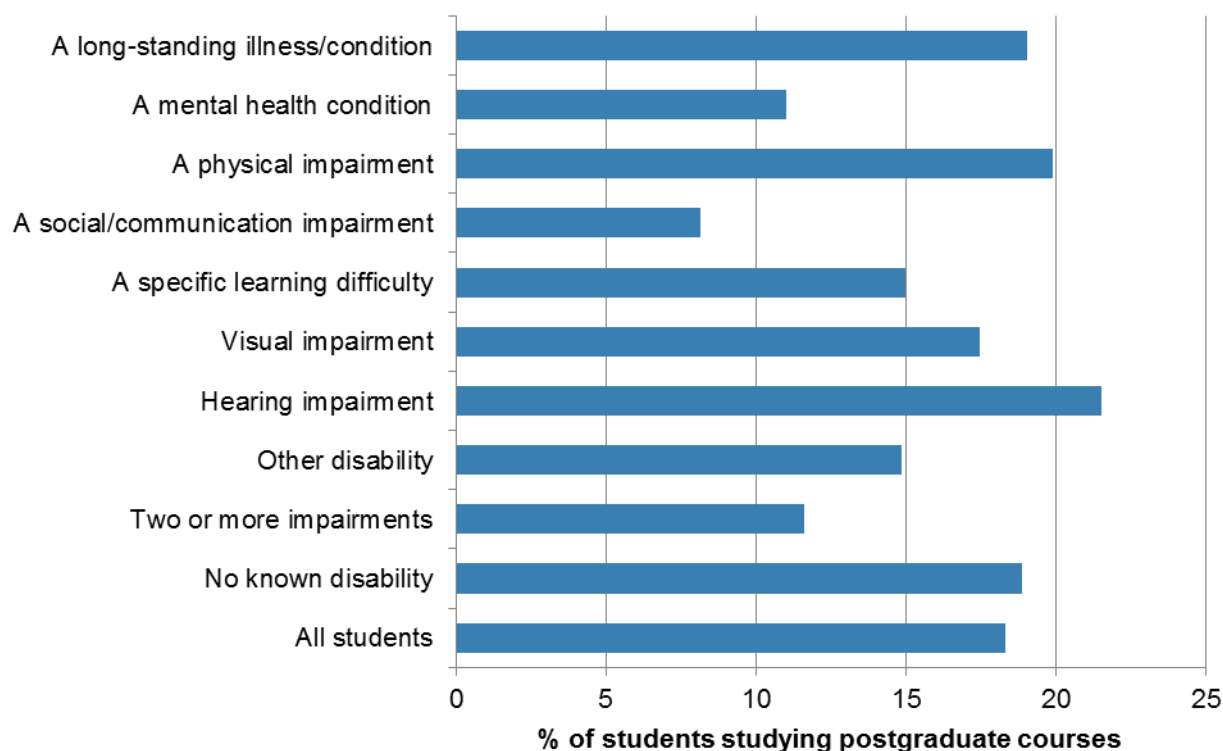
	Entrants		All students	
	Full-time	Part-time	Full-time	Part-time
A long standing illness or health condition	7.2	-41.6	6.5	-28.6
A mental health condition, such as depression, schizophrenia etc.	423.3	78.9	413.3	123.0
A physical impairment or mobility issues	75.5	-19.8	91.1	-6.8
A social/communication impairment such as Asperger's Syndrome/other autistic spectrum disorders	296.7	226.3	320.0	269.8
A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	33.5	11.0	36.3	17.5
Blind or a serious visual impairment uncorrected by glasses	-17.4	-46.8	-10.9	-26.4
Deaf or a serious hearing impairment	-20.5	-54.1	-15.1	-44.9
A disability, impairment or medical condition that is not listed above	41.1	-45.3	40.1	-25.6
Two or more impairments and/or disabling medical conditions	101.0	-19.7	113.9	17.4
No known disability	1.1	-37.6	4.4	-26.3
All students	5.2	-49.4	8.9	-39.9

Source: HESA bespoke analysis, 2017

Figure 3: Proportion of students studying part-time by disability, 2015/16



Source: HESA bespoke analysis, 2017

Figure 4: Proportion of postgraduate students by disability, 2015/16

Source: HESA bespoke analysis, 2017

1.4 Need to update the research

The HEFCE studies undertaken in 2014/15 found that HEPs were not only driven to support disabled students by responding to legislative changes, but also out of a moral responsibility and sense of duty of care for all students, and/or from a business case to attract and retain all students (regardless of background/need). Adopting an inclusive pedagogy contributes to the business case by potentially reducing the time required to make individualised 'reasonable adjustments'. Policies and strategies in institutions were being developed against a backdrop of increasing demand for support, particularly from students with mental health problems, and institutions regarded their provision as work in progress which they desired to improve.

Student services tended to be the main hub for support, focusing on: pre-admission activities with applicants and outreach; induction support and awareness raising for new students; triaging new students; providing specialist tailored support; crisis prevention and management; and wider wellbeing activity. HEPs recognised the importance of senior level buy-in to leverage sufficient funds to implement policies, and also the need to regularly review and update practice to keep up with changes in the sector and wider NHS. The research also found that many HEPs were in the midst of or had recently restructured their provision to enable a more holistic approach to provision across the

whole student journey and to allow for centralisation of support for ease of access and visibility.

The research also found concerns about the ability of HEPs to meet the rising demand (particularly for support with mental health problems) coupled with other challenges such as:

- overcoming potential anxieties in declaring/disclosing a disability and encouraging early disclosure in order to plan (and budget for) effective provision;
- sharing practice to develop truly inclusive curricula and thus provide more support with fewer resources;
- deciding upon the most appropriate/effective proactive measures to reduce demand for support;
- thinking about how best to improve internal communication and collaboration between academics and support staff to provide a more holistic approach to support; and
- developing effective and sustained external partnerships in an uncertain economic context.

It is timely to revisit and take stock of how institutions are providing support for disabled students, how they have progressed in their policy and practice, and how new models are working or have required further change; and also to explore how institutions have responded to the challenges they identified.

1.4.1 Aims and objectives

The objectives of the present study were therefore to understand the current models of support for disabled students in the sector at the start of the 2016/17 academic year. The review also sought to explore how much progress the sector has made towards establishing inclusive models of support for disabled students and to establish how providers intend to monitor and evaluate their progress in further improving the inclusiveness of their provision and support over the coming academic years. This review will therefore provide a baseline against which to measure the progress made in a follow-up review at the end of the 2017/18 academic year following two years of increased HEFCE funding.

1.5 Methodology

This research (the first phase) gathered quantitative and qualitative evidence from HEPs about the support provided and involved a comprehensive online survey of all English institutions who were in receipt of at least £20,000 in disability funding in 2016/17 and in-

depth case studies with 13 institutions. This was supplemented with additional quantitative analysis undertaken by HEFCE's Analytical Services Directorate to provide the latest figures on disabled student numbers and student outcomes (presented above).

1.5.1 Online survey

All providers who received at least £20,000 in disability funding were notified of the study by HEFCE in November 2016 (in a letter from Madeleine Atkins, HEFCE Chief Executive, sent to all vice chancellors and principals). The letter informed institutions of the research, and asked them to identify a senior institutional contact to support the study, essentially to represent the institution and coordinate input of key staff. The named key contact was then sent an invitation to participate in an online survey (with their own link to the survey) and asked whether the institution would be prepared to provide further feedback and insights by nominating themselves as a case study.

The survey included factual questions about the nature of provision and also open questions to describe key aspects and characteristics of provision and capture views on progress. Respondents were able to complete the survey over several sessions, if required. The survey was launched in February 2017, and responses were gathered from 105 of the 137 institutions contacted (96 completed responses, and nine partial responses).

The survey covered:

- **Governance and organisational structures:** Where does strategic responsibility for supporting disabled students rest in the institution?
- **Budget and expenditure:** Who in the institution has responsibility for deciding the budget for disability services? What information feeds into decision-making about the size of the budget and how it is distributed?
- **Organisation of support:** Where is day-to-day support for disabled students managed? How does the main support service work with other departments e.g. academic, learning support functions, estates, accommodation etc.?
- **Inclusive support:** How do providers understand inclusivity and the ways in which this is manifested? Where do providers feel they are in providing an inclusive model of support? With further questions relating to technology (assistive learning technologies), accessibility of estates, learning resources, staff training, and dissemination of (good) practice.
- **Disclosure:** How is disclosure encouraged?
- **Engaging with stakeholders including students, staff and external providers:** How do providers engage with the student body on issues around disability services? How do HEPs interact with local NHS services?

-
- **Monitoring and reviewing support:** Are providers conducting a review of disability services (in light of DSA and funding changes)? How are providers evaluating the effectiveness and impact of their support and monitoring student success?

The survey was designed after fieldwork had been conducted with three case study institutions, drawing on feedback from these institutions and earlier research findings. It was designed to capture current and benchmark practice and to allow for the majority of questions to be asked again in 12 to 18 months' time in order to measure progress over time at an individual institution level (by linking individual responses) and at a wider sector level.

Provider-level data was added to the survey dataset to allow for an examination of responses by provider characteristics. The break variables used (see Table 3) were as follows:

- Size of provider : three-way split based on the population of DSA-eligible students (UK-domiciled, studying at least 0.25 full-time equivalent and not in receipt of other public funding, e.g. NHS bursary) dividing respondents into three broadly equal groups;
- Type of institution: based on whether specialist institution, further education (FE) college or university with a wider portfolio (which is divided further according to average tariff scores);
- Proportion of disabled students: two measures: a) proportion of all DSA-eligible students who were in receipt of DSA, and b) proportion of all DSA-eligible students who had self-declared a disability. For both measures, a three-way split was used which divided respondents into three broadly equal groups;
- Recent trend in number of disabled students: three-way split based on the change in numbers of disabled students (a and b) between 2011/12 and 2015/16 – decrease in number, small increase (up to 40%) in number, large increase in number (more than 40%). It should be noted that some providers, mostly FE colleges, reported no disabled students in 2011/12, and so percentage increases could not be calculated for these providers.

Table 3: Summary of institutions involved in the research by provider type

	Survey responses		Case studies
	Number	%	Number
Tariff group			
High tariff	25	23	2
Medium tariff	24	22	2
Low tariff	24	22	2
Specialist	20	19	5
FE college	12	11	2
Not known	3	3	
Total	108	100	13
Size			
Under 5,000	35	33	4
5,000-11,000	32	31	2
11,000 plus	38	36	7
Total	105	100	13
% in receipt of DSA			
Less than 6%	44	42	5
Between 6 and 8%	31	30	2
More than 8%	30	29	6
Total	105	100	13
% with self-declared disability			
Less than 6%	41	39	0
Between 6 and 8%	35	33	0
More than 8%	29	28	13
Total	105	100	13
Trend in DSA numbers			
Decline	27	28	
Small increase	49	50	
Large increase	20	22	
Total	98	100	

Source: IES Survey; base = all respondents (including partial responses)

1.5.2 Case studies of institutions

In addition, a small number of case studies took place between March and May 2017 to allow for more detailed insights into the issues around developing inclusive provision to be gathered. A shortlist of case study institutions were selected to be representative of the range of providers and their experiences across the sector and 13 agreed to support the research in this way. These included universities and colleges offering mixed FE and HE provision, specialist institutions and those offering a wider portfolio of

subjects/disciplines and modes of study (with different average entry tariffs), and institutions of different sizes (see Table 3). The case studies also included:

- Institutions from different regions within England: one in the South West, one in the South East, two in Greater London, two in the East, one in the West Midlands, four in the North West, and one in Yorkshire and Humberside.
- Institutions belonging to different mission groups: one Russell Group institution, one belonging to Million+, two GuildHE members, and one University Alliance university.
- Those with differing relative proportions of disabled students, ranging from just over 2% to 20% in receipt of DSA in 2015/16; and from 4% to over 16% with a self-declared disability but not in receipt of DSA in 2015/16.

The case studies involved a mix of face-to-face and virtual visits (involving telephone and/or video discussions) by the research team. Each case study involved discussions with several individuals (from three to 12) and included representatives from senior management, disability services, student support, academic departments, estates/facilities, and student unions. Discussions took place individually and in groups (depending on participants' preferences and availability) and followed a semi-structured topic guide. All individuals were briefed before the discussions. Overall, the 13 case studies involved discussions with 59 individuals.

The topic guide included similar areas to the online survey, but allowed the researchers to probe for more depth of insight (See Case Study Participant Briefing for an outline of the question areas, Appendix 1).

1.6 Report structure

This report presents anonymised, and in some cases aggregated, findings from across the survey responses and case study feedback. No individuals have been identified and institutions have only been identified in order to share good practice (with the text agreed with the lead institutional contact). The report is structured as follows:

- Chapter 1 sets out the background to the study, the aims and objectives and details of the methodological approach taken.
- Chapter 2 explores issues around governance, organisational structures and budgets to understand the strategic roles and responsibilities for supporting disabled students and the move to more inclusive approaches.
- Chapter 3 looks at the organisation of the day-to-day support for disabled students including core services and work in faculties and departments.

- Chapter 4 focuses on inclusive support, what this means to institutions and how it is manifested in terms of use of technologies, inclusive practices, physical accessibility and staff training.
- Chapter 5 examines the issue of disclosure of a disability and how institutions seek to encourage disclosure.
- Chapter 6 looks at how institutions engage with internal stakeholders such as staff and students, but also with wider stakeholders such as external agencies to design and deliver support.
- Chapter 7 focuses on reviewing and monitoring planned action and intentions and actual practices.
- Chapter 8 provides conclusions gathered through institutions' reflections on their provision/services overall set against the key challenges they face, and also suggests some areas for action that the sector, key agencies and HEPs could take to help move towards inclusive practice.

2 Governance, organisational structures and budgets

This chapter presents findings related to how the governance and organisational structures for support provision for disabled students are set up across the respondent providers, and issues to do with budget setting and determining priorities for expenditure.

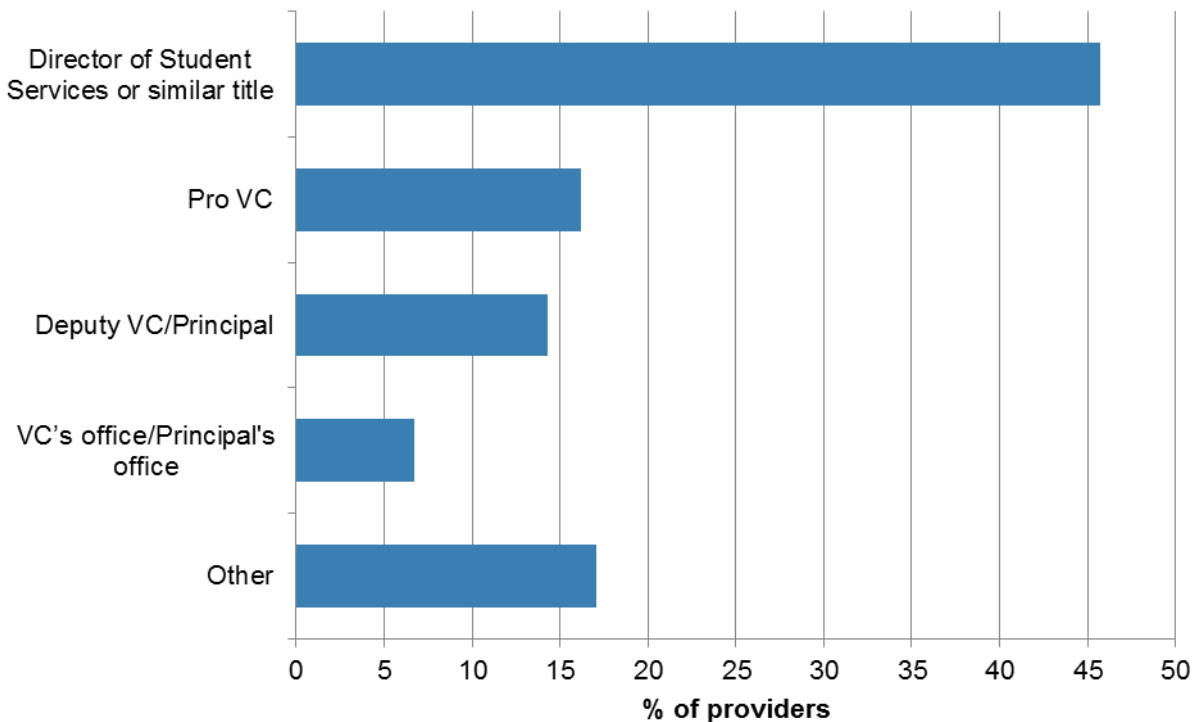
Before presenting the findings from the survey and the case studies, it is worth noting that the aim of many case study institutions in supporting their disabled students is to support their independence, enhance their student experience, and help them build strategies to access learning and teaching. It is also important to institutions that the services they provide will ultimately help with retention of disabled students and reduce attainment gaps that have been recognised between disabled and non-disabled students.

2.1 Governance and organisational structures

2.1.1 Responsibility for supporting disabled students

In nearly half of the institutions in the sample, the director of student services or someone with a similar title has the strategic responsibility for supporting disabled students in their institution, and that responsibility for disabled students rarely sits with the head of the institution (Figure 5). There was some variation by size and type of institution; responsibility was most likely to rest with the vice chancellor (VC)/principal in small providers (under 5,000 DSA-eligible student population) and in FE colleges, and these providers were also more likely than others to report the 'other' category. The 'other' job titles included academic registrar, registrar, and head of disability services/additional learning support.

Figure 5: Where strategic responsibility for supporting disabled students rests in the institution



Source: IES Survey; base = all respondents

In the majority of case study institutions the senior management team has a clear remit for supporting disabled students, and this is felt to demonstrate the commitment of the institution. The core team with day-to-day responsibility for supporting disabled students tends to report to a member of the senior management team who then reports directly to the VC or a deputy VC, and the senior staff lead for the core team will sit on various committees and boards (including Senate, the body responsible for all academic matters) in order to promote disability and inclusion issues. In some case studies the main thrust towards inclusion, and repositioning of the disability agenda towards inclusive approaches, comes from the VC's office. Many of the case study institutions have undergone a period of change or restructuring that involved, for example, reducing the numbers of faculties (and/or schools and departments) and making changes to senior leadership. Although changes were anticipated to enhance communication and facilitate inclusive change processes, in the interim some felt they can create challenges for institutions to sustain momentum.

Good practice example: University of Cambridge

In addition to having an established, respected and influential Head of Disability Resource Centre, the benefit of having other high-profile champions for the agenda is valuable. For example, personal interest from the PVC in issues such as competence standards is supporting discussions on what is a complex process, whereas commitment to work relating to students on

the Autistic Spectrum is building on previous research and development work at the University for this group of learners (Hastwell et al., 2013). This research project not only generated valuable suggestions for good practice but also involved collaboration between academic researchers and members of the disability service. It is these working relationships that increase understanding about respective working contexts which shape discussions about disability services, and the code of practice that determines who and how colleagues work towards greater inclusion. .

In each institution there appears to be a plethora of working/task and finish groups, committees and boards with a direct or indirect responsibility for considering the issues and needs of disabled students. This indicates the cross-cutting nature of services and personnel required to embed an inclusive approach. Generally these groups report to the senior management team, or have senior management representation to ensure sign off on actions/resources and awareness of current issues at senior levels of the institution. The remit and focus of working groups varied as did their existence within each provider:

- All have an equality and diversity working group, and some noted this included student representation.
- Other working groups are focused on particular aspects of university business such as teaching and learning committees, student experience committees, estates and facilities, education or academic boards but these will also seek to consider the needs of disabled students.
- Some of the working groups are concerned only with disabled students (for example a steering group to look at the financial implications for students of the changes to DSA).

Institutions feel that this approach ensures disabled students are represented across the management and administration of the organisation, and that the issues pertaining to provision for disabled students can be raised and discussed across the organisation, covering all aspects of the business and at the highest level. One case study talked about this approach as being about 'joining up all the dots' by using existing structures and procedures to provide the best support possible.

Good practice example: University of Kent

The University's support for disability is provided by the Student Support and Wellbeing Team who report to the Director of Student Services, and the Director of Student Services is a member of the Student Experience Board and the University Senate. This ensures he is able not only to speak to the highest/most senior levels of the University, but also to influence its academic staff in terms of adopting a more inclusive approach. The University has found that both the Vice-Chancellor and the Executive Group (which considers all strategic and resource issues) have been extremely receptive through the University's planning process to the

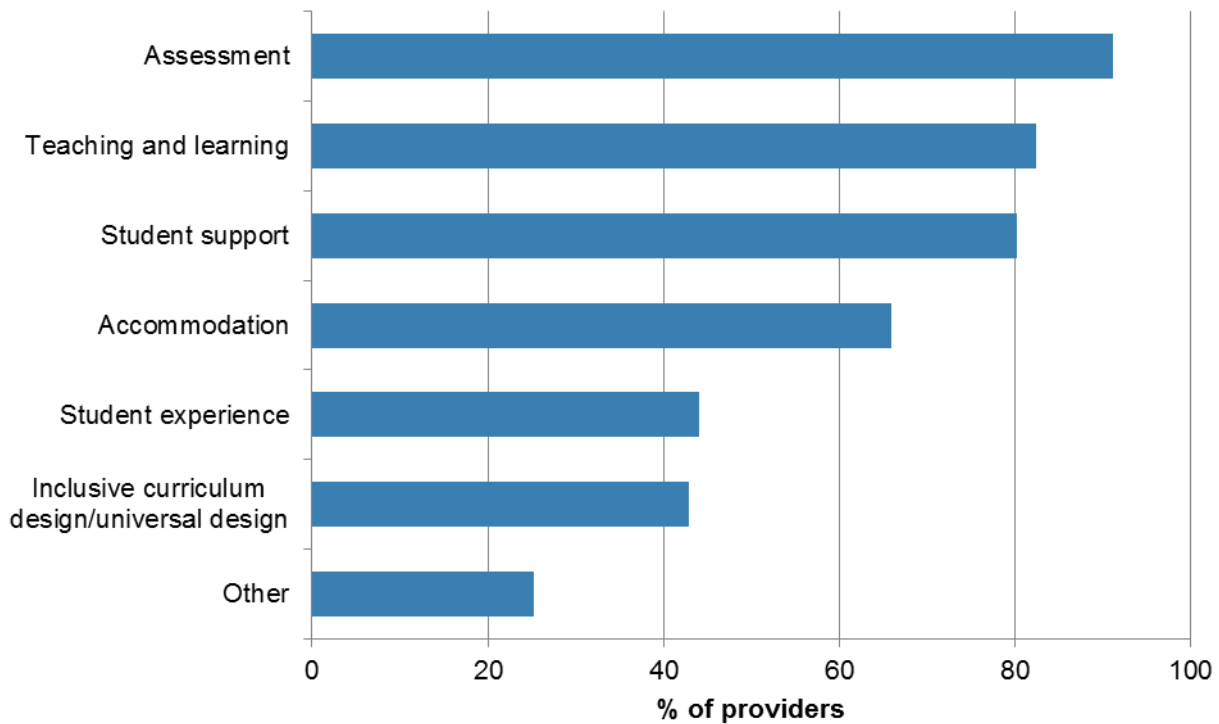
requests from the Director of Student Services and the Student Support and Wellbeing team for additional resources and support to meet the continuing increase in student demand.

2.1.2 Written policies

Nine out of 10 institutions (90%) who responded have written policies describing the support and provision for disabled students. Larger providers with 11,000 or more students in the DSA-eligible population were more likely than smaller providers to have a written policy, and there was also variation by type of provider (79% of providers with low average tariff scores and 75% of FE colleges had written policies, compared with 95% providers with medium or high tariff scores, and specialist HEIs).

Providers with written policies were asked to indicate which aspects of support for disabled students were covered by their policies. Figure 6 shows that policies most commonly covered assessment (91% of providers with written policies), teaching and learning (82%) and student support (80%). However, in less than half of the institutions with written policies did the policies cover student experience (44%) and inclusive curriculum design/universal design (43%). Student support was covered in the policies of all of the specialist HEIs with a written policy, and in nearly all (96%) of providers with 8% or more of their students in receipt of DSA. A much lower than average proportion of providers that had experienced a large increase in numbers of self-declared disabled students reported that their policies covered inclusive curriculum design/universal design (23%, compared with 55% of those providers that had experienced a decline in self-declared disabled students, and 60% of those that had experienced a small increase). This pattern may suggest that providers whose policies cover inclusivity, and who presumably have more inclusive practices, may have relatively fewer students self-declaring a disability as the support is embedded rather than needing to be obtained via self-declaration, but this will require further investigation as it is difficult to establish direction of causality.

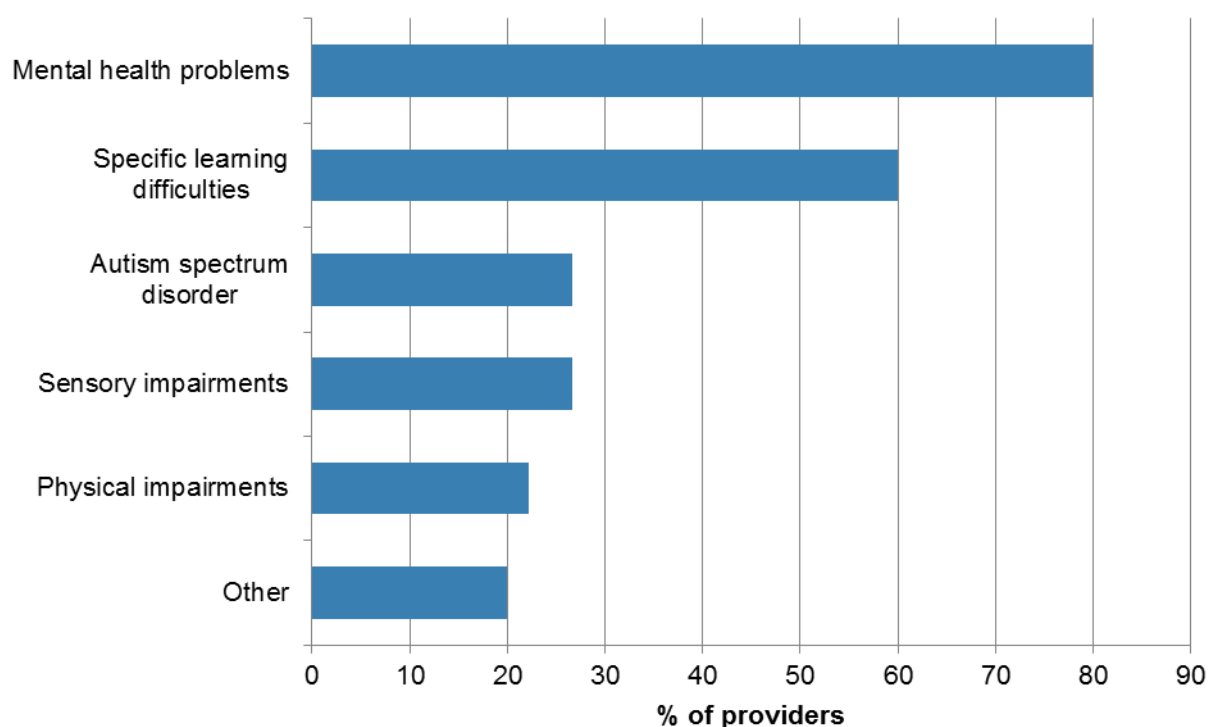
Figure 6: Areas covered by the policies supporting provision for disabled students (Multiple response)



Source: IES Survey; base = all respondents with written policies

There was a broadly even split between providers that have specific policies for particular groups of students (49%), and those that do not. There were no statistically significant differences between different types of providers in their likelihood of having specific policies for particular groups of students. However, feedback from the case studies indicates that there may be other types of differences. For example, one institution reported that they prefer to train internal staff to become specialists rather than outsourcing to external providers. This may have implications on how students perceive the support received.

Respondents who had specific policies for particular groups of students were given a multiple-response question to outline which groups of students are covered by specific policies. Figure 7 shows that the group of students most commonly covered by specific policies were students with mental health problems (80%), followed by students with SpLD (60%). Around a quarter of providers with a specific policy for particular groups had policies for students with autism spectrum disorder (27%), sensory impairments (27%) and physical impairments (22%). Large providers were less likely than smaller providers to have policies covering students with all types of conditions with the exception of mental health problems (where there was no difference). There were also no major differences by type of provider, or proportion of disabled/DSA students.

Figure 7: Groups of students covered by specific policies (Multiple response)

Source: IES Survey; base = all respondents with specific policies for particular groups of students

Institutions with a written policy supporting disabled students most commonly updated their policies 'as required' (40%), although around one in four updated their policy annually (23%, Table 4). Specialist HEIs (44%) and HEIs with low average tariff scores (35%) were most likely to update their policies annually, as were those with a high proportion of students in receipt of DSA (31%).

Table 4: Time of policy/policies produced or last updated

	Number	%
As required	35	39.8
Annually	20	22.7
Every two years	9	10.2
Every three years	8	9.1
Less frequently	1	1.1
Other	15	17.0
Total	88	100

Source: IES Survey; base = all respondents with written policies

Among the case study institutions, many are developing new policies, strategies and action plans focused on meeting the needs of disabled students, sometimes as a result of the changes to the DSA. These can include staff development plans, and more specific

policies aimed at particular disabilities (e.g. students with mental health issues), although some institutions deliberately do not differentiate by type of disability in relevant policies and instead just refer to all students who need an individual learning plan and support for disability-related reasons. These policies can also include capability, fitness to study, or a study support procedure whereby students at risk are identified and supported.

If there are issues with their behaviour arising from difficulties managing medication, students may be supported more intensely so that they can complete the course and manage their health condition. This may involve students switching to part-time mode or taking time out from study (intercalating) for their health and wellbeing.

2.2 Budget and expenditure

Providers were asked three open-ended questions in the online survey regarding the budget for disability services and how it is spent:

- Who in the institution has responsibility for deciding the budget for disability services?
- What information feeds into decision making about the size of the budget and how it is distributed?
- How are changes to the physical estate to improve accessibility funded?

The free text responses to these questions were reviewed and coded according to the main responses, with multiple codes assigned as appropriate.

2.2.1 Budget setting

Looking first at who in the institution has responsibility for deciding the disability services budget, Figure 8 shows that responsibility most commonly sits with the institution's executive team or senior executive team, with responsibility at this level in 59% of providers, while in 30% of providers responsibility sits with the head of student services or similar, and in 24% of providers responsibility sits with the senior management team. In the vast majority of FE colleges (83%) responsibility sits with the executive or senior executive team.

Below are some examples of how the decision-making process for the budget for disability services is carried out among respondent providers:

“Our disability support service forms part of a much larger directorate which incorporates all of student support services and the library. The budget for this larger directorate is set by the university leadership team, considering previous performance and on-going challenges or opportunities. This has to be balanced across the institution considering income changes and cost pressures in other areas. Once this high level budget is set, it is the responsibility of

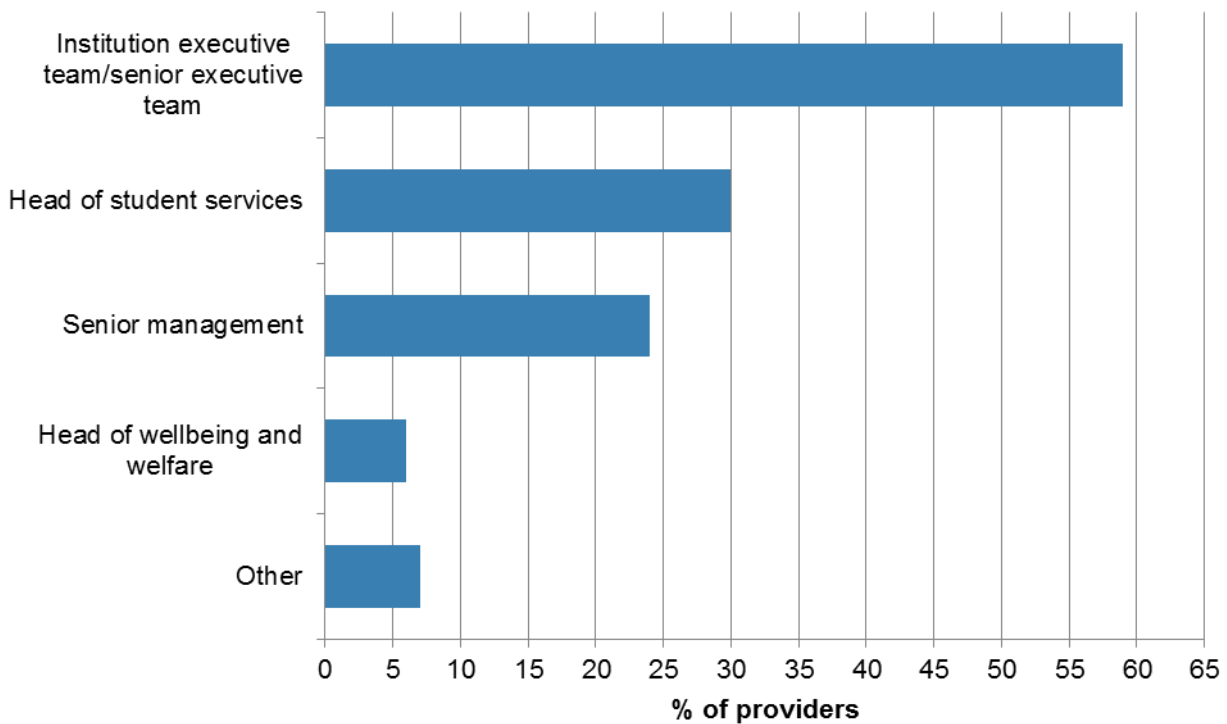
the director of that area to apportion the budget into service areas, again considering need, risks and other pressures. This is mutually agreed with the director and Finance in conjunction with the relevant heads of service."

HEI with medium average tariff – responsibility with executive/senior executive team

"Ultimately budget decisions are made by the director of finance and corporate services following a thorough annual business/financial planning process. Budget holders ... forecast staffing and non-pay requirements and present to the college executive for approval with support from their management accountant."

FE college – responsibility with executive/senior executive team

Figure 8: Who has responsibility for deciding budget for disability services (Multiple response)



Source: IES Survey; base = all respondents

"Student and registry services are responsible for deciding how the budget target is allocated across the different areas of service, including student disability services."

HEI with high average tariff – responsibility with head of student services

Many case study institutions explained how the core disability services team have their own budget and have fairly autonomous control over this, being able to make decisions about how this could be best spent. Some institutions described their annual budget-setting, noting how monies are allocated to different activities and requirements (e.g. support workers, IT equipment, library needs, SpLD) and how any shortfalls or

underspend from the previous year are reviewed to see if lessons can be learned and mismatches avoided.

Providers generally use a range of information to feed into decision making about the size of the disability services budget and how it is distributed. The most commonly used information is the size and needs of the population of disabled students at the provider, with nearly three quarters mentioning this factor, while historic spending patterns, internal funding available, and external funding are also commonly used (Figure 9). Legal obligations are mentioned by around one in six providers. Examples of the information used among respondent providers include:

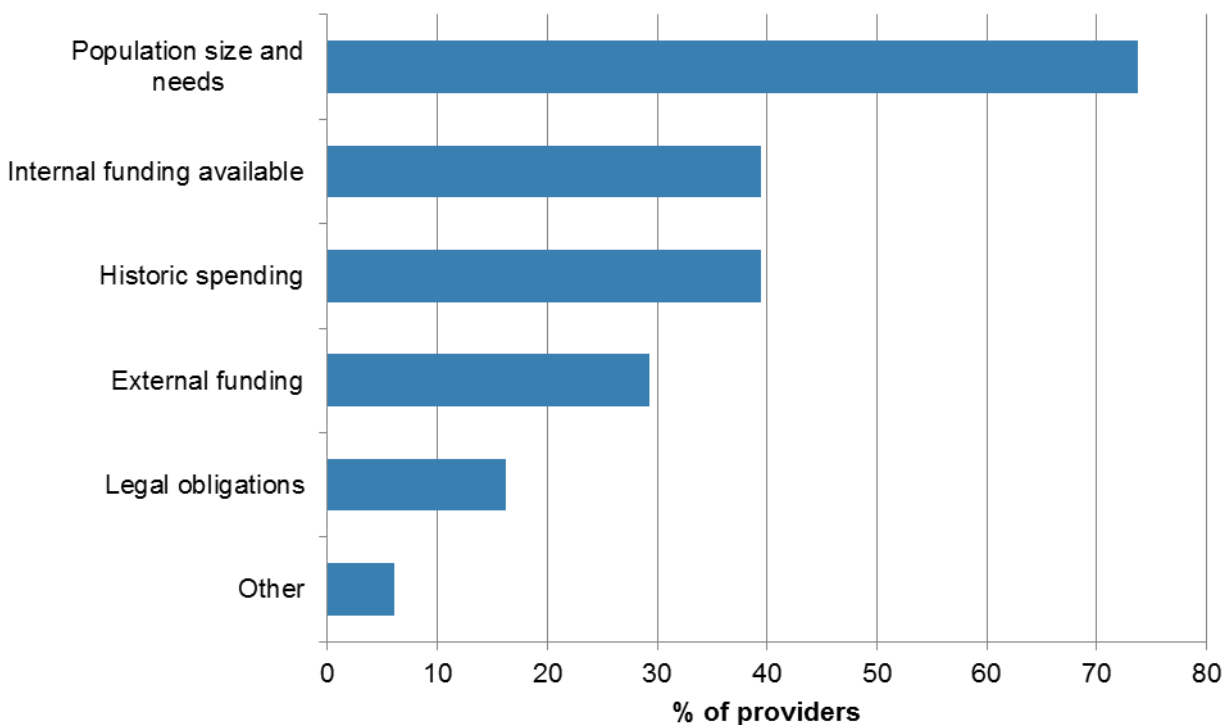
“Budget is assessed on student numbers and demand for support. Uptake of support is monitored and budget is managed by both learning services and student services both of whom have responsibility for 1-1 support for all disabled students.”

HEI with medium average tariff scores – population size and needs

“Starting point is previous year allocation rolled forward, lifted for inflation and reduced for any efficiencies which need to be made.”

HEI with low average tariff – historic spending

Figure 9: Information used to feed into decision making on disability budget (Multiple response)



Source: IES Survey; base = all respondents

2.2.2 Dealing with funding challenges

Funding and expenditure in supporting disabled students and embedding inclusive teaching and learning were described as challenging by some case study institutions: some funding streams are constricting and becoming more complex to administer (DSA⁵) and there are concerns that they may reduce further or cease all together; other funds have been made available (HEFCE Disability Premium); but many disability teams still draw heavily on their wider institutional resources at a time when institutions are under pressure to reduce costs.

The funding challenges appear to have **two results**. Firstly, institutions look to draw funding from a variety of sources (reliance on one source is neither sufficient nor stable). It appears that they are increasingly looking to their core funds to resource their activities. Secondly, as they become more proactive and seek to be more anticipatory they are thinking about and trialling different approaches to support, and are working to be more proactive and anticipatory.

1. **Importance of core funding:** Core funding from institutions' central budgets remains highly important for supporting disabled students and encouraging inclusive learning and teaching, indeed the latter can require initial seed funding to support development and maintain momentum which can come from central budgets. Although HEPs reported that they devote significant resources to such support, it was not uncommon for disability services teams to need to make requests for additional resources. Although funding requests were generally approved, this often required staff collecting evidence to make a business case for additional resources.

One case study described how they experienced an increase in the number of students with mental health problems and detected a need for extra resources (before the HEFCE announcement about extra funding was made public). They therefore made the case to senior management for extra staff in the form of wellbeing advisors who would focus on the student's wellbeing, including mental health.

⁵ A guide from Student Finance England provides a description of the policy changes for DSA in 2016/17. These changes include: a) that from 2016/17 the primary responsibility for the funding of roles which fall into Bands 1 and 2 of the non-medical help (NMH) manual will transfer to HEPs (although Sighted Guides will continue to be funded) but most specialist types of NMH which fall into Bands 3 and 4 will continue to be funded (excluding Specialist Transcription Services); b) from April 2016 all new agreements for NMH support will only be made with suppliers who are registered with Disabled Students' Allowances Quality Assurance Group (DSA-QAG) and subscribe to their quality assurance framework, so quotes can only be obtained from registered suppliers; and c) from 2016/17 cost ranges for NMH for all students will be introduced, and students will be expected to pay for any support that exceeds the maximum cost allowed. See: <http://www.practitioners.slc.co.uk/exchange-blog/2016/march/201617-disabled-students-allowance-policy-changes-reference-guide/>

Another institution noted that they have generated some of their own income to support disabled students, and the inclusivity agenda more broadly, by developing and delivering specialist training to a wider range of organisations.

2. **Proactive approach:** Some institutions hoped that by working to improve accessibility, mainstream reasonable adjustments, and increase use and access to assistive technologies they will, over time, reduce the need for additional funding for adjustments for disabled students.

One institution noted that they are experiencing a shrinking in funding for disabled students and so they are providing individualised care with reasonable adjustments where this is funded (through DSA) but are trying to be more proactive. They are working to ensure in the first instance that student services, teaching practices and teaching resources are inclusive (*'getting mainstream practice right'*) and are also working to be more holistic and trying to anticipate needs in advance.

Anticipation is a theme echoed in other institutions, and some are working to integrate inclusivity and access into programmes, courses and modules as they are developed.

Another institution described how the changes to DSA meant they had to absorb the cost of standard support for disabled students and to standardise the use of assistive technology (in line with the requirements of the Equality Act 2010) which placed much greater responsibility on them for meeting the needs of disabled students. They felt that it therefore made both a moral and business case to explore how inclusive practices in key processes for learning and teaching delivery could be embedded and mainstreamed wherever possible.

Case study institutions recognised there has been a reduction in DSA funding. It was reported that some institutions were using internal funding to *'step in and make good'* the changes resulting from the removal of some DSA funding or changes to its administration, and *'make sure that no student is missing out'*, and that this has been costly.

One institution reported that internal funding has been used to provide digital recorders and study assistants (although not note-takers) to provide highly practical support to students who now don't have access to other forms of funding, and also is used to provide 'holding support' for students who are waiting for their DSA claim to be processed. It was highlighted that the administration linked to the DSA funding is a complex, lengthy process with long lead times to obtaining funds. Generally support is more targeted and eligibility therefore tighter, and services very tightly prescribed (which constrains the practitioner in what they can deliver and the amount of hours of individualised support they can offer).

Another institution described how it has made a financial commitment to use core university funding to compensate for the loss of DSA funding for Bands 1 and 2 of NMH, and they reported concerns that if DSA funding reduced further (affecting Bands 3 and 4) it would be very difficult for them to make up the shortfall.

A further university felt the change in DSA funding had actually freed them from a very inflexible model of providing support, which had acted to silo disabled students. They reported that dyslexia tutors had previously been funded by DSA and so only those in receipt of DSA were supported in this way. Whereas now the university has to act inclusively, and (after working with the Office for Fair Access (OFFA)) they are using the monies released through access

agreements to provide dyslexia tutors to all students with needs - even those who previously were ineligible such as those with more moderate needs who wouldn't have met the DSA criteria. They also described how they have introduced peer mentoring in some subjects (e.g. Drama, and Chemistry) to replace some of the non-medical support previously funded through DSA, and how this has improved inclusion. Some individuals in the university felt that the changes in DSA funding have acted as a real incentive to look at technological innovations to support students and to act inclusively. A similar feeling was expressed at another institution where interviewees noted that institutions shouldn't limit themselves to what can be provided through external funding, as this will also limit the scale of change required in the sector to truly be inclusive.

Online survey respondents were asked how accessibility changes to the physical estate were funded, and the responses showed that they were most commonly funded out of the central estates budget (72% of providers), or less commonly out of capital infrastructure funding (29%); only 3% of providers said that accessibility improvements to estates were funded via disability budgets.

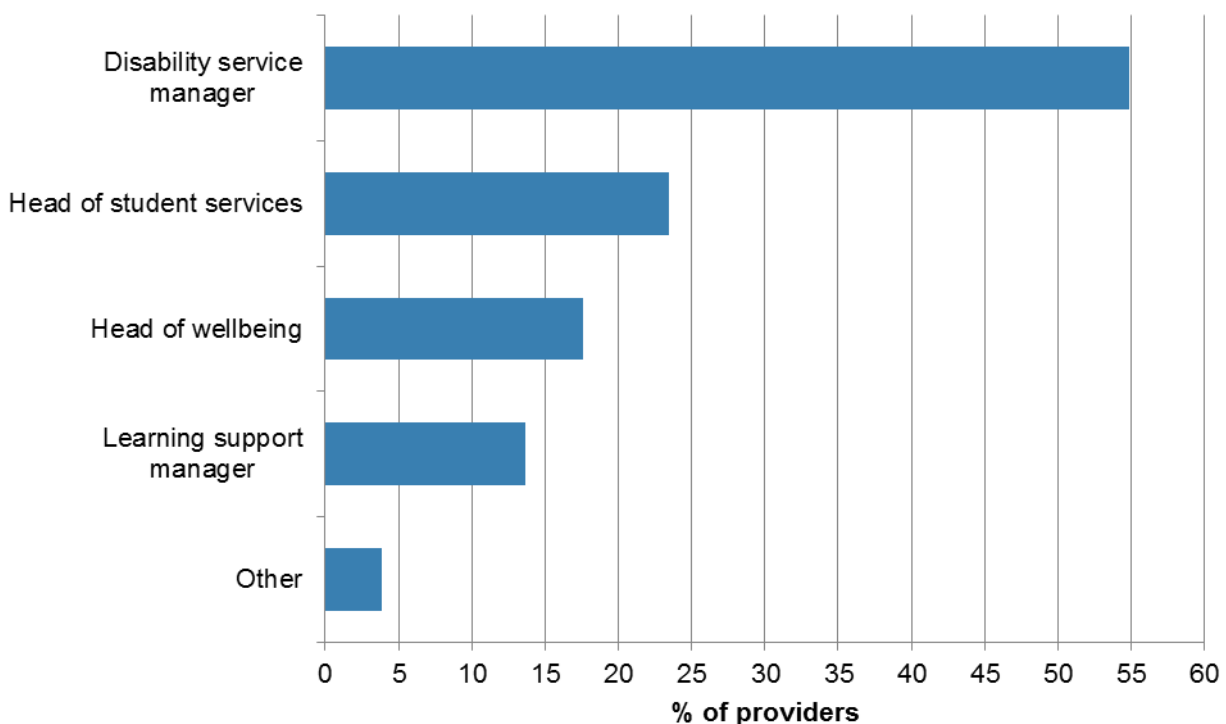
3 Organisation of support services

This chapter looks at how the day-to-day support for disabled students in institutions is organised, the nature of services provided, and who is responsible for which services. For disabled students support is typically outlined on an individual learning support/action plan. The areas of responsibility of central student service teams is summarised and how they work with faculty/school/departmental staff responsible for teaching and learning and external providers is explored.

3.1 Day-to-day responsibility for disability services

In over half (55%) of institutions the day-to-day responsibility for disability services is held by a disability service manager (or similar title), while in a quarter of providers (24%) day-to-day responsibility sits with the head of student services. the head of wellbeing (18%) or more general learning support staff (14%, Figure 10).

Figure 10: Who has day-to-day responsibility for disability services?



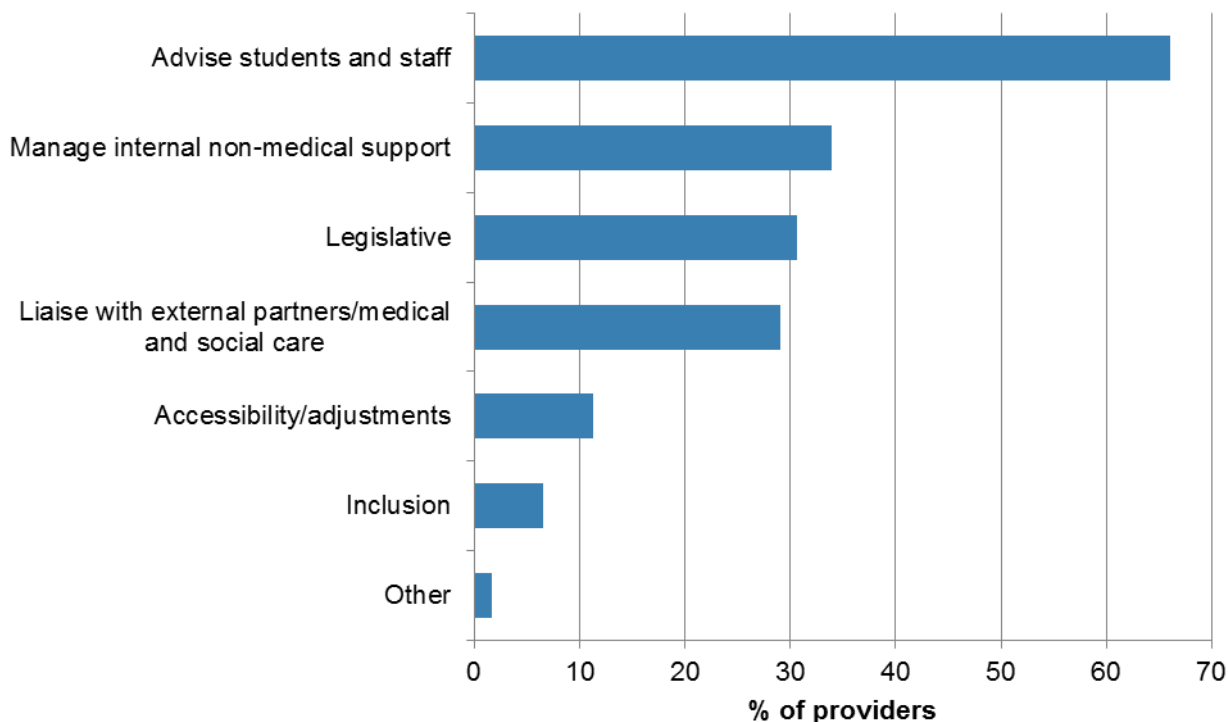
Source: IES Survey; base = all respondents

Key responsibilities of the head of the disability services, in addition to line managing their team, are: providing students and staff with advice (mentioned by 66% of providers), followed by managing internal non-medical support (34% of providers), understanding and ensuring compliance with legislation (31%), and liaising with external partners (29%, Figure 11). The open text provided by survey respondents also indicated other responsibilities such as: supporting wider institutional work to address inequality; research and evaluation to support development of services; developing links with academic departments; and managing budgets. Some examples of the key responsibilities of staff are illustrated by the following quotes from the survey:

“ ... Manage and lead teams of advisers to provide assessment, planning and review support to disabled students and on-going advice and guidance through case work. ... Contribute to the on-going work to address disability inequality and inclusion with colleagues around the university. ... Research, evaluate and implement development in practice to enhance services and support for disabled students.”

“The Head of Counselling and Disability has lead strategic and operational responsibility for the delivery of disability support. Is responsible for line managing a team of service managers; liaising with external support agencies, developing links with academic depts. to ensure continuous improvement of support for disabled students and manage the service budget to ensure most efficient use of resources and income generation.”

“Manager, Student Support Unit. Provides advice and guidance to students and recommends reasonable adjustments. Provides information to academic staff of the support needs of students (with the students’ consent). Advises and supports staff in their work with students.”

Figure 11: Key responsibilities of the leader of disability services


Source: IES Survey; base = all respondents

In 96% of providers, the head of the disability service is supported by disability advisers/officers; the small number of providers without disability advisers/ officers are all small providers with under 5,000 DSA-eligible students, and are either specialist HEIs or FE colleges, and it is likely that the disability service consists of the head of the service working on their own.

3.1.1 In-house support

All institutions provide at least some services themselves. The extent of this in-house support varies as does the type of support services provided. Across the sector there are multiple models of support; each reflects a different balance of services provided by the institution and external providers and is shaped by the institutional relationship with external providers commissioned to support their students. Scenarios range from institutions delivering all services to disabled students through to directly employed staff, institutions delivering the majority of services but managing/facilitating some services from an external provider, to some provision from external suppliers being organised directly by disabled students and delivered off-campus (with little or no involvement from the institution).

Many of the case study institutions outlined the benefits of operating – as far as possible – an **entirely in-house model** of support. However, there was a tension arising from the current assessment processes that made planning and managing the staffing resources

required to enable an institution to assume full responsibility difficult. Moving towards an in-house model of provision appears to be associated with: a) the institution directly employing staff to manage, support and deliver the services, and b) the services being provided on campus. A high-proportion or fully in-house model is argued to allow for:

- greater flexibility to respond to students' needs;
- better quality assurance, consistency of practice and continuity of provision; and
- innovative practice and increased networking opportunities across the institution.

The interest and desire to move towards greater in-house support contrasts with the current situation as reflected in survey responses which indicate that some (one third to two fifths) HEPs do engage with external providers and agencies (see Section 3.3) most commonly to help with needs assessments (a prescribed part of the DSA process) and NMH, and to help with their mental health support provision. The difference between future aims and current practice may reflect changing expectations on HEPs who are now required to provide more support in-house. The survey findings suggest that where institutions are seeking external provision this relates to services required by DSA assessments.

Changes in DSA funding are, amongst other things, designed to encourage institutions to adopt more inclusive provision, especially in teaching, learning and assessment. Yet, the DSA arrangements whereby services are commissioned from external providers can serve to distance institutions from the delivery of services. Consequently, there may be a tension here between the services that institutions want to offer, are able to offer and are expected to offer, and those services which students need but which someone else is commissioned to provide.

The issue of what in-house provision means to institutions could be explored further in the second stage of the research, to get a better understanding of where the boundaries lie (what is deemed in-house and external), and why.

The case studies illustrated that in-house support for disabled students tends to be provided through a combination of:

- a. central support (often via a number of teams); and
- b. faculty (or even school or department) level support.

In some institutions, a third level of support is provided by individuals with a wider pastoral role. Institutions aim to be able to support all students who have a need, regardless of whether they receive DSA or not, or are eligible for DSA or not.

3.2 Central support for disabled students

3.2.1 Make-up of the central team

Providers were asked to indicate the staff groups that comprise the central or core team for delivering disability services. In 57% of institutions support workers are part of the core team that is responsible for the delivery of disability services, while in around a third of institutions there are administrators (36%), other advisers (36%) and tutors (33%); a small proportion of institutions also used mentors in their disability services (Table 5).

Table 5: Who else is in the core team for delivering disability services? (Multiple response)

	Number	%
Support worker	58	56.9
Admin staff	37	36.3
Adviser	37	36.3
Tutor	34	33.3
Mentor	18	17.7
Other	39	38.2
N=	102	-

Source: IES Survey; base = all respondents

Just over half of institutions (57%) reported that they have disability advisers that specialise in supporting students with particular types of disability, while the other institutions employ generalist staff to support students with all types of disabilities. There were no strong patterns by provider characteristics although small providers with under 5,000 DSA-eligible students are less likely than medium (5,000 to 11,000) or large (11,000 plus) providers to have specialist disability advisers.

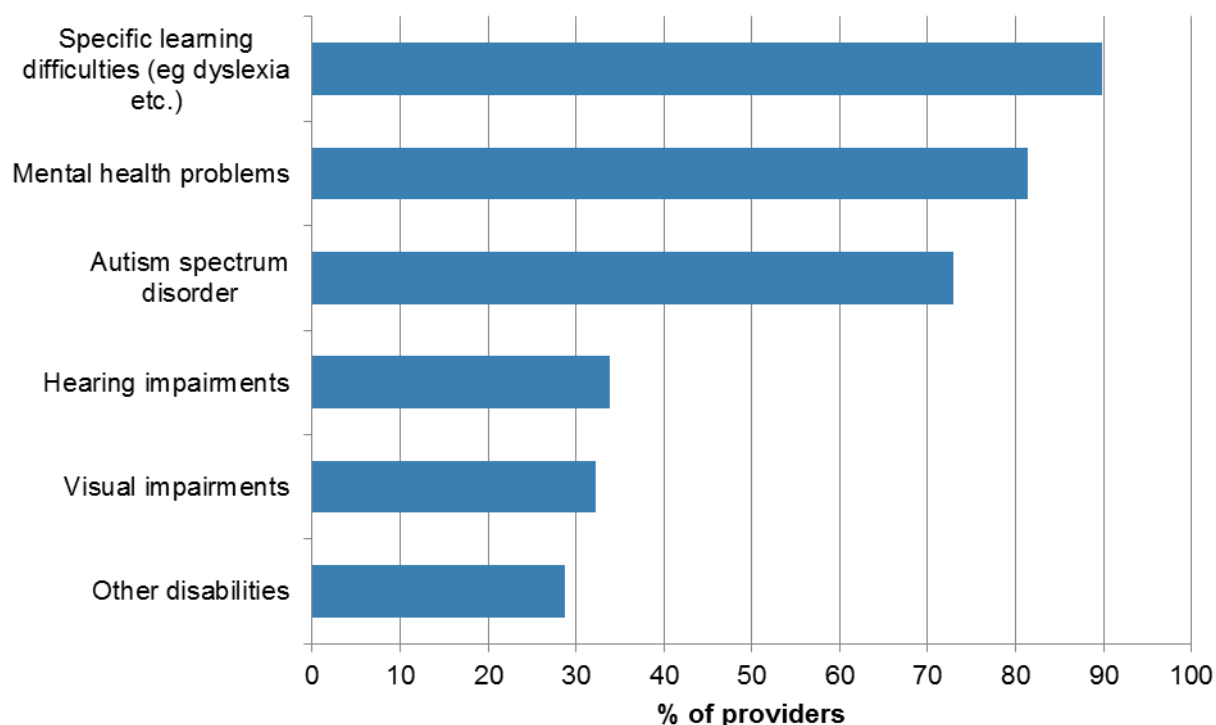
Figure 12 shows the types of students for which providers have specialist advisers. Nine out of 10 (90%) providers with specialist advisers have staff that specialise in supporting students with SpLD, and high proportions have staff specialising in supporting students with mental health problems (81%) and autism spectrum disorders (73%). This pattern is interesting as providers are more likely to have specific policies relating to mental health conditions (as noted above), which may suggest that staffing for mental health support is not yet up to the level available for supporting those with SpLD. This could be explored further in the next phase. Around one third of providers have specialist support for students with visual (32%) and hearing (34%) impairments.

The feedback from the case studies also reported that the core team can include generalist and specialist advisors/support workers, individuals with a specialism in a particular disability or condition such as SpLD, visual impairment, hearing impairment or mental health conditions, and students can be assigned to these particular specialists.

The move to be able offer in-house specialists was a new approach for one institution which was welcomed. These core services are essential and in high demand. One case study institution noted that their core team tended to work term-time only, but the university are considering moving to provide year round support (i.e. outside of term times).

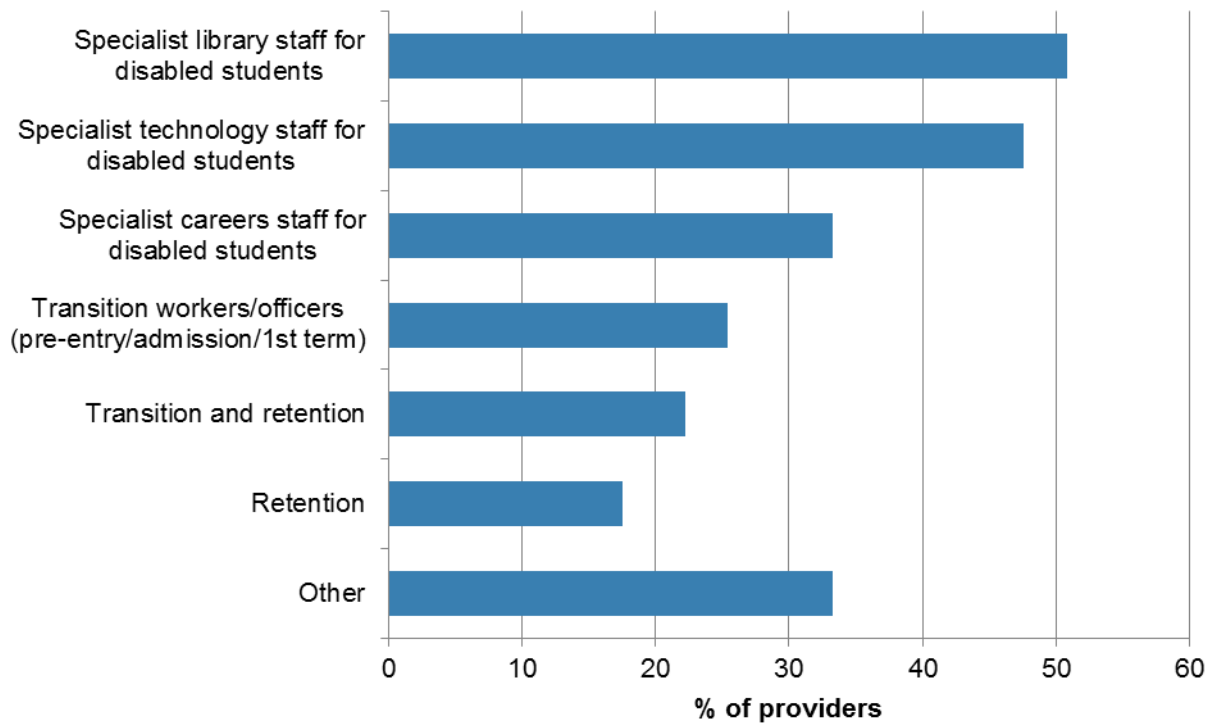
Where possible universities and colleges directly employ their support workers, administrative staff and managers, and specialist expert provision. One institution even has its own on-campus specialist NHS GP practice. This medical centre has links to the NHS but the university pays the nursing staff salaries and for their CPD, and for the management of the centre. Other institutions cover only a very small proportion of their activities through external providers: this external provision was described in one institution as '*a pragmatic top-up*'; but in another institution this was clearly troubling to them (as they felt less able to assure quality of provision, consistency of practice and continuity of provision) and was a situation which they felt was forced upon them by changes to the DSA funding, meaning selection of services is made by Student Finance England.

Figure 12: Types of students covered by specialist advisers/officers (Multiple response)



Source: IES Survey; base = all respondents with specialist disability advisers

The survey indicated that three fifths of responding providers (61%) had specialist staff to support disabled students working in other services. Among these providers, around half had specialist library staff (51%) and technology staff (48%) for disabled students. Fewer institutions had specialist disability transition and retention staff, or specialist careers staff (Figure 13).

Figure 13: Roles of specialist staff to support disabled students (multiple response)

Source: IES Survey; base = all respondents with specialist disability staff in specific functions

3.2.2 Location of services

The majority of disability services were co-located with other students' services/one-stop shop (60%), while a quarter of providers had disability services in multiple locations including co-location with other services (24%). Only one in 10 providers (10%) reported that disability services were located separately from other student services.

Similarly the case study institutions highlighted that the core disability services team are often co-located with other student support services (and often named 'student support' rather than disability services) such as financial support. They can be sub-divided into teams focused on inclusivity/disability services, health and wellbeing (which may be managed and branded separately from core disability and accessibility services), and learning support. This one-stop shop approach enables institutions to triage and signpost effectively and to provide joined-up services, and with the move to inclusive provision there appear to be close links and blurring of boundaries between learner support and disability services.

Good practice example: University of Central Lancashire (UCLan)

One case study institution has revised its management structures making several new appointments in the past few years. They have reorganised the services for students cutting across academic, student life and wellbeing and brought them altogether. They have

introduced a system of having first line 'triage' staff who either respond immediately if the question is quick and easy to answer, or pass students on to other colleagues who can provide more detailed assistance. The merging of the services and introduction of a system whereby staff can share notes means the student doesn't have to repeat things.

Services are grouped together so that all front-facing services (things like accommodation, careers team, and student support) have front line staff to deal with immediate issues and then referrals for more specialist or intensive support.

The additional advantage of this centralised approach is that it supports internal communication about services to students and staff who know that the service will provide a more holistic response. In the past students would have needed to identify which services they needed to access and then contact each one. The reorganisation and introduction of the 'triage' system means students are more likely to be directed to relevant services. For example, an academic staff member might identify a student was struggling with their work and suggest they contact counselling – however, the reason for the stress may be financial and thus going to someone who could help the student address that issue was what was required.

3.2.3 Nature of support provided

Among the case study institutions, the centrally provided support (e.g. disability services team) works directly with the student to:

- carry out a needs assessment and develop action plans (detailing the reasonable adjustments that need to be made);
- undertake testing for SpLD, sensory and social needs;
- develop tailored packages for particularly complex cases (which could also involve support with academic skills, financial support and disability services);
- support DSA claims and applications for other relevant funding; and
- manage the resulting specific support provision (e.g. mentors/tutors/advisers).

The support provided by institutions includes: disability advisers, signers, note-takers, specialist support workers for those with mental health problems or SpLD (e.g. dyslexia tutors who work on a one-to-one basis with students on writing skills), help with assessment such as exam access arrangements (e.g. supervised rest breaks, separate room, additional time allowance, sitting exams at home), and advising on adjustments to teaching approaches. In addition, institutions aim to provide clear information for students, prospective students and staff on the services and support that is available – and this information may not differentiate by type of disability.

Good practice example: University of Central Lancashire (UCLan)

One institution has been exploring greater use of student ambassadors to offer practical assistance especially for students who need help to travel to and from lectures or within a practical session. The institution have created a mobility team of student ambassadors, using an existing system of recruitment and training that covers the interview and induction processes and a wide range of training relevant for different roles including safeguarding. This approach provides opportunities for the student staff with respect to their future employability as well as offering a service to students requiring assistance as part of the university's commitment to reasonable adjustment. As one individual from the student wellbeing services noted:

"It is quite a rigorous process to introduce new ambassadors, as they need at least six months to settle. They are then invited to apply for a specific strand of work... We then jointly manage them."

The students working for the mobility team will help other students to attend their classes, by helping them navigate to their rooms, introducing them to their note-taker and then returning later to collect them. They are also being trained to offer other support e.g. in the 'caption my video' team, which ensures that all audio content shown in a class where there is a deaf student is captioned. The feedback from this pilot study is positive, as one member of staff explained:

"We've nailed the mobility aspect and the rest is work in progress but the students are helping and it's moving in a positive direction."

Good practice example: Falmouth University

One institution uses the Do-IT Profiler to screen new entrants for SpLD and ADHD, and generally to provide a learning profile for each student. All incoming students are invited to complete the profiler, and current take-up is about 45-50% but the university is looking to increase this. In addition to identifying any SpLD, the profiler contributes to embedding inclusive practice as each tutor receives the learning profile report for their students and so they can plan their course around the particular learning styles and the particular strengths and weaknesses of the group; for example, orienting course materials for a study group containing lots of visual learners, or using regular reinforcement of ideas if students score low on memory aspects of learning.

Learning support is a key part of provision, and this can involve group study skills workshops which complement the one-to-one sessions (enabling institutions to offer wider support and support students who do not receive DSA funding). These sessions can include: help with academic literacy; critical and reflective writing; research skills; finding, using and referencing resources; effective study techniques; assignment planning

and structuring; time management and organisational skills; optimising memory; revision and examination techniques; communicating in different media; and coping strategies.

Good practice example: Trinity Laban Conservatoire of Music and Dance

One specialist institution's learning support service provides support for: a) academic study such as help with written material/essay writing, note-taking, memorising verbal content, planning assignments; b) general skills such as time management, goal setting etc.; and c) help with performance-related aspects (which can utilise some of the same principles used in other support) such as memorising scales, coordinating movement to the music, learning an aria in another language, undertaking effective practice sessions, dealing with performance anxiety. The key goal of learning support is to enable students to be autonomous (not to need further learning support). They try to be very creative in providing learning support and use multi-modal approaches (working with physicality, with visual and aural stimulus, and with written material). This means they tailor their approaches to the needs of the individual – looking at their needs and also their strengths (which can be built upon). They note how individuals with SpLD who come to HE are *“often very versatile, they have come far and have developed strategies to overcome their difficulties”* and these are strengths that can be used to help/support them further. So a key part of the learning support process is to make an initial assessment to identify strengths: *“what can we use to compensate”*.

The team also provide group sessions approximately once a term to extend their reach. The goal is to make the learning support service known to the wider student community, and to be more accessible *“some people may not be comfortable in one-to-one sessions. We want to make it normal to get learning support”*. These one-hour workshops are based around a specific topic, tend to be very practical and can involve between five and 25 students depending on the topic. They can involve DSA students and wider groups of students, but are less formal than the one-to-one support. They develop a series of workshops for the term, based around suggestions from students, feedback during the induction sessions, and from staff (via learning enhancement meetings). They have included sessions on: presentation skills, music performance anxiety, ear training/music software, working in groups, essay writing, research, and dyslexia awareness.

The core team also work with the individual student to help with their transition to the institution, from one level of study to another and/or to employment (including advising on issues around disclosure).

For example, one institution reported that they have transition officers who have a very specific role pre-entry and through the induction process and first few weeks of HE study to work with individual disabled students and then gradually hand them over to the wider disability services team and to their academic support team. Also the central support team can lead projects and targeted initiatives to support specific disabilities and conditions such as mental health conditions and autism.

Another institution, a college, noted that they have a team of specialists spread across its entire provision, and so the support provided can help individuals progress from FE to HE. The college exchanges learning and information between their FE and HE provision to ensure joined-up support.

3.2.4 Promotion and monitoring of support

The promotion of university/college support involves a number of channels to maximise impact and reach (and to encourage disclosure: see below). As one individual noted: *“What we find is that using only one channel does not work with students. One has to use a variety of ways to actually get that message across”*. The means used to publicise the support provided for disabled students include: talks and information at open days; availability of disability services team over the summer (in the run-up to the new academic year) to talk to prospective students and their parents; dedicated pages on the institution’s website, use of social media, provision of hard-copy information in new students’ starter packs, information when students register online, having a stand during the registration process, talks during freshers’ or arrivals week, and meeting key individuals (such as academic leads for disability services) during induction weeks.

A key development noticed across the case studies was the move towards better recording and monitoring systems to allow for more effective management of support (see also Chapter 7).

One institution described how they are reviewing the way they record requests for reasonable adjustments and the adjustments made for individual students so that staff have a more comprehensive and clear view of how the student’s needs have evolved over time and are being met. They are moving from one bespoke student management system to one more widely used in the sector (Tribal SITS⁶), and are working to ensure that this type of information is built in.

3.2.5 Interaction with faculties/departments: faculty-based support

Survey respondents were asked to give details of how their main disability service worked with academic departments, as a free text response. Disability services most commonly worked with academic departments in providing consultancy about disability issues (47%) and advice/support regarding reasonable adjustments (46%), while in a third of providers, academic departments also got support with training and staff development (36%) to help them support disabled students (Table 6). In a small number of providers, academic departments made referrals to the disability service to identify disabled

⁶ SITS is a Student Management System, developed and owned by the Tribal Group, which manages student administrative processes.

students. An example of how disability services work with academic departments is provided in this survey response:

“ ... ongoing liaison on a one-to-one basis with students and relevant academic staff - advocacy role - providing academic staff with information/recommendations for reasonable adjustments - attend Mitigating Circumstances, Exam Access Arrangements and Academic Misconduct panel - three-way review meetings with academic staff, students and other relevant staff - liaising with academic teams on alternative assessments - responding promptly to referrals from academic staff - attending regular school meetings to update and advise on any issues related to supporting disabled students.”

Table 6: How does the main disability service work with academic departments?

	Number	%
Consultancy	48	46.6
Reasonable adjustments	47	45.6
Training/staff development	37	35.9
Referrals	7	6.8
Other	23	22.3
N=	103	-

Source: IES Survey; base = all respondents

In three fifths (61%) of providers there were staff within faculties and departments who had explicit roles and responsibilities in supporting disabled students (Table 7). There was a strong relationship with size of provider: only 24% of small providers (under 5,000 students) had staff within faculties/departments to support disabled students, compared with 75% of medium providers (5,000 to 11,000 students), and 82% of large providers (11,000 plus). There was also a strong relationship with the recent trend in numbers of students receiving DSA within providers, with 82% of those providers that had experienced a large increase in students in receipt of DSA reporting that they had staff with disability responsibilities in faculties and departments, compared with 67% of providers that had experienced a small increase in students in receipt of DSA, and 39% of those that had experienced a decline in students in receipt of DSA. This suggests that increases in students in receipt of DSA are a key driver for providers allocating disability responsibilities to staff within faculties and departments. However, it should be noted that institutions with increases in the numbers of students receiving DSA also tended to be those with relatively smaller proportions of disabled students in their student population (under 6%).

The staff within faculties/departments were most commonly academic staff with responsibility for disability issues in their faculty or department (59%); only one provider said they had disability advisers located in faculties or departments, while in 40% of providers it was staff in some other role, or a combination of staff. Some examples of

having staff within faculties and departments who had responsibility for disability issues include:

“Each academic department (school) also has a school disability co-ordinator whose role is to: a) raise awareness of disability policies, procedures and inclusive teaching approaches on school agendas; b) support staff and students in schools who have queries regarding disability in an academic context, share good practice and contribute to complaint handling where disability is a factor; c) input into curriculum design/review from an inclusivity perspective and provide advice on disability impact assessments as required, and d) provide advice to student services where a disability issue needs an academic context (in particular when a student’s support is not being effectively implemented).”

“This is a named member of academic staff on an individual student basis to liaise and support high-need student support collaboratively with the disability service. This is generally a personal or dissertation tutor.”

Table 7: Whether there are staff within faculties and departments with explicit roles and responsibilities in supporting disabled students, by size of provider (DSA-eligible students)

	Under 5,000	5,000 to 11,000	11,000 plus	All
Yes, staff within faculties/depts	23.5	75.0	81.6	60.6
No	76.5	25.0	18.4	39.4
N=	34	32	38	104

Source: IES Survey; base = all respondents

All the case study institutions recognise that supporting disabled students is an institution-wide responsibility and staff at all levels and all roles have a role to play. There is a desire from central disability services/student support services teams to work collaboratively with academic staff, to build bridges and break down academic resistance, where it exists. Many report good relationships between disability services and academic departments although this is often with individual tutors. All staff (academic staff and also wider departmental staff including administrators, technicians, etc.) are considered important to the development and also successful implementation of individual learning plans/action plans.

One university noted that when their central disability service team first worked with academic staff to develop individual action plans, they needed lots of help but *“things are now getting a lot better”*. Now departmental staff have a better understanding of the issues and requirements, including an appreciation that individual learning/action plans mean that they have *“more time to do things properly, and plan ahead”*.

The case study institutions described how their central disability service teams work with academic units and also estates teams to:

-
- Provide guidance for academic staff on making reasonable adjustments (often involving developing action plans in conjunction with tutors/lecturers and students and working out the impact for the specific course);
 - Provide support, training and guidance for staff on disability awareness and inclusive learning practices (see below);
 - Arrange for specific adjustments and discuss access issues (e.g. personal evacuation plans), and much of this liaison/joint working takes place before the student begins their course. (One institution reported that the most complex adjustments tend to relate to student accommodation.); and
 - Help the wider institution to signpost the support available to students and prospective students (and their parents and advisers).

One institution has developed detailed student guidance with a flowchart outlining the process from registration onwards in order to help students better navigate the support available throughout their time at the university. One interviewee noted:

“I think the job [specific learning disability tutor] is a proper academic job ... The advantages of my working as a full-time academic member of staff means I can liaise with departments, go to meetings, do staff training – basically I’m embedded into the culture of the university, I’m not a separate entity that just does the tuition and goes home.”

Case study feedback illustrated how support provided by and/or within the faculty (school or department) acts to implement the action plans, and operationalise the inclusivity practices. Academic units (schools, faculties, departments etc.) can have dedicated individuals with a remit for supporting disabled students. For example, one has designated school support officers and advisers, and another has recently introduced disability liaison officers replacing the previous model of disability tutors. These may be managed and funded by the academic unit or more commonly by the central disability services team. This provides the discipline-related specialism necessary for effective support and inclusive approaches. Another institution reported that deployment of dedicated individuals was a deliberate strategy to provide consistent support across the faculties, and to tailor support and advice to specific courses (as learning contexts vary between faculties). As one interviewee noted: “ ... it is helpful to have someone on hand to talk to, put a face to a name and have a real presence in the faculties”. Institutions aim to create a network of support for students.

In one institution the core disability team is responsible for producing students’ inclusive learning plans, managing any mentors and/or SpLD tutors used, and the gathering of information/material in an accessible format (e.g. by working with the library on reading lists). However, responsibility for the day-to-day implementation of the action plans in relation to academic matters, and ensuring lecture notes are made available in accessible formats (recordings etc.) lies with the individual schools and departments. So students who register with the core disability team and can provide medical evidence or a SpLD report meet with their

specialist adviser and together they will compile an Inclusive Learning Plan (ILP) which will be included in the university student data systems. Then the school support officer/disability contact in the student's academic school will advise him/her how the support will actually be put into practice. The school support office acts as an extension of the core disability team at school level. In addition, the university has pastoral support provided in each of its colleges (offering pastoral care, advice, help and support to students) and student champions who assist with the pastoral care of all students, and in particular those who are vulnerable or need extra support. These individuals link up with the student union, academic schools and departments (and their designated advisers), campus security, etc., and can signpost students to the core support team.

3.3 External support

Institutions may also access external support. The most common external services that institutions bought in were to assess whether students have a disability. Non-medical helpers and the servicing of equipment used by disabled students were also services that were provided externally for providers, while 19% of respondents claimed that they provided all of their services in-house (Table 8).

Table 8: What services for disabled students does the institution buy in?

	Number	%
Assessment	44	44.9
Non-medical helper	43	43.9
Service equipment	17	17.3
All services provided In-house	19	19.4
Other	4	4.1
Total	98	-

Source: IES Survey; base = all respondents

The nature of support that external statutory agencies provide to institutions was quite wide-ranging. Around one third of providers (35%, Table 9) received external mental health support provision, while personal care support was provided by external services to 28% of providers, and 16% of providers said that external statutory agencies accepted referrals from them. However, a few providers (3%) said that the NHS's provisions were failing to help them, and across the case studies some mental health advisers highlighted the inadequacy of NHS mental health services and the slow referral pathways⁷.

⁷ These were noted in the Student Minds report as the top two 'Grand Challenges' in student mental health, (see HEFCE 2015 <http://www.hefce.ac.uk/pubs/rereports/year/2015/mh/>, p29)

Table 9: What is the nature of support that external statutory agencies (NHS, social care, etc.) provide? (Multiple response)

	Number	%
Mental health provision	35	35.7
Personal care	27	27.6
Accepts referrals	16	16.3
Assessments	10	10.2
NHS practice on campus	10	10.2
NHS provision failing	3	3.1
Other	19	19.4
None	16	16.3
N=	98	-

Source: IES Survey; base = all respondents

Just over half (54%) of the institutions believed that their interaction with external agencies would not change as they move to a more inclusive approach. Around one third (34%) of institutions believed that their interaction with external agencies would increase as they moved to a more inclusive approach, while 12% believed it would decrease. There were no significant or consistent patterns of variation by provider characteristics.

Providers who felt that their interaction with external agencies would decrease as they moved to a more inclusive approach generally felt the increased inclusivity and embedding of support would reduce the need to buy in external support, as this provider explained:

“I envisage though as we move towards an inclusive model the need for external agencies that supply NMH support will decrease. We want, as an HEI, for students to embrace and work towards a more independent model of support. Vast quantities of NMH support for students is seen as precipitating a dependent model of support. As we embrace more technology and we restructure, the need for such NMH support via external agencies will decrease. Furthermore, we would look to supply Bands 1 and 2 in-house through our on-site temping agency which will develop employment opportunities for students whilst studying.”

Among providers who felt that their interaction with external agencies would stay the same, many mentioned that there would always be students with complex or profound conditions who would continue to need one-to-one support from specialist staff, for example:

“Inclusive practice may reduce the need for some individual adjustments to enable students to participate in study-related activities but [it] will not remove the external statutory agencies’ involvement in supporting daily living tasks and providing specialist

interventions. We anticipate continuing to work in partnership with these agencies in respect of students with complex needs."

Furthermore, some providers mentioned that while some types of external support may be phased out over the coming years, there may be other support that external providers can supply which the providers could usefully draw on, thus making overall interactions broadly the same, for example:

"Our interaction with external agencies is likely to initially remain the same as now as we gradually move towards a more inclusive environment. In the short term a continuation of their current support would be needed for students. I would anticipate a gradual phasing out of certain roles that external agencies currently provide, but other, more specialised roles may remain relevant. In addition, certain areas of expertise that are provided by external agencies may well be useful in helping to inform the university around best practice/training regarding inclusive learning, therefore maintaining regular contact and positive relationships is potentially in the best interests of the university in the longer term."

Providers who felt that their interactions with external providers would increase commonly reported attempts to develop closer working relationships, or more strategic interactions, particularly around mental health support, a point which was evident and is expanded upon further in the HEFCE 2015a report. Illustrative responses to the survey of increasing interactions include:

"We are proactive about developing relationships with agencies to support our internal provision so foresee this increasing"

"We are identifying more external providers who deliver services to our students. Our model is innovative in that we have significantly increased services available to students on campus without detriment to our business-as-usual model ... More providers are exploring working with us in partnership to bring additional services for our students on campus."

"Proactive plans are in place to ensure closer working with external mental health disability support. However it is difficult at this point to forecast if interaction with external agencies will change for other disabled student needs, as inclusive learning approaches extend more broadly to the learning environment; the procurement of external support agencies is based on the complex support needs that may not be adequately supported through inclusive approaches i.e. an individualised response to support will still be required."

4 Inclusive provision

This chapter presents an overview of the inclusive support approaches currently adopted by HEPs. It begins by reviewing the characteristics of support and looking at institutions' commitment to inclusive practice. Findings are reported under several broad headings which reflect the focus of the sector-wide survey: teaching, learning and assessment practices; use of technology which appears to be an area of recent and planned development; a summary of other inclusive teaching and learning practices designed to provide reasonable adjustment and enable HEPs to respond to changes in expectation, arising in part from new DSA funding arrangements; issues of physical accessibility spanning all aspects of the student experience including accommodation and social activities, as well as teaching and learning; and the current approach to staff training, covering which staff have access to training and the focus of that training. The chapter ends with institutional perspectives on their overall progress towards inclusive provision.

4.1 Characteristics of inclusive provision

In the online survey, providers were asked to give their views about what characterises an inclusive model of disability support. In their open text responses, reference was made to the recent Department for Education publication *Inclusive Teaching & Learning in Higher Education as a Route to Excellence* (January 2017) which provides a core definition of inclusive learning and a set of principles. This report notes:

'A core definition of inclusive learning (adapted from Hockings, 2010) is:

"Teaching which engages students in learning that is meaningful, relevant and accessible to all, embracing a view of the individual and of individual difference as a source of diversity that can enrich the lives and the learning of others."

Inclusive learning therefore invests in the following principles:

- Learning is enriched by the varied experiences of students
- Accessible learning is relevant and approachable by all students
- The curriculum and the means of delivery are both part of this accessibility

- Students with full access to learning and teaching are more likely to engage with learning, and to reach their full potential'

(DfE, 2017: p32 in Annex A: Background and context to the guidance)

As one survey respondent noted:

“Models of inclusive support have been available in the sector for a number of years but the recent publication by the Department for Education ... has crystallised this thinking within the sector.”

They then went on to note:

“A further point from our university is the recognition that operating an inclusive model requires it to be part of a long-term strategy for an institution.”

The open text responses were coded into categories to provide an overview of what an inclusive model was felt to cover. Over half of respondents included accessibility of estates and online material, as well as accessible teaching, examination and curriculum (Table 10). Limiting individual adjustments or having invisible practices was also commonly mentioned as a characteristic of an inclusive model of disability support, and this was often linked to the social model of disability, although only one in 10 providers (11%) specifically mentioned equality of opportunity as a characteristic.

Table 10: What do you feel characterises an inclusive model of disability support?

	Number	%
Accessible estate/online materials	54	55.1
Teaching policy/exams/curriculum	54	55.1
Limit individual adjustment/invisible practice/social model	32	32.7
Equality of opportunity	11	11.2
Other	10	10.2
N=	98	-

Source: IES Survey; base = all respondents

In terms of accessible estates and online materials, the following are typical examples of comments by providers:

“Accessible buildings and environment - both in a physical and virtual context; information technology and digital platforms; appropriate learning and teaching policy and practice. A whole university approach to meeting the needs of whole student body.”

“An inclusive model should mean a reduced dependence on individual adjustments. Ideally, if teaching, learning and physical environment are accessible, individual adjustments for most students should be heavily reduced. This includes teaching materials being fully accessible, the recording of lectures and workshops being made available to all students on

the VLE [virtual learning environment], a diverse range of approaches to teaching and assessment to support different learning styles, and access for all students to a wide range of assistive software."

Comments on the role of teaching policy, exams and curriculum in definitions of inclusive provision included the following examples:

"We have adopted a definition of inclusive practice as follows: the design and delivery of pedagogy, curricula and assessment to engage students in learning that is meaningful, relevant and accessible to all [based on "Inclusive learning and teaching in higher education: a synthesis of research" Professor Christine Hockings, April 2010]"

"One which starts with inclusive course and service design with specific adjustments as an 'add-on' where inclusive measures do not respond to a specific need. An ideal model of inclusive support would be one where responsibilities are shared between academic staff and corporate services."

"An inclusive curriculum is one that takes into account students' educational, cultural and social background and experience as well as the presence of any physical or sensory impairment and their mental wellbeing. It enables higher education institutions to embed quality enhancement processes that ensure an anticipatory response to equality in learning and teaching."

The following comments illustrate providers' views around limiting individual adjustments, inclusive practice, and the social model of disability as characteristics of inclusive support provision:

"As an institution, delivery of inclusive practice will mean that disabled students can access teaching and services as can other students without the need for any or so many individual adjustments. The method of delivery for all will meet their individual needs. Inclusive practice will never meet everyone's specific needs, and disability support at this institution enables individuals to access teaching/services by identifying adjustments and agreeing these with individuals in order for them to be implemented. This service is focused purely on individuals and their specific needs. The term 'inclusive model of disability support' appears contradictory. For us an 'inclusive model' is about delivery of practice, not about individual support. However no matter how inclusive our practice is, we don't ever anticipate getting to a position where no disability support is needed."

"One that is based on the social model of disability, encompassing a mixture of inclusive approaches to benefit all students, alongside a personalised approach that offers reasonable adjustments and promotes a wider understanding of the benefits of inclusive education within the institution. Specialist expertise centrally but implementation of adjustments in local setting (e.g. academic course context, accommodation context)."

“All students and staff need to share expectations about the nature of the student experience. This requires awareness-raising and then all planning and operational issues are accommodating diverse needs normally and naturally. Good inclusive practice should be invisible and not be characterised by exceptional and ad hoc special measures.”

4.2 Commitment to inclusive practice

When asked to what extent information and guidance about inclusive practice were disseminated across the entirety of the institution, half of respondents answered that it was disseminated widely through staff inductions and training (52%). Just under a quarter (22%) of institutions disseminated inclusive practice through online resources, and 19% disseminated it widely through policy. One in 10 institutions said they did not disseminate information and guidance about inclusive practices widely across the entirety of the institution.

The case study providers reported that they are all moving forwards with the inclusive support agenda, and all feel the move to inclusion is a positive one. Institutions noted that they are updating their teaching, learning and assessment policies and practices and working to gather feedback from and develop guidance for all staff.

As described by one institution, under this new model/approach, disability is not just a disability officer issue, it is about how it feels for all students. Another interviewee in a different institution noted:

“The issue has been in the past that around the university, a student has a disability and it’s like, disability services can sort it out... inclusivity is about lots of people taking ownership of that, changing the way we teach, changing the way we do stuff for everybody which means that people don’t necessarily need adjustments or non-medical support.”

One institution described a variety of strategies it has to quality assure and embed inclusive practice including learning walks, observations of teaching (including peer observations), filming of teaching for self-evaluation/self-improvement (not surveillance), and sharing of good practice.

Some institutions reported that they have had a commitment to adopting an inclusive model of provision for some time and have been investing their own resources in this area, and therefore feel they have moved a long way towards inclusion and accessibility. Some of this work has taken the form of projects or accessibility audits (see below). However, these institutions still acknowledge that more can be done, but feel they should perhaps celebrate and better publicise their successes.

Good practice example: The Open University

One institution has a dedicated team to support faculties in embedding accessibility in teaching and learning (which is broader than technical access or supporting disabled students). It started as a project initiated by the PVC in 2011 but has become ‘business as usual’ with permanent funding and staff in 2015. It drew together expertise from across the institution (course

production, library, media and IT) and was positioned separately from academic services and from student support as an independent entity. It advises and supports staff across the institution on disability access and quality assurance, build networks and connections, undertakes research and initiates projects. It has an advisory and facilitating role, as it is the faculties themselves that are responsible for developing and delivering accessible learning and teaching. The team regularly provides training for staff on awareness, process, governance, etc. Examples of projects the team are working on include: a survey of staff perceptions and attitudes towards accessibility to inform staff development and communications; supporting a project to embed inclusive teaching and learning practices in Science, Technology, Engineering and Mathematics (STEM) which will produce case studies and guidance; and working with students to look at the terminology and language disabled students use to refer to their own conditions and impairments in order to align the language the university uses with that used by students themselves, which is hoped will increase disclosure.

Other supporting roles, structures and networks to support accessibility include: faculty accessibility coordinators who operate at the faculty level and have discipline expertise, and can advise those developing modules and courses more directly, and a cross-faculty working group which focuses on accessibility issues.

Good practice example: University of Kent

One university is undertaking a major institution-wide accessibility project. The project was initiated by the University in October 2015, and was initially funded through university core funding, however the new additional HEFCE funding is also being used and now part-funds the project. It is also supported by the Joint Information Systems Committee (Jisc) with advice and guidance and the provision of a strategic framework.

It is a multi-faceted practice-based action research project using a process of exploration, testing, feedback and revision. The project involves the implementation of a range of accessibility initiatives aimed at raising awareness of the potential for inclusive design and assistive technologies in an attempt to improve access to the learning environment for both staff and students (not only disabled students). It also involves regular training and awareness among staff and students. The project is primarily about mainstreaming accessibility by seeking to effect culture change by gradually moving away from making individual adjustments via Inclusive Learning Plans towards anticipatory reasonable adjustments and inclusive practice 'by design' as the preferred means to tackle accessibility barriers at source. Ultimately the project aims to make recommendations that will help to further develop and embed an inclusive information environment and encourage wider adoption of assistive technologies by both staff and students. The project is therefore helping to facilitate a cultural shift to an inclusive model: *'the OPERA project has provided a mechanism for building inclusive practice into more University procedures and practices'*.

It is co-ordinated by the Accessible Information Officer. It also has a Working Group comprising representatives from academic faculties, support services and the student union which oversees its work. This group is chaired by the Associate Dean for Social Sciences, and the project overall is monitored by the Education Board

Good practice example: University of Kent

Several institutions, including the University of Kent as one of the founding institutions, have been involved in [e-Book Accessibility Audit](#) that took place between August and November 2016. This was a joint project between several British university disability and library services, Jisc and academic book publishers. The aim of the audit was to support an inclusive approach to teaching and learning by seeking to introduce a benchmark for accessibility in e-book platforms. The focus is on key areas of the practical user experience to measure basic accessibility functionality and guide targeted platform improvement. The audit itself was a "non-technical" accessibility survey restricted to features that can be quickly and easily checked by a non-specialist audience (representatives from the UK's university library and disability community). Its focus was on e-books supplied to the education sector in the UK and the criteria used to audit them included (i) range of formats; (ii) appearance (iii) navigation; (iv) text-to-speech/screen reader; (v) access/control; (vi) images and animation; (vii) support information

The testing was done by 33 universities and 5 suppliers (suppliers were invited to audit their own platforms). In total, 44 platforms were tested, covering 65 publishers with nearly 280 e-books tested. The aim was to develop a 'league table' of accessible e-books and e-book platforms together with good practice guidelines for all relevant parties, including publishers...

For other institutions, adopting an inclusive model of support represents a relatively new endeavour. For example, one institution spoke of their recently developed Accessibility Statement which sets out where they want to be and provides a direction of travel. The move to greater inclusive practice (as noted above) has been partly driven by the changes to funding for supporting disabled students coupled with a recognition that making large numbers of individual adjustments can be inefficient as these adjustments may be duplicated multiple times across the institution.

4.3 Inclusive teaching, learning and assessment measures

The online survey asked providers about a range of typical inclusive teaching, learning and assessment (TLA) measures. In 99% of providers, course materials were provided online, making it the most commonly used inclusive teaching and learning measure found across respondents (Table 11). With only three quarters of institutions monitoring attendance to help identify any potential wellbeing issues among students it is the least

prevalent inclusive measure identified by the survey, but it was still used in a majority of respondents. Providers' use of these key inclusive TLA measures is explored in the following sections.

Table 11: Prevalence of key inclusive teaching, learning and assessment (TLA) measures

Inclusive measures	%
Course materials online	99.0
Wellbeing promotion	97.0
Specialist software	94.1
Alternative assessment methods	92.0
Lecture notes in advance	88.1
Lecture capture	78.2
Attendance monitoring including to help identify any potential wellbeing issues among students	75.0

Source: IES Survey; base = all respondents

The case studies indicated that assistive technologies were regarded as having a role in terms of using new (generally digital) technologies to help all students, but it was highlighted that inclusive and accessible support is not just confined to assistive technologies but it is also about bringing about a culture of change and getting staff 'buy-in'. As one interviewee noted:

"It's a mind-set ... people need training and support and it needs to be driven by heads of department. Inclusion is a buzz-word at the moment in HE. The principle is right but the understanding that goes along with it is sometimes lacking. Understanding is at the moment patchy – some are excellent and some have a way to go. I want to share the pockets of good practice and make it more uniform across [the university]."

It was also noted that changing the culture meant that those with dedicated responsibility to lead and drive through change towards inclusive TLA needed clear lines of reporting to the senior management team and escalation routes to ensure they had impact, and to ensure that sufficient time and resources were dedicated to support the process (*"lots of heads nodding in the right direction but there is a limit to how far it will lead to change"*).

Shifting the culture was thought to be about:

- helping all staff to think more broadly and to understand and embed inclusive practice;
- overcoming individual (often subject and course-related) fears and reluctance⁸;

⁸ The Higher Education Academy (HEA) has developed discipline based inclusive curriculum design

- getting staff to think beyond making reasonable adjustments for individual students and think about accessibility for all;
- helping staff to recognise that inclusive practice is not just a technical issue that is dealt with by someone else but can and should be supported by all; and
- enabling staff to recognise that changes can be small (for example, making the titles of essays clearer) yet still make big a difference.

Institutions reported that, due to the academic autonomy and freedom across and within universities and colleges, different faculties, schools and departments can vary considerably in their progress towards inclusive teaching and learning approaches. A common theme therefore was how policies can be implemented very differently across the institution, and how some staff can be more receptive than others. Institutions reported that this results in patchy and inconsistent practice, with pockets of good practice. There was a feeling that more could be done to build relationships with academic departments and promote inclusive practice and support. One interviewee felt that linking inclusive practice to the TEF would ensure attention is focused on embedding inclusive practice.

Good practice example: De Montfort University

Like several universities, one case study adopted a multi-pronged project approach to some of their changes – this included consideration of leadership, staff development and monitoring. Importantly it recognises the complexity of the change and thus the time required for planning, preparing and implementing change across the institution.

Like several providers they have adopted the Universal Design for Learning (UDL) approach and have positioned all future teaching and learning developments within this framework. Having a clear rationale for individual project activity provides greater consistency and helps to persuade staff who may be uncertain about the need to change. To support their move toward a more inclusive approach they have introduced Faculty and Directorate UDL champions who are helping to raise the profile, support the institutional agenda and provide assistance for individuals. Other institutions have also adopted the use of champions for example, around technology, use of specific software or pedagogical approaches.

4.4 Using technology to aid inclusion

Case study institutions described how they often have staff dedicated to developing and promoting assistive technologies across the institution, to explore how these technologies can support the inclusion agenda. These individuals work with the faculties, schools and departments to develop accessible learning resources, to help staff with thinking about teaching practice, to make assistive technologies more accessible (to more students), raise awareness of accessibility, and provide training related to inclusive teaching and learning. They also work with or are located within library services.

One institution reported that they have introduced an inclusivity officer and two inclusivity assistants to work alongside their disability advisors. They feel that expanding the team in this way has allowed them to work more closely with academic faculties and other student services.

Good practice example: University of the Arts London

One institution reported that they have appointed or identified staff with key responsibility for overseeing and leading developments in access and inclusion. They described two new posts a) Assistant Librarian: Access and Inclusion, and b) Assistive Technology Co-ordinator. These staff work to digitise text for visually impaired learners and integrate training in any new systems and processes involved, and will liaise with the different (subject) libraries and with academics to review reading lists and proactively include materials in a variety of formats. This ensures that the institution meets the reasonable adjustment requirements of some students but also makes a wide range of materials available for students who may learn in different ways.

4.4.1 Audio/video recording

Just over three quarters of respondents (78%) to the online survey used audio or video recording of lectures. Use of audio/video recording increased with the size of providers, from 59% of small providers up to 92% of large providers (Table 12). There were differences by type of provider, with FE colleges and specialist HEIs being least likely to use audio/video recording, but these appeared to be driven largely by differences in size.

Of the institutions that had lecture capture, three quarters (75%) had video capture and one quarter had audio capture only. These proportions were common across all sizes and types of provider.

The vast majority (96%) of providers that used lecture capture used it to record only some of their lectures. Of these, a majority (55%) recorded less than 20% of their lectures, and only 20% of these providers recorded more than half of all their lectures.

Table 12: Whether institution uses audio/video recording of lectures, by size and type of provider

	Yes: audio/video recording	No	N=
Under 5,000	59.4	40.6	32
5-11,000	81.3	18.8	32
11,000 plus	91.9	8.1	37
Specialist HEI	66.7	33.3	18
HEIs with high average tariff scores	96.0	4.0	25
HEIs with medium average tariff scores	87.0	13.0	23
HEIs with low average tariff scores	70.8	29.2	24
FE colleges	54.5	45.5	11
Total	78.2	21.8	101

Source: IES Survey; base = all respondents

Table 13 shows how the institution decides where to use lecture capture; 45% of providers based its use on courses or subjects whilst only 7% of providers allocated it by student cohort. Among the 48% of providers who said they have another arrangement, leaving it down to the discretion of tutors was commonly mentioned, as was building/room factors i.e. where it had so far been installed.

Table 13: Is this based on course/subject, or student cohort?

	Number	%
Course/subject	33	44.6
Student cohort	5	6.8
Other	36	48.6
Total	74	100

Source: IES Survey; base = all respondents with audio/video recording of lectures

Of the small group of institutions that did not currently use audio or video recording of lectures, just under two thirds (63%) planned to get it in the future. Providers with medium or high proportions of disabled students (either self-declared or in receipt of DSA) were more likely than those with low proportions to be planning on introducing audio/video recording.

4.4.2 Specialist software

In the vast majority of institutions (94%) specialist software is part of their mainstream IT provision to students. Mind mapping (93%) and document reading (88%) software were the most common software used across the institutions, as Table 14 shows, while around two thirds of institutions had speech recognition software (68%) and around one third

had document conversion software (37%), note-taking software (34%) and recording software (33%).

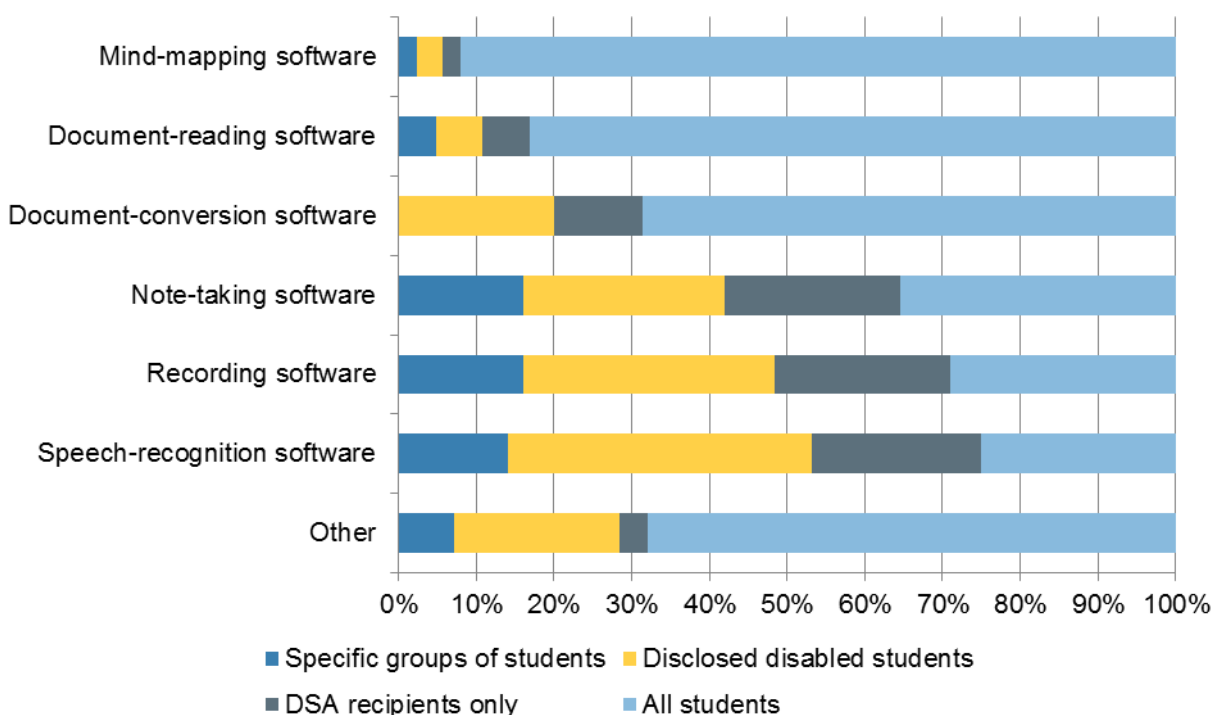
Table 14: What type of software is provided? (Multiple response)

	Number	%
Mind mapping software (e.g. MindGenius)	88	93.6
Document reading software (e.g. ClaroRead)	83	88.3
Speech recognition software (e.g. Dragon)	64	68.1
Document conversion software (e.g. SensusAccess)	35	37.2
Note-taking software	32	34.0
Recording software (e.g. Notetalker)	31	33.0
Other	32	34.0
N=	94	

Source: IES Survey; base = all respondents who provide specialist software

Mind mapping software and document-reading software were commonly offered to all students (Figure 14). Speech recognition and recording software were most likely to be only available to those students with a disability, either DSA recipients or those who disclosed a disability. It would be useful to explore further the way students are making use of this software and the extent to which institutions are providing training to enable them to use it effectively.

Figure 14: To which students do you offer specialist software?



Source: IES Survey; base = all respondents who provide specialist software

The case study institutions were making use of a number of assistive technologies/ technological solutions to support their disabled students, and looking to make the software available to wider groups of students/all students. One institution reported that a key programme has been 'networked for all students' for over 10 years and so it becomes an inclusive tool rather than it being targeted at particular students.

Some institutions had software that was only available on certain computers and with disabled students having priority access, but were looking to extend access. This could involve piloting and investing in new software, developing in-house programmes or solutions, and extending licences, but could also involve evaluating usage, raising awareness and delivering training to increase take-up and effective usage. In many cases the institution's library service was critical to this process, as were learning support teams.

These assistive technologies were felt to make a real difference to students. This can require the purchase of software licences for both staff and students, which could restrict access to the support. One case study institution described how they had purchased between five and 10 different types of software to support students across the disability spectrum. These technologies included: induction loops, speech recognition software/transcription packages (changing voice to text), text-to-speech software, mind mapping software (to help organise ideas graphically and with planning and organisation), word prediction software, software to enlarge text and zoom in, programmes to support essay writing (guides with animated tutorials and tools such as subject dictionaries and bibliographic references), recording software, note-taking software, document-conversion software, and document-reading software (as indicated by the survey responses).

4.4.3 Lecture capture

There were multiple systems in use across the sector, in essence they were all designed to record, save, edit and store lectures and then make them widely accessible. Lecture capture appeared to be a key technology for institutions to support the move to inclusive teaching and learning. It was described in one case study as a powerful tool that can create a level playing field and help the learning and teaching of all, not just disabled students or those with difficulty in taking notes: "*it [lecture capture] can be viewed as a productivity tool as well as a student support tool.*" Therefore many institutions were working to introduce or considerably increase the use of lecture capture (with some aiming for fully comprehensive lecture capture or to cover almost all of their provision) as this could reduce (but not entirely remove) the need for note-takers.

Adopting lecture capture as part of an institutional response to providing inclusive TLA measures was often described as challenging. It is a complex change process because it requires staff from across the institution to work with one another. Case studies discussing lecture capture mentioned the involvement of multiple committees for

consultation and approval, staff responsible for funding the initiative, IT (learning technologists and information systems), disability services, educational developers, academics, HR departments regarding discussion with unions, university governance personnel and students' unions/guilds. The main challenge is shifting the culture to overcome staff resistance relating to perceptions about extra work, fear of technology and concerns about intellectual property. In addition, several case study interviewees talked about the time required to negotiate with the staffing unions and felt this was an area where a more collective approach to negotiating what was possible and developing a sector-wide framework may be helpful. The current diversity across the sector and within institutions is something that makes it difficult for students. In future, the diversity of approaches and nuanced arrangements has the potential to incur extra work for staff moving to another institution/provider.

One institution noted that although the policy, facility and equipment had been in place for some time, the take-up of lecture capture had to date been patchy and low. They are therefore looking to make it mandatory for schools to use lecture capture, and, if it is not used, there needs to be a clear justification for this. They noted that academics can be fearful that lecture capture will stop students going to their lectures, but that where it has been used it has actually improved attendance and has boosted the confidence of students in the learning process.

Another institution described the challenges in getting staff engaged and supportive of the move to using lecture capture, and so overcoming staff resistance is important for success.

A further case study spoke of how they were working to address concerns on certain courses about lecture capture, and allowing lecturers to apply for exemptions from lecture capture for sessions or modules if they have concerns about confidentiality (e.g. discussions of case work on Social Work programmes).

Good practice example: De Montfort University

De Montfort University has taken the decision to invest considerable time and funding on the adoption of lecture capture as part of a wider commitment to Universal Design for Learning (UDL). The implementation of this change was delivered as part of a planned project which included consultation, negotiation with the unions, technical changes to lecture room equipment and software to simplify the steps required to record lectures, a comprehensive programme of training, high levels of support at the start of the academic year when the system was rolled out. The implementation process included monitoring adoption using the university's virtual learning environment which was where lectures would be uploaded; staff who had not made use of lecture capture system were reminded of the university's commitment to UDL and asked to make available their alternative reasonable adjustment. Although staff were able to provide their own alternative reasonable adjustment these alternatives were being reviewed, so whereas PowerPoint slides were not deemed acceptable, a talking head video was accepted. However, staff have generally found that recording of lectures is a far more efficient use of their time.

The original plan was to roll out incrementally, starting with all first year courses, however the changes proved incredibly popular and therefore was rolled out to all students for the start of the 2017/18 academic session.

Success features of this approach include a carefully planned project, with clear communication plan, training, a senior lead and champion, a system for monitoring and evaluation which will feed into future enhancement to how technology enhances learning.

4.5 Other inclusive practices

Respondents were asked what steps they had taken to ensure that learning resources were inclusive in their institutions. Half of institutions provided their staff with guidance, support, and training and/or undertook reviews to help staff to develop learning resources that are inclusive. Software and technology measures were used to ensure that learning resources are inclusive in just over one third (36%) of providers, and e-versions of books, font and braille are used in this way at a quarter of institutions (26%, Table 15).

Table 15: What steps have you taken to ensure that learning resources are inclusive?

	Number	%
Guidance, support, training and review	48	50.5
Software, technology	34	35.8
e-versions of books, font and braille	25	26.3
Reasonable adjustments	7	7.4
Other	17	17.9
N=	95	

Source: IES Survey; base = all respondents

4.5.1 Notes in advance

Nearly nine out of 10 institutions (88%) produced lecture notes in advance. Although most institutions produced lecture notes in advance, only 45% of these did this for all students; the other 55% were selective about who got notes in advance. All HEIs with low average tariff scores provided lecture notes in advance, compared with only two thirds of specialist HEIs. Provision of notes in advance decreased as the proportion of disabled students increased, from 98% of those with less than 6% of students declaring a disability, to 79% of those with more than 8% of students declaring a disability. This pattern perhaps implies that institutions with smaller numbers of disabled students are able to focus on individual needs (as an inclusive approach) but this may not be wholly inclusive provision.

The criteria for determining eligibility for notes in advance varied across providers, with a common approach being that lecture notes in advance would be recommended as a reasonable adjustment for disabled students who have demonstrated a need for them,

and this would be articulated to the academic staff in the students' learning support plan, and academic staff would be expected to ensure that this always happens, but there was an acknowledgement that this would not be audited.

Some providers reported that it was common practice for notes to be provided in advance as a matter of course, and others reported that they were moving towards that position. In reality, the decision and practice of whether notes were made available seems to be at the discretion of the individual lecturer or tutor. Case studies reported that making lecture notes available online in advance was a method they used to improve accessibility, but as with assistive technologies their use is not necessarily even or widespread within institutions, with practice varying between faculties, schools and departments.

4.5.2 Course materials online

All but one respondent said that their institutions made course materials available online. When asked about the content and method of materials made available online, just over half (53%) said that they had VLEs (including Blackboard and Moodle): 38% of institutions made lecture notes, reading lists and PowerPoint slides available; 20% had video recordings or podcasts online; 16% had course handbooks online; and 6% had audio recordings available online.

Online provision is another area that case study institutions regarded positively as a way of helping make TLA more accessible and inclusive. Institutions talked about their VLEs and how these can be used to support making materials available in different formats. However it is important to note that putting materials onto online platforms such as VLEs does not mean that the materials themselves are accessible. Thus it may be good practice to use a checklist or to provide guidance for staff to ensure VLE resources are truly accessible.

One institution has acknowledged this and has undertaken a project to review the accessibility of materials on Moodle with the overall aim of enhancing the student learning experience.

Good practice example: The Open University

The Open University supports a large number of distance learners through online provision has noted how moving to delivering teaching and learning online has made the experience more accessible to a wide range of students and potential students from all backgrounds and circumstances including those with disabilities. Students can access learning and teaching from their home environments without having to have physical access to the institution, can interact with staff and other students in less overt ways, and can access materials using a range of assistive technologies and formats. However, interestingly the greater use of online provision has created some access issues for other students, for example those who may have difficulties working on computers/with screens for long periods of time, or those who cannot access the internet (e.g. those in secure facilities such as prisons or secure mental health

facilities). This has meant that the institution has to produce print format materials for students (as part of the reasonable adjustment process).

4.5.3 Alternative assessment methods

In just over nine out of 10 providers (92%) alternative assessment methods were provided for disabled students. These were often considered on a case-by-case basis rather than being a standard adjustment, while a few providers said that alternatives were available for all students. Looking at the alternatives provided, two thirds of institutions (65%) used written assignment instead of exams or presentations, and a slightly smaller proportion (61%) would also change an essay or written assignment into a viva, presentation or oral assignment if the student required it. Other alternatives included:

- allowing a presentation to a smaller group or to just the tutor rather than the full study group;
- allowing a video presentation rather than a personal presentation; and
- additional time in exams or to produce coursework.

Working to improve the design of assessments was another area where case study institutions reported that they were looking to improve accessibility.

One institution described how they were working to advise tutors on how to mark spelling and grammar particularly for those with SpLD, and to think about alternative forms of assessment (based around the learning outcomes of the course and what is most appropriate for learners).

Another institution described how they were moving toward inclusive assessment in a gradual and incremental way by working with course teams going through revalidation, offering disability and equality training tailored to individual courses which look at the assessment methods they use and how they might work to make them more inclusive. They noted that their approach is to work with departments who are open and interested and thus build up a set of examples of good practice which will provide ideas and encouragement for others.

The introduction of alternative assessments that are made available to all students is a potentially complex pedagogical decision. Designing a range of assessments to meet learning outcomes and allowing all students to choose may bring benefit of choice to students, however, it may have implications: a) for staff workload; and b) for students who are not restricted in undertaking a range of assessments it may limit the range of ways they can demonstrate their learning. Gathering examples of good practice relevant for different disciplines and considering the supporting materials including marking criteria is likely to facilitate change in this area. Opportunities to consider how inclusive assessments might complement calls for assessments designed to support employability skills would be worth exploring.

4.5.4 Wellbeing promotion

Wellbeing promotion activities were undertaken with students in nearly all of the providers who responded to the survey (97%). Just under two thirds (62%) of institutions undertook wellbeing promotion activities with students through events, workshops and courses, and just under half (49%) used wellbeing weeks and days to promote wellbeing activities. Student unions were used at a quarter of providers to promote wellbeing, and drop-ins or telephone/online activities were each mentioned by around one in 10 providers. Some examples of the promotions activities undertaken include:

“The university wellbeing team takes a very inclusive approach to promoting wellbeing in an engaging way to all students. Examples are: collaborative activities with our Sports department such as yoga, wellbeing workshops focused on particular issues such as stress management and assertiveness; ensuring that national mental health campaigns are campus-wide and reach out to all students to ensure that the wellbeing message is received by all; maintaining a presence on social media to promote wellbeing and make it more accessible; provide access to online guided CBT [Cognitive Behavioural Therapy] for students who are unable to come onto campus (Silvercloud).”

“Some activities such as support networks happen weekly or several times a term. Other larger events, such as wellbeing days, are held several times a year. These can include wellbeing activities which the students can participate in, as well as stalls for external agencies to promote their wellbeing activities and initiatives. A number of these initiatives/activities are delivered in conjunction with the students’ union.”

“The university’s student mental health and wellbeing service, which includes counselling and mental health support, offers a range of opportunities for students to engage with their service. These include student drop-in appointments, online materials, workshops and group sessions as well as one-to-one support. All activities are promoted via the student education service, website, VLE, information screens, e-mail and via the students’ union.”

Case study institutions described their counselling and wellbeing provision and reported that this was available to all students (and in some institutions to staff also) and not just targeted at students with physical or learning disabilities or those with mental health issues. Wellbeing support can include one-to-one sessions to help students through difficult times such as bereavement or bullying, or group workshops; and more formal counselling can help with on-going issues such as low self-esteem, depression, anxiety and relationship difficulties and to explore different personal resources and coping strategies. Generally counselling appointments can be booked by any student but demand is high and there can be a waiting list (and so a delay before a student can be seen).

One institution described how they offer: drop-in sessions between 9am and 4pm during term-time (and reduced hours during vacations); longer 50-minute sessions to provide practical support and coping strategies; and emergency appointments for students in distress who can self-refer or be referred by staff (with situations ranging from arguments with flatmates, to sexual assault to schizophrenia).

Good practice example: De Montfort University

One Institution has developed an initiative combining wellbeing with employability and this is organised by their mental health inclusion and disability teams. This provides a programme of activities that recognises some of the challenges students with mental health difficulties or disabilities may experience and offers proactive opportunities focusing on strengths rather than weaknesses. The voluntary programme supports future planning, assists with building networks, assists with work experience and enables students to recognise transferable skills. The promotional material for the programme makes helpful connections with other sources of support available for students who disclose a disability including DSA, and Learning Support.

It is interesting to note how in some case study institutions, support for mental health conditions is provided as a separate service and can be embedded within more general wellbeing support – this means that students can be referred to internal specialists for specific support (such as counselling or mental health mentoring) regardless of whether they are known to have a disability/mental health condition or not – this ensures that help is there if a student hits a crisis.

There was little or no mention of specific wellbeing approaches being embedded within the curriculum; this may reflect the focus of the survey questions. However, as noted in the HEFCE 2015a report on mental health and wellbeing, the academic context is an arena in which wellbeing issues can both arise and be addressed. Some recent HEA practical guidance (Houghton and Anderson, 2017) based on examples gathered from the sector outlines ways in which wellbeing can be addressed in the content as well as the teaching and learning processes – both a content and process approach supporting notions of an inclusive curriculum.

4.5.5 Attendance monitoring

In three quarters of institutions (75%) attendance monitoring is used to help identify any potential wellbeing issues among students, while 20% of providers reported that they monitored attendance but did not use it to identify any potential wellbeing issues, and 5% of providers did not monitor attendance.

Institutions that undertook attendance monitoring did it in various ways. The most common method was via academic staff flagging low attendance to student services (41% of providers), while one third (32%) of institutions monitored attendance for all courses and 21% monitored attendance across some of their courses. At just over a quarter of

providers (27%) their system flagged low attendance to student services automatically. A few providers (9%) were in the process of piloting attendance monitoring, while 8% monitored for visa compliance, and 5% reported that they limited attendance monitoring to students with disabilities (Table 16).

Concerns about attendance were also raised by case studies when they discussed some of the benefits and challenges associated with the introduction of lecture capture. Although they explained that staff were often concerned about students not attending (if lecture capture was available), their experience was that this was not the case.

Table 16: Attendance monitoring methods

	Number	%
Staff flag low attendance to student services	36	40.9
Monitoring on all courses	28	31.8
System flags low attendance to student services automatically	24	27.3
Monitoring on some courses	18	20.5
Piloting	8	9.1
Visa compliance	8	9.1
Only for students with disability	4	4.5
Other	7	8.0
N=	88	

Source: IES Survey; base = all respondents that undertook attendance monitoring

4.5.6 Inclusive curriculum design

When asked about the extent to which expectations of inclusive learning were embedded within the formal processes around module and programme approval and evaluation, just under half of survey respondents (45%) said that they were currently embedded within formal processes, while one third (32%) said that they needed to review and improve the embedding of inclusive learning processes, and 7% said that inclusive learning had not been embedded or it was not mandatory. Thus over 90% had already embedded inclusive learning within formal programme development processes, or were planning to review and improve embedding. Comments from the survey indicated a range of different approaches to embed inclusive learning and teaching into the programme design process, and these include:

- involving the central disability service in programme approval process;
- providing in-house guidance on developing an inclusive curriculum;
- reviewing inclusivity of issues at validation of programmes;

- reviewing inclusivity of issues at other quality assurance processes such as annual and periodic review; and
- using an equality impact assessment checklist for courses.

The following examples illustrate providers' embedding of inclusivity in their formal programme development processes:

"Criteria for programme approval include compliance with university regulations, equality legislation and in-house guidance on developing an inclusive curriculum. Programmes must 'demonstrate a commitment to inclusive practice'. In terms of programme management '... programme management structures, including those concerned with academic and pastoral support for students, will meet the needs of the expected students, including the provision of support for students with disabilities' ... 'Systems should ... be in place to provide reasonable adjustments for students with additional needs.'"

"Disability Services is included in the programme approval process alongside a number of other Student Journey Services. This allows the head of service to review programmes in the context of their design and comment accordingly. This is a relatively new development and will develop further in line with the university approach to inclusive curriculum."

Among those who reported that they needed to review or improve the embedding of inclusive practice in formal programme development processes, the following comments are typical of their current situation:

"Our quality assurance processes are currently under review and one of the main streams of this work is to embed an independent review of inclusivity at each possible stage e.g. validation, periodic course review, etc."

"This is work in progress - being suggested and driven through as part of our current developments. There are on-going discussions with university senior management on developing this further and building it into the course design and validation system. This also builds on previous work at the university where subject and course guides had been produced in support of developing an inclusive curriculum."

Some case study institutions also reported that an inclusive approach and a focus on accessibility need to be built into design and procurement. One institution described how they were working with their library services to ensure that any reading material purchased is available in a variety of accessible formats or can be converted in-house. Several institutions reported that consideration of accessibility is now a requirement at the design stage of new modules, and how they are working to review existing modules to check for accessibility. As noted earlier, recent work by the HEA has explored inclusive

curriculum design to support the sector to think creatively about this issue from a generic but also a specific subject/discipline perspective.⁹ This work is based on the premise that:

“... it is imperative on institutions that they design their curriculum in such a way as to promote success among all students. An inclusive curriculum design approach is one that takes into account students’ educational, cultural and social background and experience as well as the presence of any physical or sensory impairment and their mental wellbeing, it enables higher education institutions to embed quality enhancement processes that ensure an anticipatory response to equality in learning and teaching.”

(Morgan and Houghton, 2011, p5)

One case study institution described how this change to consider/embed an inclusive approach into curriculum design required an amendment to their module specification documentation and a change to the programme approval process to ensure that the head of the student support team is included in the approval process and can check for accessibility issues.

Another institution described how staff are encouraged to create story boards for their courses to focus on what they want for their course; this provides a scaffold for the module.

4.6 Physical accessibility

Around half (52%) of institutions had an accessibility plan, and there was no consistent or significant variation by provider characteristics. Around one third of those with an accessibility plan worked with *DisabledGo*,¹⁰ an organisation whose aim is to maximise independence and choice for disabled people in accessing their local area and who produce independently audited access guides for the organisations they work with. Similarly approximately one third had internal working groups to assess accessibility; and around a quarter reported that they were developing or improving their plan. The following quotes illustrate some of the approaches used:

⁹ The HEA guide has sections focused on: Art, Media and Design; Bioscience; Business Management, Accountancy and Finance; Dance, Drama and Music; Economics; Education; Engineering; English; Geography, Earth And Environmental Sciences; Health Science and Practice; History, Classics and Archaeology; Hospitality, Leisure, Sport and Tourism; Information and Computer Sciences; Languages, Linguistics and Area Studies; Law; Materials; Mathematics, Statistics and Operational Research; Medicine, Dentistry and Veterinary Medicine; Philosophical and Religious Studies; Physical Sciences; Psychology; Social Policy and Social Work; and Sociology, Anthropology and Politics. See <https://www.heacademy.ac.uk/knowledge-hub/inclusive-curriculum-design-higher-education>

¹⁰ <http://www.disabledgo.com/>. An organisation providing detailed access information on a vast number of venues across the UK and the Republic of Ireland including shops, pubs, restaurants, cinemas, theatres, railway stations, hotels, universities, hospitals and more. It was established over 14 years ago to maximise independence and choice for disabled people in accessing their local area. The service was developed by disabled people for disabled people.

“The university has recently invested in surveying the campus in order to participate in the DisabledGo initiative which will go live in September 2017. This will provide an access map of graded routes across the university. The university also intends to carry out a more intensive survey of all of the university’s existing buildings in 2018 in order to inform future campus improvements. In addition, twice a year (spring and autumn) campus accessibility tours are conducted across the campus; these involve representatives of disabled staff and students together with staff from Security, Health and Safety, Equality and Diversity and the Additional Learning Support Team undertaking a tour of the campus paying particular attention to the potential impact on mobility impaired, and hearing and visually impaired users. The campus accessibility tour feedback is fed directly to Estates and Facilities Management and captured in a disability access matrix.”

“A plan is in place which is reviewed annually by Estates, Health and Safety and Disability and Dyslexia Support. This focuses on the whole estate ... A series of recommendations will be made which will be scheduled for work during the course of the upcoming year. This is supplemented by our DisabledGo guides which are updated and refined according to the work identified by the group above.”

Several universities reported that they were a members of DisabledGo. This organisation regularly (every one or two years) inspects and assesses aspects of accessibility at these universities and makes this information public. The universities then address any accessibility issues that these assessments highlight.

One institution noted how they have a capital budget project available to them where they can access extra funding for the residential accommodation of disabled students. As a result, they can use this budget to make adjustments to the infrastructure of the rooms specifically linked to the needs of a disabled student, and can also make smaller reasonable adjustments such as providing special fire alarms, special pillows, etc.

In terms of the accessibility of the physical estate (Table 17):

- The proportion of **accommodation** that was fully accessible¹¹ was somewhat polarised, with around 30% of providers stating that only a small proportion (up to 20%) of their accommodation was fully accessible, and a similar proportion stating that the vast majority (more than 80%) was fully accessible. There were no significant variations by provider characteristics in the proportion of accommodation that was fully accessible.
- Around 60% of providers reported that at least four fifths of their **teaching and learning facilities** were fully accessible. Although the differences were not statistically significant, larger providers, and high tariff universities, were more likely than other

¹¹ We have used the term ‘fully accessible’ but this acknowledges that buildings, facilities and spaces cannot ever be fully accessible for all people.

providers to report less than four fifths of their teaching and learning facilities being fully accessible.

- Almost half (47%) of providers reported having over 90% of their **social and recreational space** as fully accessible, and the vast majority (93%) reported that at least half of their social and recreational spaces were fully accessible. Larger providers, and high tariff universities, were again more likely than average to report a lower than average proportion of their social and recreational space as fully accessible, although the differences were not significant.

Table 17: Proportion of different estate elements that are approaching fully accessible

Proportion	Accommodation		Teaching and learning facilities		Social/recreational space	
	Number	%	Number	%	Number	%
0-10%	19	22.1	2	2.2	2	2.2
11-20%	8	9.3	2	2.2	1	1.1
21-30%	8	9.3	0	0.0	0	0.0
31-40%	5	5.8	2	2.2	1	1.1
41-50%	6	7.0	4	4.4	2	2.2
51-60%	6	7.0	8	8.9	4	4.4
61-70%	3	3.5	7	7.8	8	8.9
71-80%	6	7.0	11	12.2	7	7.8
81-90%	9	10.5	20	22.2	23	25.6
91-100%	16	18.6	34	37.8	42	46.7
Total	86	100	90	100	90	100

Source: IES Survey; base = all respondents

Some case study institutions reported that they had undertaken a great deal of work to make their campuses accessible and inclusive: *“a space for all students to occupy equally.”* However no interviewees specifically commented on accessibility of teaching spaces from the perspective of lecturers or visiting speakers. When thinking about inclusive teaching and learning spaces it is important to consider accessibility for both students and staff. This could be explored further in the next stage of the research.

Other case studies reported some difficulties with their physical estate in terms of making it all fully accessible. However, these institutions noted that they had some residential rooms which were adapted to be fully accessible, and further ad-hoc adjustments could be made depending on the needs of the student. As reflected in the survey responses, case study institutions also mentioned that they have been collaborating with DisabledGo to ensure their campuses are disability-friendly. Institutions reported that their central disability services team would work closely with their estates team in situations where unusual adaptations are needed to meet students’ needs.

Good practice example: De Montfort University

In addition to ensuring students have physical access to living and learning spaces, De Montfort University is responding to the requirement of students requiring low sensory environments. They have allocated space in accommodation blocks which is designed to be 'quieter', this is proving popular with students on the Autistic Spectrum, or those who have anxiety and other mental health difficulties and is appealing to students who simply prefer a quieter living space. Currently they have 30 spaces but this is under review.

Another low sensory response was to offer an alternative 'matriculation event which contained the institutional welcome but without the loud music etc. They also provide opportunities for students to access events such as Fresher's Fare before the crowds arrive. These strategies whilst using the same space, are examples of thinking inclusively about how the space is used and are proving very popular with students requiring these reasonable adjustments as well as other students. They also have the added advantage of saving staff time, organising two events, or providing early access to an event is more effective than having to go through induction activities with students individually.

4.6.1 Accessibility checklist

The online survey indicated that almost half of respondents (47%) used an accessibility checklist – this was used by estates staff involved in new builds or redesigns:

"No formal plan but we have a comprehensive design guide with relevant principles and legislative compliance links. Each project looks at aspects of accessibility and where appropriate we design to meet or exceed standards. Projects are reviewed and comments and good practice are fed back into the process."

Small providers, with under 5,000 DSA-eligible students, were significantly less likely than larger providers to have an accessibility checklist (29% compared with 58% of high tariff institutions).

Those providers with an accessibility checklist were asked to give details of what it contained or covered, and the most common response was that it covered the relevant legislative requirements (building regulations/Document M, and the Equality Act) while some providers reported that they had their own internal guide or checklist, and one provider mentioned working with DisabledGo in this respect.

In half of the respondent providers (51%) there was a named individual in estates responsible for providing advice on accessibility for disabled students. The likelihood of providers having a named estates individual for student advice increased with the size of providers: from 39% of small providers to 47% of medium-sized providers and 64% of large providers. There was no clear relationship between the proportion of disabled students (either self-declared or claiming DSA) and whether or not the provider had a

named individual in estates to give accessibility advice to disabled students. The job titles of the named individual varied considerably across providers, ranging from director of estates or capital projects, through deputy/assistant director, to project manager, buildings surveyor, estates health and safety officer, and health and safety risk adviser.

Around one third (36%) of responding institutions provided specialist accessibility training to estates staff. Some providers reported that this was covered under equality and diversity training that was compulsory for all staff, while other specialist training mentioned included evacuation training, patient manual handling, and safeguarding training in relation to mental health.

Good practice example: University of the Arts London

One institution reported that they made a service-wide decision to provide accredited training for all their accommodation team/estates staff which aimed to raise their awareness about accessible environments. The training allowed staff to gain a common understanding of the social model of disability. As a result the estates team have developed a resource pack of ideas which is informing major new builds; this includes engagement with the disability service who are able to provide feedback and attend relevant meetings with architects in a timely fashion.

They have also identified someone in the accommodation team to act as a lead liaison for access with the disability team. This ensures there is a co-ordinated approach with regards to reasonable adjustment to accommodation-related issues for individuals. More importantly however it reduces duplication of effort, and from an inclusive perspective is providing greater consistency in the messages being relayed by different parts of the university.

4.7 Staff training

It is important to note that staff training and CPD is accessed in a variety of ways; the focus of this report is on the formal training provided by HEPs rather than the myriad of informal learning that is vital for changing individual practices and bringing about cultural change that will ultimately lead towards inclusive provision. Examples of other (non-formal training) sources of CPD include:

- Working alongside expert colleagues to help adapt current practices.
- Attendance at relevant conferences, either targeted at specific pedagogical approaches e.g. use of technology, or targeted at meeting the requirements of specific groups of learners e.g. students with a SpLD.
- Participation in events or active involvement in relevant networks such as the National Association of Disability Practitioners which supports the exchange of good practice ideas as well as cautionary tales of what not to do.

- Use of and engagement with resources provided by organisations such as the Higher Education Academy, Equality Challenge Unit, Universities UK, National Union of Students and Student Minds.
- Undertaking or participating in sector-wide and institutional research and development projects that help generate examples of good practice and as participants in one case study explained *“being involved in research like this provides us with the time and space to think about the issues.”*

4.7.1 Disability services staff access to training

Providers were asked about the training that was provided to staff with specific roles to support disabled students, and whether this training was part of their CPD. A wide range of training was provided to specialist disability staff, including training in the following areas:

- General disability awareness.
- Training about specific conditions e.g. mental health, dyslexia/SpLD, autism.
- Safeguarding.
- Assistive technology training.
- First aid.
- Suicide prevention.

Around half of providers reported that training for specialist disability staff was part of their CPD. Training was commonly delivered in-house, although some providers mentioned that professional bodies e.g. National Association of Disability Practitioners, or other external providers were involved in training delivery. Examples of the responses on training provided include:

“A wide range of training is made available to staff with specific roles supporting disabled students. Compulsory annual training includes: Reader/Scribe training, Invigilation training, Safeguarding training, Prevent training. Other compulsory training as a part of induction is provided (i.e. Customer Care, Health and Safety, Lone Working, Data Protection etc.). We also require all staff to actively engage with CPD and this is reviewed as a part of the annual appraisal cycle. Learning support tutors and wellbeing advisors provide regular training sessions around their disability specialism for disability services staff as well as more widely across college. We also expect staff to record reflections each month related to their role as disability practitioners (this could be an event attended, a specific case study, a reflection on something that happened, a TV programme or other online resource etc.).”

“Training depends on the role the member of staff is undertaking. Some staff working with students on the autistic spectrum have undertaken online modules from the National Autistic Society; there is an in-house, compulsory online Equality and Diversity training module which all university staff are required to undertake; a Safeguarding compulsory online training session is to be launched shortly. There are also other compulsory online sessions on other subjects such as Information Security and Fraud. Some staff have undertaken the externally devised Mental Health First Aid training and more funding has been secured to roll this out for more staff at the university. The personal tutor system has also been re-launched this year and there is a training programme for this group of staff. All of this training forms part of staff CPD.”

Several case studies were able to build on and share their experience and in-house expertise with other providers. For example, one institution was selected as their regional training hub for ‘Making Sense of Autism’ a programme of CPD for staff working with students in a post-16 setting who would benefit from a better understanding of autism. The programme was developed by the Autism Education Trust and supported by the National Autistic Society, the Department for Education and Ambitious for Autism.

There is potential for earmarking sector-wide funding to support more HEPs to contribute to regional networks to develop and share inclusive approaches and good practice, as well as for research and development of inclusive assessment, use and integration of technology, and value of different approaches to CPD.

4.7.2 Access to training for other staff

Disability/student support teams at the case study institutions noted that they have developed guidance for staff, produced materials for their intranets, and regularly delivered training for staff (which can be face-to-face or online, and tailored to individual academic departments). The training and materials cover:

- Services provided and what help and support is available for students with specific conditions such as autism, mental health conditions, and hearing impairments.
- Services provided to support all students (for example, health and wellbeing services).
- Information to help staff understand and anticipate the difficulties that students with a specific disability or condition may face accessing learning and teaching.
- Details of how to spot signs of students at risk, coping with distressed students and what to do in an emergency.
- Relevant policies and procedures.
- How to highlight and share good practice across the institution.

One institution noted that these training sessions tend to be well received, but that they have concerns about whether they are able to reach the staff who are resistant to or struggling with their role in supporting disabled students and/or the concept of adapting learning and teaching approaches to be more inclusive and accessible. They are therefore experimenting with tagging on 'bite-size' information provision to other training courses and staff events.

Good practice example: University of Cambridge

The University of Cambridge has produced a series of generic guides that complement the individual support plans developed for students who have additional disability—related requirements. These guides help to raise awareness of all staff about 'good practice' that is inclusive, and reduces the extent or even the need for individualised support and specific adjustments. For example, one of the guides is entitled 'Best practice when working with students with Unseen Impairments and Medical Conditions' and includes the description of the condition, how it can impact upon students' learning, and key support actions. Other guides focus on working with students with: Specific Learning Difficulties, physical impairments, mental health difficulties, and Asperger Syndrome or High Functioning Autism.

In addition, institutions are working hard to raise awareness about and promote inclusivity and accessibility, improve understanding of the impetus and aims of inclusive learning and teaching, and also what this means for individual staff members: they recognise that some staff can find the inclusive approach challenging. Those responsible for supporting disabled students and/or the inclusivity agenda also described meeting with representatives of academic faculties, schools and departments to discuss their concerns, and attending wider institutional meetings as a platform to discuss any concerns with staff. However, institutions do recognise the real pressures that academic staff are facing and that the need to develop inclusive approaches is an on-going process that takes time. While there was some recognition that this would save time in the long-run, the process of adjustment was adding to staff pressure.

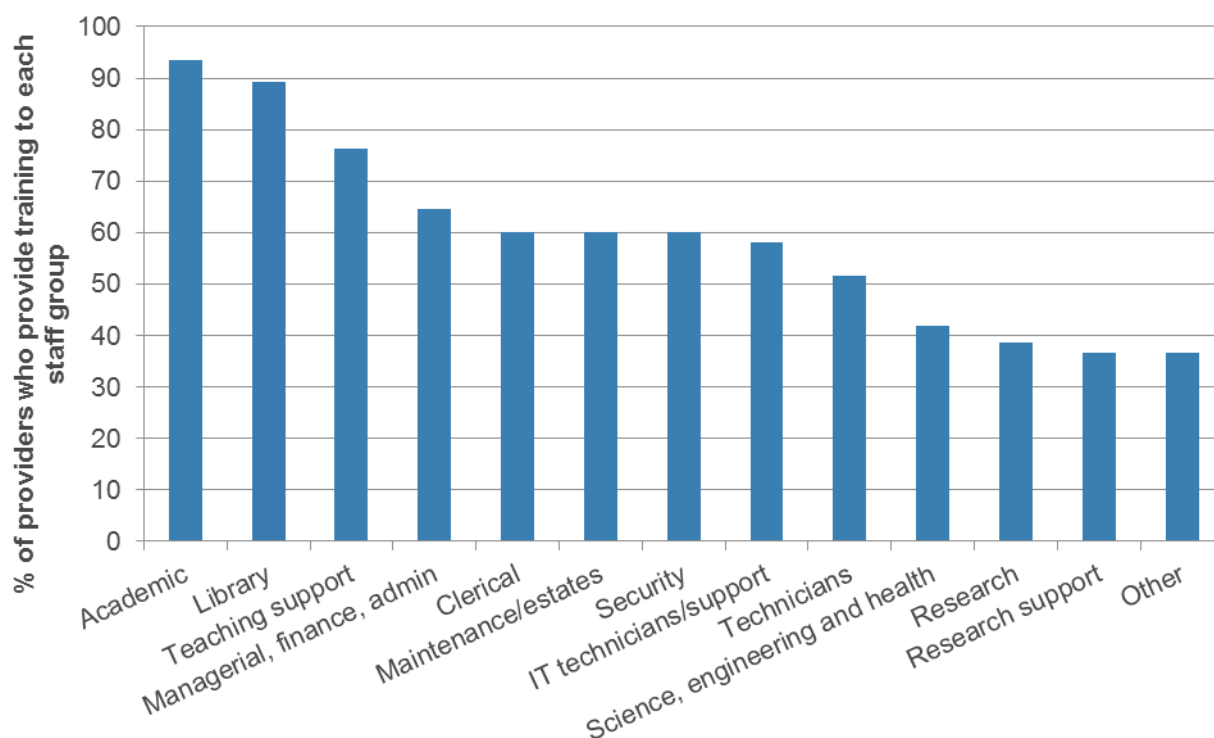
Which staff groups receive training?

Survey respondents were asked to indicate which staff groups within their institutions receive training to support disabled students, using a list of the main staff groups plus an 'other' category to include any groups not on the list.

Across the respondent providers, academic and library staff were most likely to receive training to support disabled students, with 94% of providers arranging training for academic staff, and 89% providing training for library staff (Figure 15). Only a minority of providers reported that they arranged training for science, engineering and health staff (42%), research staff (39%), and research support staff (37%). There were some statistically significant differences by provider characteristics in the proportions of providers arranging training for particular staff groups:

- Small providers were significantly less likely than larger ones to arrange training for research, research support and science, engineering and health staff, with only 17% reporting that research and research support staff received training, and 23% reporting that science, engineering and health staff received training. This is likely to reflect institutional type, as larger institutions are more likely to be high tariff/research intensive providers.
- Nearly all HEIs with high tariff scores (96%) and FE colleges (91%) provided training for teaching support staff. Few specialist HEIs provided training for research (12%), research support (12%), and science, engineering and health staff (6%).
- Providers with a high proportion of self-declared disabled students (8% or more) were significantly less likely than other providers to arrange training for research (15%), research support (15%), science, engineering and health staff (23%), and security staff (42%). There were not significant variations by proportion of DSA students.

Figure 15: Which staff groups across the institution receive training to support disabled students?



Source: IES Survey; base = all respondents

Nature of the training

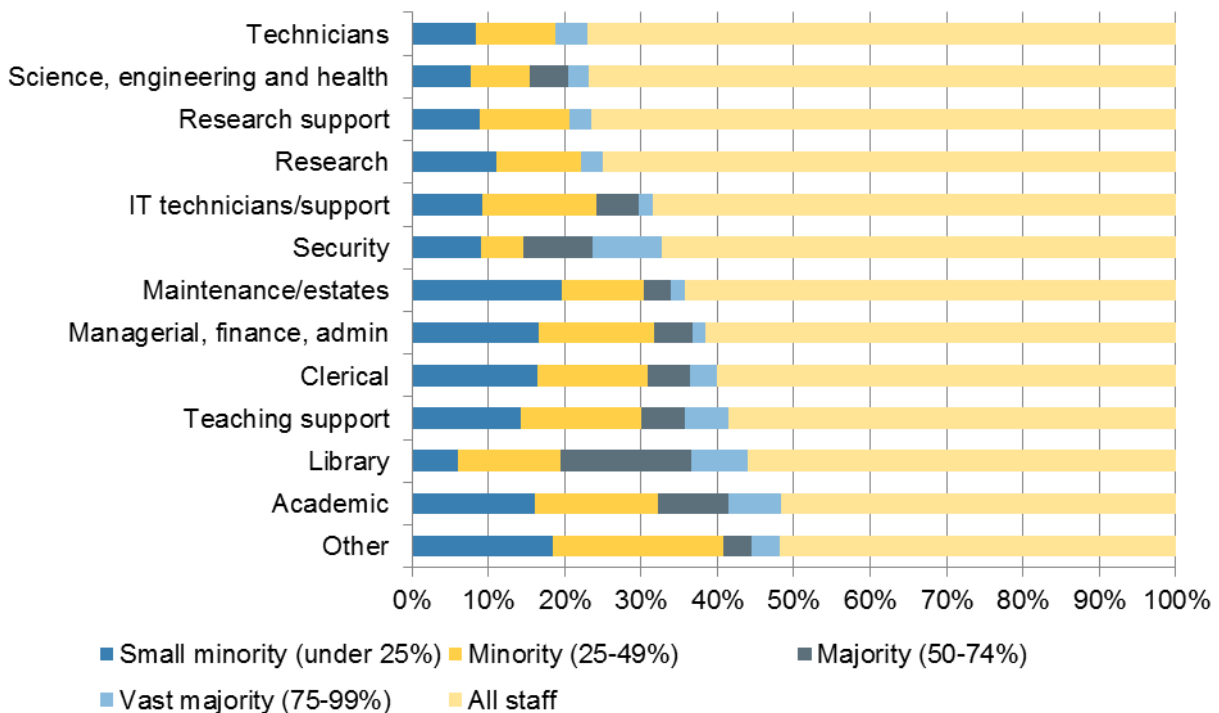
Those providers that indicated that staff received training to support disabled students were asked to provide further details for each staff group:

- Is this for all staff in this group, or just some staff?

- Is this voluntary or compulsory, or a mixture?
- Is this face-to-face training or virtual training, or a mixture?
- Is this general disability awareness training or training about specific issues, or a mixture?
- Is this one-off training, or is it updated periodically?

The proportion of providers saying that all staff in particular staff groups received training was highest for technicians, science/engineering and health staff, research staff and research support staff; and Figure 15 (above) shows that these were the staff groups that were generally less likely to receive training. Conversely, the proportion of providers saying that all staff received training was lowest for those staff groups that were most commonly trained – academic and library staff. Thus most providers arranged training for academics and library staff, but only half of these trained all academics and library staff (Figure 16).

Figure 16: What proportion of the staff group is trained?

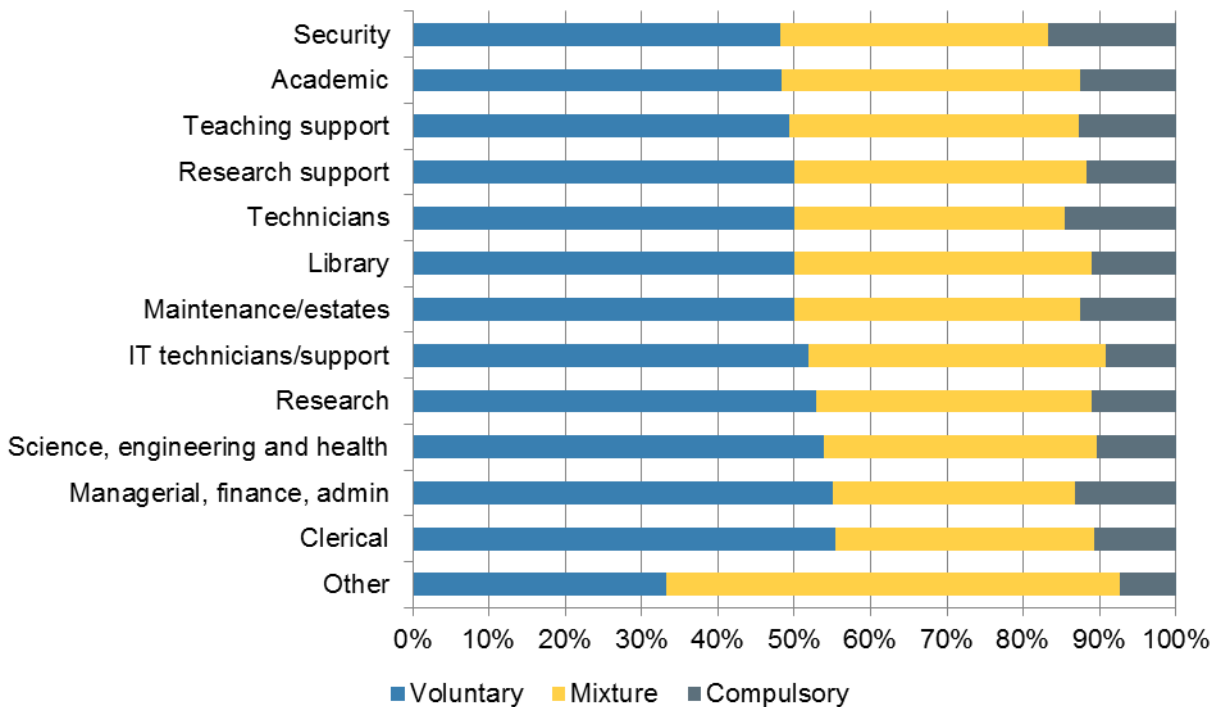


Source: IES Survey; base = all respondents that provided training to each staff group

Around half of providers who provided training reported that the training was entirely voluntary across all of the staff groups (Figure 17). Security staff were most likely to have some form of mandatory training, with 17% of providers reporting that training was compulsory, and 35% reporting that it was a mixture of voluntary and compulsory

training, while training for academic staff was commonly non-voluntary (13% of providers said it was compulsory and 39% said it was a mixture), and training for technicians was commonly compulsory (15%).

Figure 17: Whether training is voluntary or compulsory

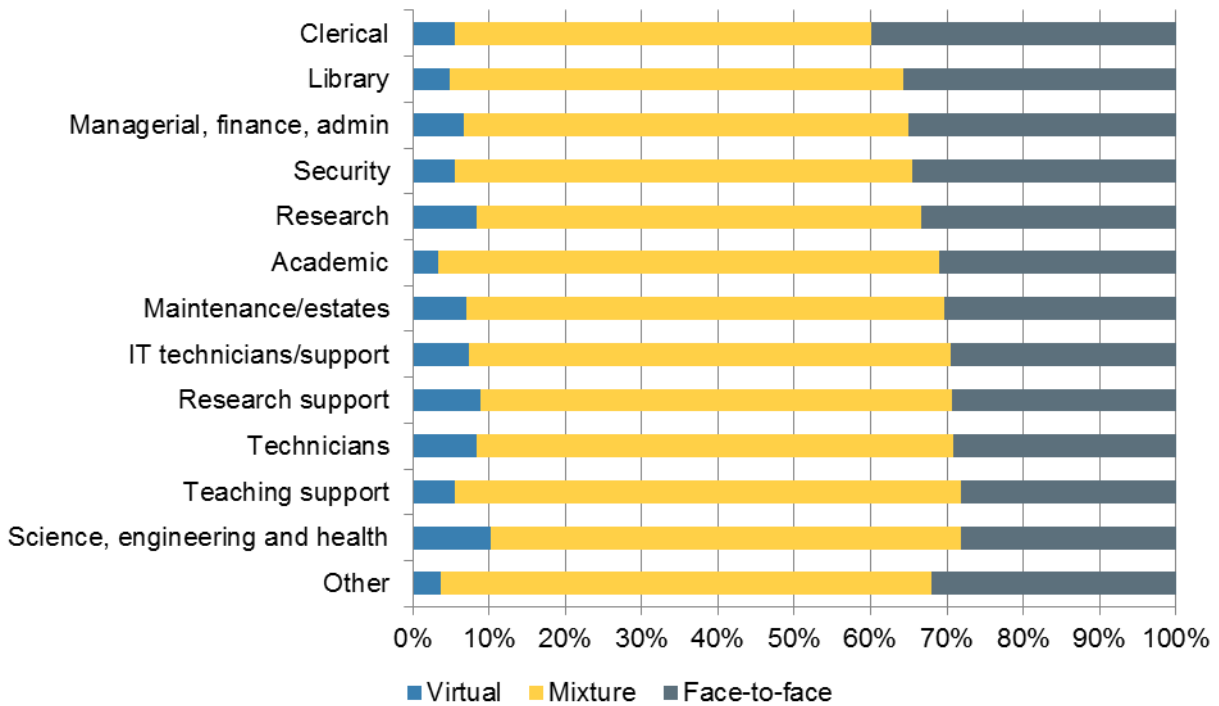


Source: IES Survey; base = all respondents that provided training to each staff group

Relatively few providers used virtual training exclusively for any staff groups, as shown in Figure 18, while for all staff groups a majority of providers said that training was a mixture of face-to-face and virtual training. Training that was face-to-face only was most commonly provided to clerical staff (40% of providers), followed by library staff (36%), managerial, finance and administrative staff (35%), security staff (35%) and research staff (33%).

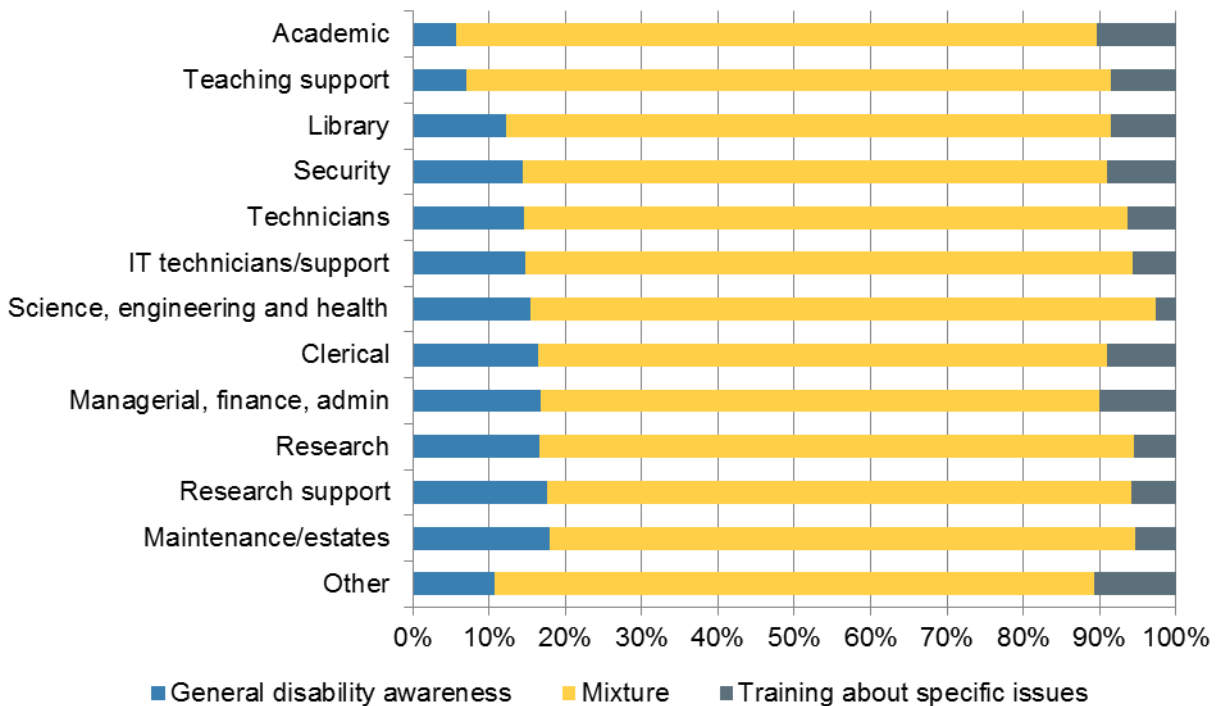
Training was most commonly a mixture of general disability awareness training, and training about specific disability issues, and was rarely one or the other (Figure 19). Academic staff were most likely to receive training that contained material on specific disability issues, with 10% of providers arranging specific training for academic staff, and 84% arranging a mixture of specific and general disability awareness training. Research support staff and maintenance and estates staff were least likely to receive training about specific issues.

Figure 18: Method of providing training



Source: IES Survey; base = all respondents that provided training to each staff group

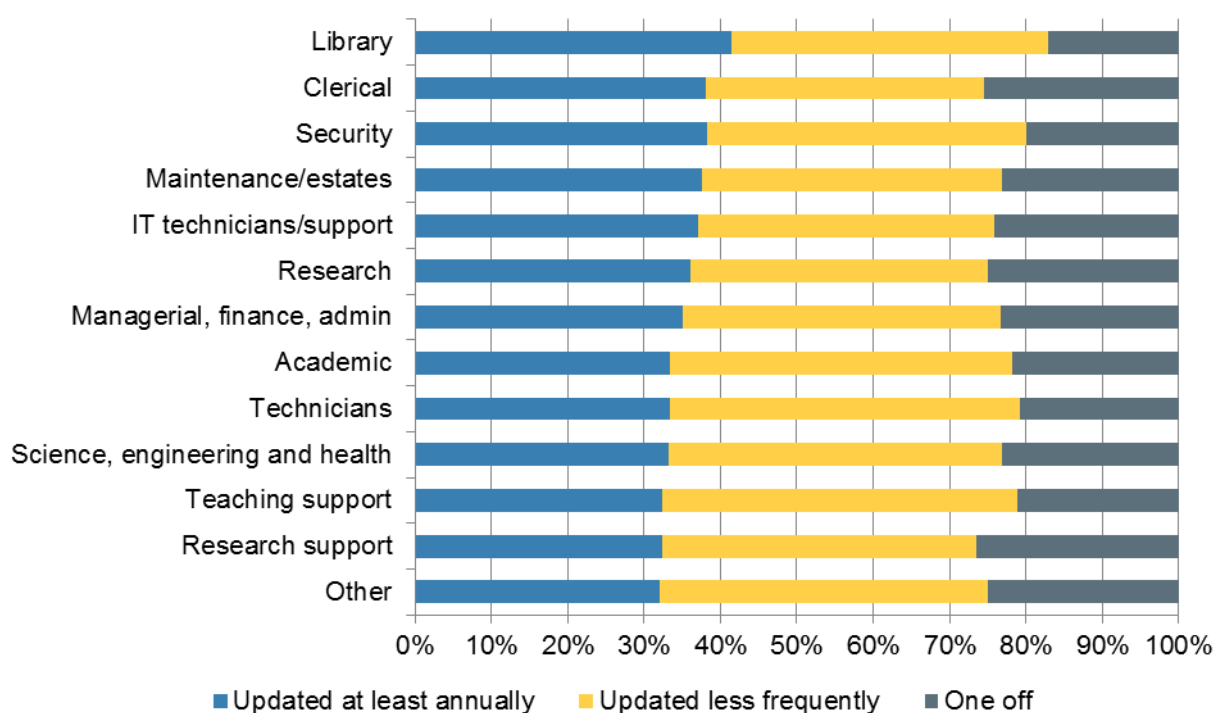
Figure 19: Content of training



Source: IES Survey; base = all respondents that provided training to each staff group

Lastly, looking at the frequency of training, at least one third of providers updated training at least annually for all staff groups, while slightly more providers updated their training less frequently, but on a regular basis, and around a quarter of providers arranged training on a one-off basis. Library staff were most likely to have disability training updated annually (42% of providers), while teaching support and research support staff were least likely to have training updated annually (32% of providers, Figure 20).

Figure 20: Frequency of training



Source: IES Survey; base = all respondents that provided training to each staff group

4.8 Overall progress towards inclusive provision

The survey reminded providers about the additional funding from HEFCE to support the development of inclusive models of provision:

In 2016-17 HEFCE doubled the funding it delivers to institutions to support disabled students from £20 million to £40 million and it is intended to remain at this level for 2017-18. The purpose of the increased investment is to support HEPs to further develop inclusive models of provision and to meet the rapid rise in students reporting disabilities.

4.8.1 Use of additional HEFCE funding

The survey also asked institutions to provide details about how the additional funding had been used. The additional funding from HEFCE was most commonly used to:

- Expand disability services and provide additional staff, training or resources (53%)...
- Expand the use of assistive technology (33%).
- Improve the inclusivity of teaching and learning (19%, Table 18).

Table 18: How has the additional funding from HEFCE, provided to encourage an inclusive approach to teaching and learning, been used?

	Number	%
Expansion of disability services.		
Additional staff/training/resources	47	52.8
Assistive technology	29	32.6
Improving inclusivity of teaching and learning	17	19.1
Other	24	27.0
N=	89	

Source: IES Survey; base = all respondents

Many providers highlight the importance of continuing to support individual students whilst transitioning to more inclusive models, particularly where they have seen cuts to DSA. The following comments illustrate how the funds have been used to increase capacity and resource to support disabled students.

Increased disability budget:

“The disability budget has been increased which has allowed us to provide for the shortfall in funds from DSA for Band 1 and 2 support. All students who need additional support such as study skills, mentoring, equipment or AT [Assistive Technologies] training have been provided with this regardless of DSA eligibility.”

Appropriate reasonable adjustment:

“We have supported any additional students who are no longer eligible for DSA via appropriate reasonable adjustments to ensure accessibility and inclusion. This is in parallel with our approaches to enhancement and development of inclusive learning via the VLE; the assurance of accessible library support, resources and services; progress with the networking of accessible software; and our broader review of inclusive learning and teaching.”

Transitional institutional support whilst piloting new arrangements:

“Following the removal of DSA funding for Band 1 and 2 NMH support, the institution decided to fund this support for students identified as needing it, whilst considering the development of more inclusive approaches to potentially reduce the number of students requiring one-to-one support. This includes piloting lecture capture and creating a new 0.5 post to explore the development of students’ skills towards greater independence. Staff have

been identified to lead on producing an action plan to progress work on inclusive design and development which will consider further how to use resources to best effect."

Multi-faceted approach providing guidance, alternative support, expanding use of technology and staff appointments:

"We have been able to offer more direct support and guidance on inclusive practice to academic staff. We have the resource to begin to build a pack of resources to support academic staff in becoming more inclusive. We have been able to look at different ways to offer support previously funded by DSA. We have also begun to look at broadening support in the areas of assistive technology and mental health. This is as a result of being able to hire additional staff (for example, inclusive practice and support co-ordinator and NMH co-ordinator, AT trainer and wellbeing adviser post)."

Some providers reported how the funding had been used to expand staff within faculties and departments to support disabled students, as part of progress towards inclusive support:

"1. Staffing: Every faculty now has at least one disability tutor. The role of these tutors has now been updated to include responsibility for raising awareness about disabilities and support for disabled students within their own faculties as well as promoting the need for an inclusive curriculum. They also serve as a link between the university's Disability Learning Support team and the faculty. 2. The university provides means-tested bursaries towards laptop costs through a dedicated budget to support up to 250 new entrants with a £200 bursary each. 3. The university also offers a number of scholarships for students who have achieved academic excellence in spite of severe disabilities. These scholarships do not take into account any other funding received from other external sources. 4. The university also makes a contribution of £300 per student towards SpLD diagnostic assessments."

"Within the university, HEFCE funding for disability has historically been allocated to faculties in accordance with the number of disabled students registered within the respective faculties. The funding has been used to support the roles of faculty disability representatives and to ensure that the costs of locally based adjustments (furniture, equipment, roll-out of lecture capture etc.) could be met. With the increased commitment to inclusive teaching and learning and to the mainstreaming of support for students with disabilities, additional funding has been focused on centrally provided services and initiatives. In line with the move to further integrate the disability support and learning development teams, additional staff resources have been provided to the integrated team in order not only to enhance the support provided directly to students but also to build capacity for the development of relevant student-focused learning resources and of staff development programmes which will raise awareness of 'inclusive pedagogical practice'. Similarly, with the recognition of the increased number of students experiencing 'disabling' mental health conditions, additional resources have been made available to the university's Centre for Wellbeing to both provide direct support to students and to develop awareness of these issues amongst academic staff."

Other providers reported how the funding had supported the roll-out of video recording of lectures, and of online learning resources, and supported assistive technology staff posts. Mention was also made of the additional aim of the funding as a response to the rapid increase in students with mental health problems, and that the funding had been used to increase counselling staff and mental health practitioners.

Case study institutions reported that the additional funds from HEFCE were appreciated, but many individuals in the institutions were unaware of this additional money and/or how it was being used, and this may be because funding is aggregated into one overall budget for student support (rather than identified and monitored as different streams). One interviewee noted:

"I am loosely aware that money comes into us from HEFCE for disabled students, but I don't have that highlighted as a separate chunk in my budget ... It all just goes into one big student opportunity budget and so it [the additional fund] doesn't affect me on a day-to-day basis."

Another reported that their budget had been incredibly important to off-set the changes to the funding for NMH and had also allowed them to recruit two additional full-time mental health specialists.

Those who were aware described how the HEFCE money had been used. In some institutions it has been used (as noted above) to help move the institution to more inclusive support for teaching and learning or more inclusive teaching and learning. Indeed one institution described it as being used to 'pump-prime' inclusion activity across the university, and ensure that inclusive provision is kept on the business planning agenda. Other examples here include creating dedicated inclusive learning support posts (e.g. accessibility information officer, or assistive technology assistant) or extending the hours of individuals in these posts or making temporary roles permanent. It was felt that these roles are a very tangible and visible signal that the institution is determined to mainstream and embed accessibility. In some institutions the HEFCE disability premium has been used to help fill the gaps left by the reduction in DSA-funded support.

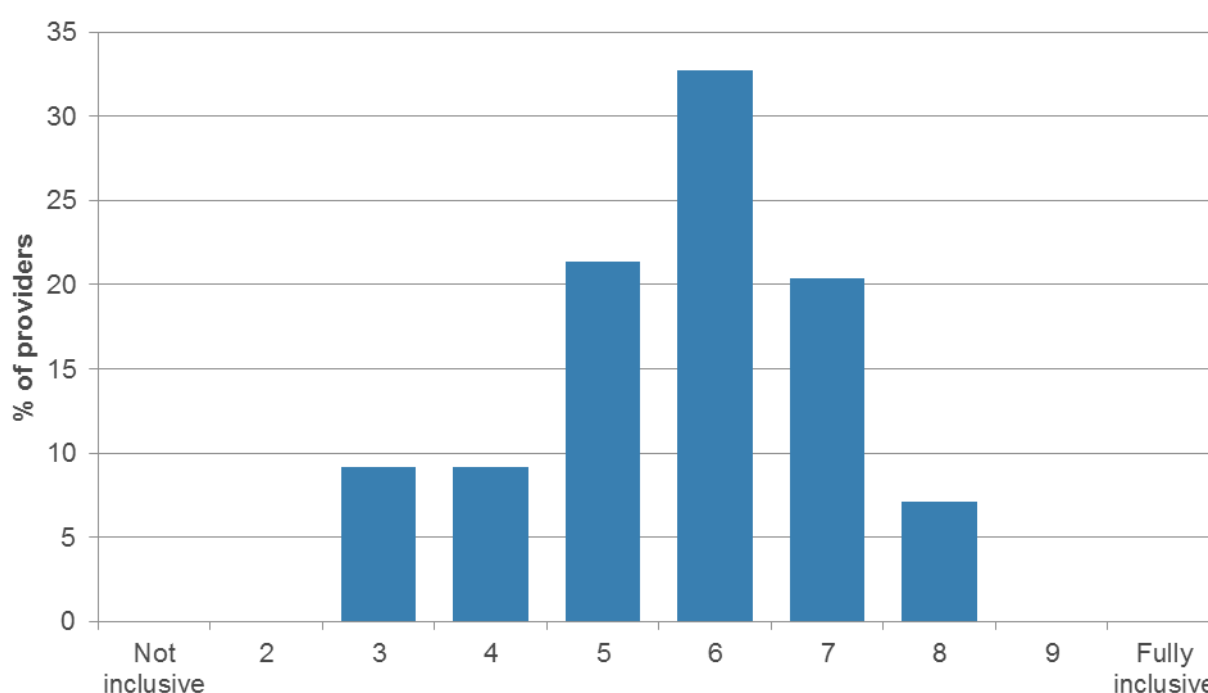
4.8.2 Movement towards an inclusive model

Survey respondents were asked to rate how far along they felt they were in providing an inclusive model of support¹², using a scale from one to 10 where '1' was 'Not inclusive' and '10' was 'Fully inclusive'.

¹² The feedback throughout the research suggests it would be helpful in the second stage of the research to make a distinction between inclusive models of support and inclusive teaching and learning (and also potentially assessment). The former can include inclusive TLA but is not limited to this.

The most common response from providers was to place themselves at '6' on the scale – one third (33%) of respondents placed themselves here, slightly above half-way between not inclusive and fully inclusive, but still with some way to go to being fully inclusive (see Figure 21). Just over a quarter (27%) felt that they were further towards fully inclusive, given themselves either a '7' or '8'; while 21% felt they were slightly below halfway ('5' on the scale); and 18% felt they were below halfway towards full inclusive ('3' or '4' on the scale).

Figure 21: On a scale of 1-10 where 1 is not inclusive and 10 is fully inclusive, how far along do you feel you are in providing an inclusive model of support?



Source: IES Survey; base = all respondents

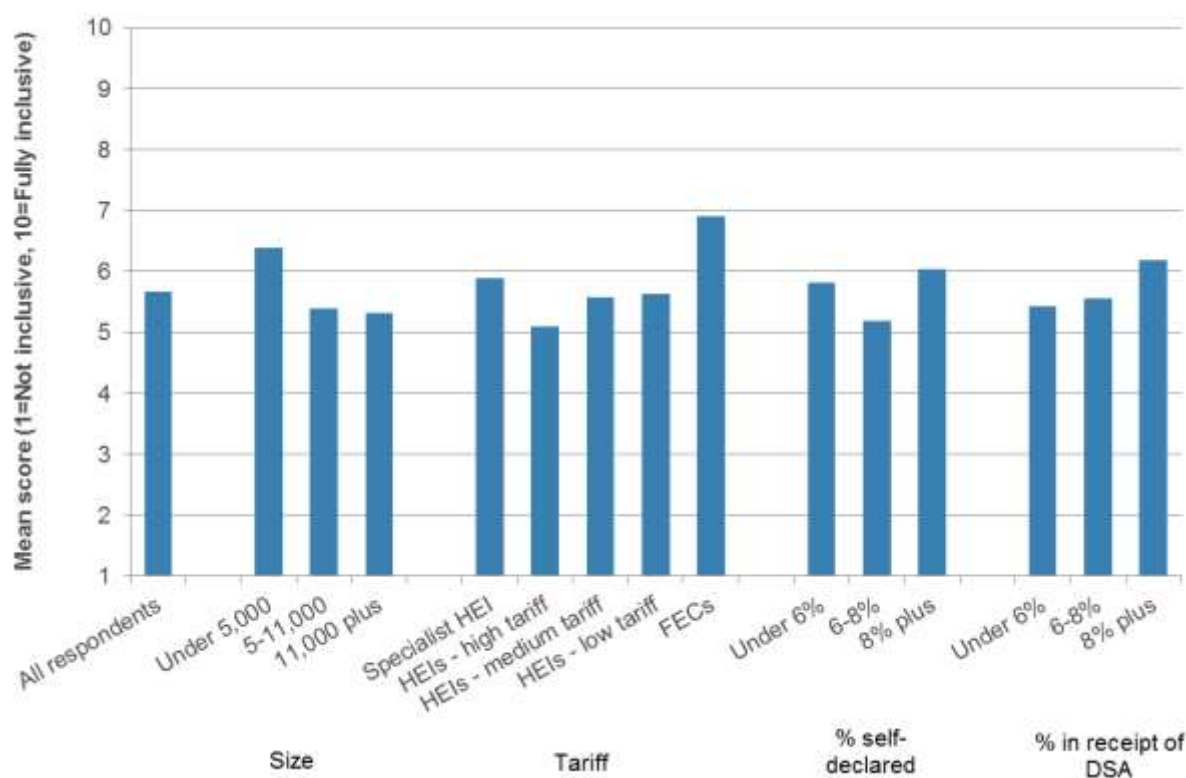
The mean score across all respondents, at 5.7, was slightly above the halfway point (5.5), and there were some significant differences by type of provider, as shown in Figure 22.

- Small providers felt that they were further towards fully inclusive provision in comparison with medium and larger employers (6.4, compared with 5.4 for medium providers and 5.3 for large providers).
- HEIs with high average tariff scores gave the lowest average score (5.1), while FE colleges and specialist HEIs felt that they were furthest towards fully inclusive provision (6.9 and 5.9 respectively).
- Providers with high proportions of disabled students, either self-declared or in receipt of DSA, gave higher average scores than other providers, with scores of 6.0 for

providers with at least 8% of students self-declaring, and 6.2 for providers with at least 8% of students in receipt of DSA.

There was no significant relationship between the number of typical inclusive practices that a provider has implemented, and their view on how far they are towards fully inclusive provision. This suggests that views about inclusiveness are not informed solely by the practical steps that a provider has taken towards inclusive provision, but are also informed by more intangible factors such as overall culture of the organisation and its staff.

Figure 22: On a scale of 1-10 where 1 is not inclusive and 10 is fully inclusive, how far along do you feel you are in providing an inclusive model of support?



Source: IES Survey; base = all respondents

When asked 'What (if anything) do you feel still needs to be done in moving towards a fully inclusive model of support?', 44% of providers said it was important to increase or improve staff engagement in training, 38% believed that adjustments to the estate and their technology were needed, 18% of respondents believed that they needed to make their assessments more inclusive, and 11% believed they needed to make their teaching and learning staff more inclusive (Table 19). The open text responses to the survey indicate that providers have a range of things on their 'to do' list including:

- Encourage a culture change in order to embed an inclusive ethos throughout the institution.

-
- To focus attention towards ensuring consistency, while giving due regard to the varied nature of programmes, modules and delivery.
 - Fully adopt lecture audio recording.
 - Embed the inclusive practice policy when developed and draw up an action plan.
 - Consider mandatory training for all staff and include students as partners within this initiative.
 - Embed all processes including appraisals, and embed within job descriptions and recruitment promotional criteria.
 - Agree and use key equality objectives to help narrow gaps in attainment, and in developing an inclusive curriculum and when reviewing policies and procedures.
 - Use recently published guidance on inclusive teaching and learning to review current practice and produce an action plan.
 - Identify what still needs to be done and ensure priorities are aligned with the institution's mission.
 - Establish standards for inclusive building design (which need to far exceed current building and planning regulations in relation to accessibility, which do not deliver inclusive design).

Table 19: What (if anything) do you feel still needs to be done in moving towards a fully inclusive model of support? (Multiple response)

	Number	%
Staff engagement with training	41	44.1
Adjustments (estates and technology)	35	37.6
Inclusive assessments (exams)	17	18.3
Inclusive teaching and learning	10	10.8
Other	24	25.8
N=	93	

Source: IES Survey; base = all respondents

5 Disclosure

This short chapter focuses on a core consideration that, has in the past, influenced a student's access to reasonable adjustment, including the type of support or services the institution has provided (see HEFCE 2015a and 2015b that discuss disclosure of students with mental health, complex needs and SpLD). Although the Disability Discrimination Act referred to anticipatory duty which underpins a more inclusive approach, it is often disclosure that has ensured students gained access to support. Consequently, it has been in the interest of the HEP and the student to encourage and promote disclosure. The move towards inclusive practice potentially reduces the need for students to disclose a disability, which may have both positive and negative implications in the future. Positively, provision will be inclusive, however it will be necessary to review funding models to ensure funding to maintain and extend inclusive practices associated with training, technology and estates. This chapter therefore examines the issue of disclosure of a disability and how institutions seek to encourage disclosure.

The survey asked two questions of respondents related to students' and potential students' disclosure of a disability.

- How is disclosure of a disability or condition by students or potential students encouraged in your institution?
- At which stages of the student lifecycle does the institution take steps to encourage disclosure?

Looking firstly at the stages at which providers take steps to encourage disclosure, the survey indicates a near universal practice to encourage disclosure throughout the student lifecycle (from pre-application through entry and induction to on-course). There were very few differences by provider characteristics; the only statistically significant difference was that all providers who did not take steps to encourage disclosure pre-application had low proportions (i.e. under 6%) of students in receipt of DSA.

The responses to the more open, general question also demonstrated that the vast majority of providers had multiple ways of encouraging disclosure, from the very earliest interactions they had with students at initial open days onwards. Suggested actions could include:

-
- Widespread (not targeted) promotion of services to improve profile and visibility of support available using a range of media channels to potential applicants, applicants and new students – via the internet, intranet, word of mouth, leaflets, posters, talks (by disability services and academic teams), and open days. This can include off-campus outreach work.
 - Providing reassurance that disclosure will not impact on admissions decisions.
 - Providing multiple opportunities to disclose after the application process including using direct (targeted) contact to those invited to interview and those holding offers.
 - Tailored events such as induction events for applicants on the autism spectrum but open to all.
 - Using disability questionnaires/disclosure forms to capture details.
 - Seeking permission from students who disclose to discuss their disability with other 'legitimate' individuals. Personal contact and support to develop a Personal Action Plan ideally before a student starts their programme of study.
 - Sign-posting of (referral to) student support services (including disability services) by academic departments, and links with student unions and relevant student societies.

The case study institutions similarly described there being are multiple channels and incentives for disclosure, and that they are open and encouraging. They noted that disclosure is encouraged at all stages of the student journey, although particular emphasis is placed on encouraging disclosure before entry or during enrolment. It was recognised that pre-enrolment disclosure is not always possible, and so individuals may want or need to disclose once they are on-programme. Indeed early disclosure may depend on the pathway or route to HE.

One institution offering both FE and HE study felt that students who had been through the FE pathway might find it easier to disclose (and would already be known to staff) than those coming straight from school or returning to learning later in life.

Good practice example: University of Cumbria

The University of Cumbria reported how they strongly believe in early intervention, and so work to encourage students to engage with their disability service before they enter. They are working to provide more opportunities to disclose a disability, particularly early on in the student journey, and so provide information on their website for prospective students, and provide opportunities for students to meet the team before finalising choices in specifically organised visits or during open days. They also provide opportunities for students to declare a disability on arrival when they register. They have a good disclosure rate (of between 10 and 13 per cent). In addition, in 2017 they publicised a definition of disability to help students self-identify.

They note how with the changes in DSA, there has been a perception that no one can get support and they are trying to counter this. Their data suggests that 54% of their students who disclose a disability apply for DSA and get support via DSA.

The University were expanding its portfolio to include Higher Level Apprenticeships and Degree and Apprenticeships and staff raised concerns that students entering higher education via these different/alternative pathways (and potentially from a different educational culture) may not get identified or self-identify as disabled. They felt that they and other institutions in the sector may need to make adaptations to screening processes to ensure these individuals are supported and encouraged to disclose any disabilities.

Later disclosure may stem from students being unaware that they have a disability, and/or not seeing themselves as disabled and feeling discomfort with the term or label. It was reported that some students might not be aware that they have a disability, for example older students with vocational backgrounds who may have struggled in various areas historically but not been aware of an issue until entering HE, or indeed those with SpLD being diagnosed for the first time during the enrolment process. One individual noted:

“When students disclose on programme, there are a number of reasons. For example, they may have managed with their own strategies in further education but then with higher level of work [in HE] they need more support. Sometimes it’s about seeing themselves as having a learning difficulty, the terminology etc.; it is a difficult one. It is easier for the ones who have had support at school but we have students who are returning to education who may not have had support because they hadn’t had a diagnosis before.”

Also individuals can develop disabilities and health conditions during their studies. It was reported that exam periods can create additional needs, for those with no diagnosis or those with intermittent conditions, so institutions need to be particularly vigilant and responsive. Some referrals can therefore come through ‘mitigating circumstances’ processes.

It was also highlighted that academic staff such as tutors can be a key source of referrals to disability services and can encourage disclosure. Academic staff can check on academic conduct and tutors may be the first to recognise indications of an underlying disability or mental health condition and so can refer students they feel are ‘at risk’. This does however rely on staff being appropriately trained, and having awareness of where to signpost students they feel need support.

One case study highlighted how student progress reviews can also help to identify students who are a cause for concern.

6 Engagement

This chapter looks at how institutions engage with internal stakeholders such as staff and students, but also with wider stakeholders such as external agencies to design and deliver support. The online survey asked respondents about their institution's internal engagement with students, and also external engagement with statutory or voluntary service providers, to support disabled students.

6.1 Engaging with students

Institutions mainly engaged with the student body on issues around disability services through their students' union or guild (67% of providers, Table 20). They also used survey feedback (29%) and focus groups (14%) to obtain the views of disabled students about the support provided. In terms of liaison with the students' union/guild, the following examples illustrate the approaches used by providers:

"The Disabled Students' Forum liaise with the disability and dyslexia support manager on specific issues. Students' union representatives also liaise with the disability service. The students' union president and vice-presidents regularly meet with the library and student support executive and may raise issues about or share information on disability support. There is also student representation on the university's Learning and Teaching Committee."

Table 20: How does your institution engage with the student body on issues around disability services?

	Number	%
Students' union/guild	65	67.0
Survey feedback	28	28.9
Focus groups	14	14.4
Other	16	16.5
N=	97	

Source: IES Survey; base = all respondents

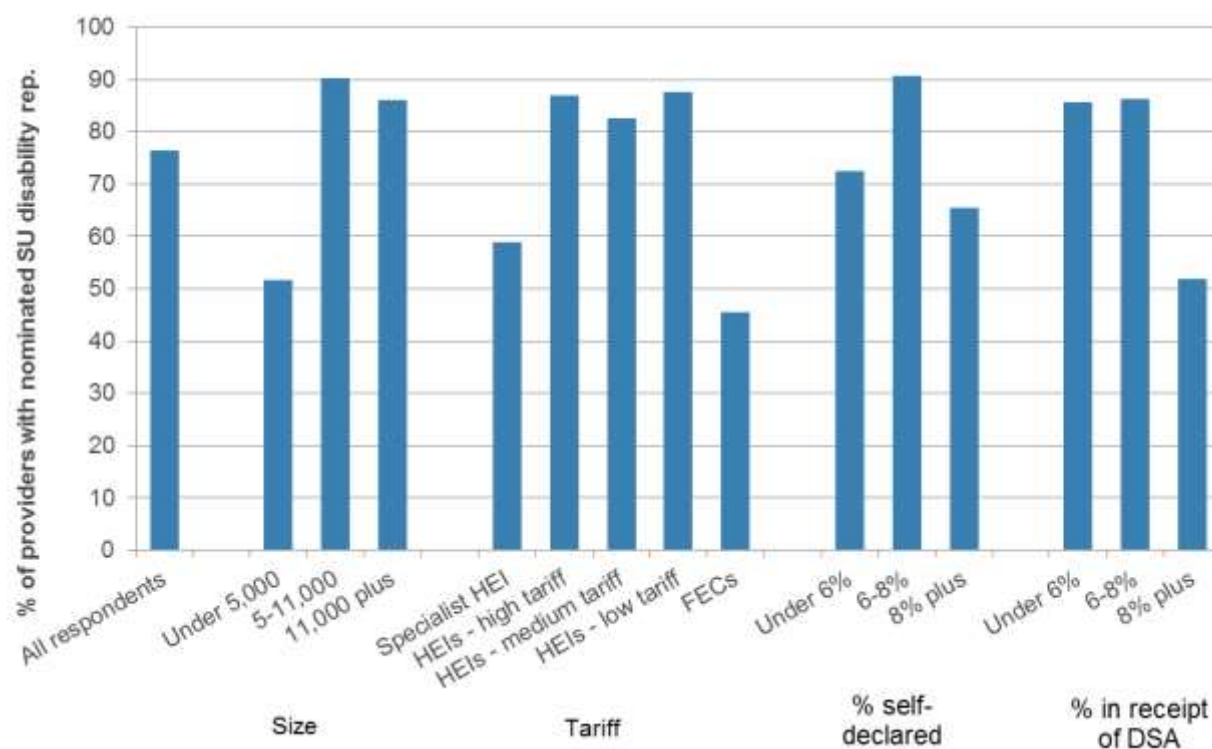
"The student union has a VP for welfare and community and student officer for disability who host student forums. They represent the disabled student voice at University Disability Group network meetings and at a variety of other structures across the university (e.g. Equality and Diversity Committee etc.). The disability service gathers feedback from

students annually about support. ... The university also runs forum events on specific issues to which a representative group of students are invited."

Approaches varied among those that undertook surveys of disabled students with some providers having annual surveys, and others having more frequent surveys, and different approaches to whom is surveyed. Some surveyed only those that made use of the disability service, others also surveyed disabled students who did not use the service. Some providers also mentioned analysing National Student Survey (NSS) data on disability services.

Three quarters of providers had a nominated disability representative on their students' union council or guild. Figure 23 shows the variation by provider characteristics and shows that small providers were significantly less likely than medium and large ones to have a nominated disability representative. This difference by size is driving variation by tariff group, with specialist HEIs and FE colleges less likely than other providers to have a nominated student union disability representative, and variation by proportion of disability students, with providers with high proportions of disabled students, which tend to be small providers, being less likely than others to have a nominated student union disability representative.

Figure 23: Is there a nominated disability representative on your student union?



Source: IES Survey; base = all respondents

Providers that had a nominated disabled students' representative on their students' union council or guild were asked who within the institution liaised with the student union

representative about day-to-day disability issues. At 60% of institutions, the disability services manager liaised with the representative; in 10% it was a dedicated disability adviser; and in 31% of providers it was someone in another role. There were different patterns by size of provider, with small providers being least likely to have the liaison via the disability services manager, and most likely to have a dedicated disability adviser liaising with the student union representative.

In the vast majority of providers with a nominated student union representative (93%), the representative fed into broader disability policy issues. This was often through sitting on the relevant working group e.g. Student Support and Wellbeing Group or Equalities Committee, and also through regular meetings with the head of the disability service.

Good practice example: Blackpool and The Fylde College

One institution enables students to be partners in their learning journeys, being represented on all committees and boards and contributing meaningfully on a range of issues as well as sharing ideas. . Additionally, the College have the Partners for Success framework which outlines how staff, students and the wider college community work to provide a seamless network of support to enable all students to achieve their potential. This sets out the central aim for all students to become confident and competent independent learners and achieve their maximum potential. It highlights that the key partners for success for each student are: personal tutors and academic staff (programme delivery staff), the student support and wellbeing team (core service), the student HE learning mentors, the learning resource centre teams, and also the student union and the students themselves...

6.2 Engaging with external providers

The majority of institutions, 85%, reported that external providers, such as the statutory health and social care services or charities, came into the institution to deliver support to disabled students. There was no significant variation by size or type of institution, although rather paradoxically the proportion was highest among institutions with a relatively low proportion of self-declared disabled students, and lowest among institutions with a relatively high proportion of disabled students – 95% of institutions with fewer than 6% disabled students had external providers come into the institution to deliver support, compared with 72% of institutions with at least 8% disabled students. However, this pattern may reflect that internal provision is less developed in providers with low proportions of disabled students.

The links with external providers were generally through GP practices/doctors' surgeries on campus, and through mental health services. Links with the GP practice included liaison regarding individual students in cases of concern, and also more strategic involvement around student welfare, crisis care etc. Links with mental health services were often via the counselling service rather than the disability services team.

Half of institutions reported that they fed into local working groups on disability issues, alongside NHS, Social Services, or local authority partners. There was no significant variation by size of institution, although specialist HEIs were least likely to feed into local disability working groups (18%) and FE colleges were most likely to (64%). The working groups that providers fed into were most commonly related to mental health, including suicide prevention, but were also in connection with SEND (Special Educational Needs and Disabilities) and autism spectrum disorders.

Around two thirds of respondents (64%) felt that interactions with local external services would increase over the next two years, while 30% believed they would stay the same, and only 6% believed they would decrease, with no significant variation by type of provider. The increase in interactions with external services was mostly felt to be driven by the increasing need of students, particularly around mental health, while those providers that felt that interactions would decrease felt that this was due to cuts in external service provision, resulting in the services being stretched and often prioritising children rather than young adults. Thus predicted decreasing interaction with external services was driven by perceptions of decreased access not by decreased demand or need (which is indeed on the increase).

As noted above, most case studies operate an in-house model of support. Some case studies however reported that they do have links with external providers. This can include: formal links, such as a service level agreement, with local GP practices; delivery on-campus of NHS psychological therapies; and external providers coming on site to deliver support to students.

One institution reported that they have qualified mental health practitioners employed directly, but they also contract with an external provider to provide counselling and make assessments. The external provider offers CBT, counselling, and specific bereavement counselling. It is provided on the university campus site and is available four and a half days per week. The university felt it was really necessary to fund this support as there were real challenges for students in accessing local NHS services, and it extends the support they can offer to their students.

Another case study institution however described being very reluctant to involve external providers as they had concerns over their ability to quality control what was being delivered, about continuity of care/provision, and consistency of provision when external providers were involved. They felt that the changes to DSA, with Student Finance England selecting the provider, meant that there could be greater external provision which troubled them:

"I find it quite concerning, a real challenge. I am concerned about quality, about contracts going to lowest bidder with no considerations about continuity. It's [the service's] being removed to off-site, not because we haven't done a good job, but because it fits in better. Contracts tend to be awarded to small companies who see more people and who have limited overheads but there is a concern around quality... it results in a 'stripped down service', for the non-medical helpers, in contrast to the 'wrap-around service' we provide which can involve working with individuals on site"

These links can also include more informal networks, perhaps with primary care trusts and now with clinical commissioning groups (CCGs). Links can also be forged with charities such as The Samaritans, ReNew (a drugs and alcohol charity), The Blue Door (a charity helping victims of sexual assault), Mesmac (an organisation concerned with sexual health and screening), and Women's Aid (supporting abused women and children). These charities can help with specific health and wellbeing issues.

One case study university explained how they regularly worked with a number of charities and arranged for the charities to have a venue on campus and for visits to take place at regular times so they became a fixture of support for students.

7 Monitoring and evaluation

This chapter focuses on the monitoring and evaluation plans and practices of HEPs. It provides a baseline of recent and current reviews undertaken by providers and summarises the existing monitoring and evaluation practices and processes providers have in place together with their future plans.

7.1 Reviews of current disability services

The survey indicated that a majority of providers had taken steps to review their support for disabled students in the last 18 months, with 50% having conducted a review before the survey, and 35% being in the process of conducting a review at the time of the survey. A higher than average proportion of small providers (23%) had neither conducted a review, nor were in the process of conducting one (compared with 13% of medium providers and 11% of large providers). Among providers that had not conducted, and were not in the process of conducting, a review, just over half (53%) reported that they planned to conduct a review over the next two years. Thus only 7% of providers had not conducted a review and did not plan to conduct one in the near future.

When asked about what was covered in the review, just under half of providers reported that the review covered the cuts to DSA and the institution's response to the cuts, while inclusive learning and teaching was mentioned by around one in five providers (Table 21).

Table 21: What was covered in the review? (Multiple response)

	Number	%
Cuts to DSA	37	45.1
Inclusive teaching and learning	16	19.5
Training and development	9	11.0
Policy	7	8.5
Technology	6	7.3
Other	28	34.1
N=	82	

Source: IES Survey; base = all respondents

Often cuts to DSA and moves to more inclusive teaching and learning were linked, as the following quotes illustrate:

“In light of the changes to the DSA, we are looking at the changing role that disability support plays in relation to embedding inclusivity into the university’s teaching practices. We are also focusing on the expanded role of disability support in identifying the needs of a student, in lieu of recommendations through a student’s Assessment of Needs. We are also focusing efforts on expanding our role in the transitioning of students from FE into HE, so working more closely with our local FE institutions.”

“Staffing needs to meet the changes to DSA and new duties to assess for some individualised support needs removed from DSA. This required staff training following a study needs assessor model to enable staff to confidently meet the new duties and implementation of new processes and approval systems. This review is complete. A review of the internal communication to staff regarding reasonable adjustments and their practicality is currently being undertaken. This will include a review of adjustments that may be considered standard practice, particularly for students with specific learning difficulties to help identify areas where elements of inclusive practice are taking place.”

Similarly where the reviews covered technology issues, these were often in relation to the impact of the changes to DSA:

The most common outcome of institutions’ reviews of their support for disabled students was an increase in disability services staff, while a few providers mentioned policy changes e.g. a new disability policy, and increases in technology expenditure, either to introduce new assistive technology or to support equipment loans.

7.2 Evaluation of current practices

Providers were asked about how they evaluated the effectiveness and impact of their support and how they monitored student success, and specifically how they evaluated the impact of disability support services. The findings are very similar:

- **Bespoke student feedback surveys** are the most commonly used evaluation method (for example, disability services team issuing termly or yearly questionnaires). These surveys were commonly undertaken annually, and tended to ask for feedback specifically on the disability service, although some providers also asked about student services more generally, and about reasonable adjustments and assistive technology. Providers generally used a mixture of online and paper tools. It should be noted however that some individuals in the case studies raised concerns about surveying students, as a default option for evaluation and monitoring – both in terms of the added bureaucracy and administration for staff but also as an additional burden on students (who face demands to respond to increasing numbers of surveys).

- Monitoring and analysis of **key indicators** such as academic results/attainment, retention and to some extent satisfaction¹³ to assess whether results for disabled students are commensurate with other (non-disabled) students was also a relatively common activity. Analysis here generally focused on retention/progression and attainment data, and many providers analysed these data annually (although some reported using a more ad-hoc approach). Some also analysed NSS results by disability and used a range of approaches that were appropriate to their size and needs.

One provider said that they used a three-way split – students with a disability other than SpLD, students with SpLD, and students with no disability – and reviewed data at institutional and faculty level, as the data set was too small to break down further. Others used a binary disabled/non-disabled split, or only reviewed it for certain groups of students e.g. those with a SpLD. Some reviewed overall satisfaction only, while others looked at the individual satisfaction items/aspects.

- Facilitating **student focus groups** (and undertaking other qualitative research with disabled students) – seeking general feedback on services but also feedback on specific activities and interventions – was the least common evaluation activity. There was significant (statistical) variation in the use of focus groups or qualitative research by the size of provider, with their use increasing from approximately one third (36%) of small providers, to over half (53%) of medium-sized providers, and two thirds (69%) of large providers. The approaches here varied and were tailored to the characteristics of the institution.

One provider said that attendance at focus groups had been poor in the past so they used one-to-one feedback during adviser sessions; another invited disabled students to regular focus groups; another used focus groups for specific issues e.g. feedback on lecture capture technology and its impact.

Almost all (98%) institutions when asked specifically about how they evaluated the effectiveness and impact of their disability services, indicated that they undertook at least one of these activities (see Table 22). Often institutions use a mixture of these evaluation approaches as illustrated by the following quotes:

“We analyse our success measures in relation to disabilities – we look at continuation, attainment and satisfaction to ensure that the results for disabled students are commensurate with other students. Disability services termly questionnaire and focus groups with students.”

“Analysis of the responses to the National Student Survey given by disabled students; these provide an indication of the satisfaction of final-year disabled students with their university experience and whether they consider that they have been well supported. Analysis of the

¹³ Satisfaction measured via the NSS but also by other sector-wide surveys such as the i-Graduate survey

response to the i-Graduate survey which all students are invited to complete and which includes questions on disability and wellbeing services. Seeking specific feedback from disabled students on specific activities and interventions (e.g. the Autism Induction Programme)."

"Student views are obtained in the following ways: A questionnaire is issued annually to all disabled students - A feedback form (available on website) for students who have accessed support services e.g. study skills, support/counselling/financial support - Informal feedback provided during appointments with advisers - Feedback cards available within student services reception - Specific student focus groups to review assistive software provision/study skills support - Views sought on specific events such as transition to university/next steps for student with an autistic spectrum disorder."

"The university created a focus group in 2015 called Academic Support, Student Services, Library User Group. The focus group included representation from across the student body including disabled students. The group looked at support provision, policy and methods of promoting support services/communications. The Autism Group was formed in 2015/16 and obtains feedback from autistic students about their experience of university life. The Autism Group is focused on employability skills and coping with autism."

Importantly, some providers mentioned that it was difficult to link disabled students' outcomes directly to the support provided:

"Disabled students are asked for their feedback at least annually and have the opportunity to make ad hoc feedback at any time. The introduction of a service information desk in September 2017 should provide more opportunities for all students to provide feedback on all student services. It is difficult to attribute success solely to the impact of student support because young people at university are constantly developing, maturing and learning new techniques and strategies, although some in-house research has been done on this. The vast majority of disabled students are successful in completing their course and graduating."

Table 22: How do you evaluate the effectiveness and impact of your support and monitor student success?

	Number	%
Student feedback survey	47	50.0
Attainment	34	36.2
Retention	29	30.9
Focus group	4	4.3
Other	19	20.2
N=	94	

Source: IES Survey; base = all respondents

Table 23: Providers' use of typical methods for evaluating the effectiveness of support for disabled students

	Yes	No	N=
Survey disabled students to obtain their views about support provision	90.8	9.2	98
Compare academic results of disabled and non-disabled students	83.5	16.5	97
Compare NSS results between disabled and non-disabled students	59.4	40.6	96
Undertake focus groups/qualitative research with disabled students	53.6	46.4	97

Source: IES Survey; base = all respondents

The survey feedback was reflected in the case study discussions, and the monitoring of key indicators was particularly highlighted. Case study institutions recognise that they are good at monitoring engagement and impact at individual levels, as this is an important part of their work to develop appropriate support, e.g. undertaking skills audits of individuals who disclose a disability to develop action plans, and progress reviews of students to identify those who are a cause for concern. However, institutions are also working to develop appropriate methods (e.g. standardised data collection) to monitor and evaluate the impact of the support provided and identify wider issues of concern at the broader/aggregate level, and the measures used are often linked to the wider institutional key performance indicators. Many institutions were concerned about:

- Progress and retention among disabled students; and
- Attainment (in terms of degree outcomes) among disabled students.

These key outcomes are often monitored, and can be monitored both overall and for different types of conditions/disabilities. This may form part of the institution's overall equality and diversity monitoring. Generally, disability services practitioners feel that review and evaluation is a constant on-going process, rather than something undertaken at set intervals.

One university described how it surveys all students who have used their support services. The survey includes questions about satisfaction with the services and ease of accessing services, and the students tend to give very high scores for the services. However, they noted that it was much harder to assess student satisfaction with inclusive practices (at course level).

7.3 Future monitoring and evaluation plans

When asked about plans for future evaluation of the effectiveness and impact of support over the next two years, 30% of providers reported that they would use the same methods that they currently used, while 70% reported that they would do something new or different (an aspect that can be revisited in the second stage of the research). There was no significant variation by size of provider or by proportion of disabled students, although FE colleges were more likely than average to try something new or different (82%), as

were HEIs with high average tariff scores (83%) and those with low average tariff scores (79%).

New or different approaches included reviewing data by specific disability group, increasing the use of focus groups, having larger sample sizes or wider distribution for surveys, and the creation of a central dataset to aid analysis of university data by disability.

One case study institution spoke of wanting to devise a tool to help them examine continuity of service use among students in order to help them understand which students use the service and which do not, and the reasons why, and to try to link this to measures of disengagement and non-completion. They feel this would help them develop an index of risk and indicate when student support services should intervene (lead to direct action).

The current sector-wide study provides a national baseline of provision and will offer providers the opportunity to compare their own monitoring and evaluation evidence with similar types of institution as well as against the wider sector. Although providers have been moving towards inclusive TLA since the original HEFCE initiatives in the late nineties, progress has been patchy even within institutions which have developed good practice in departments or for specific groups of students. Providers adopting a project approach have been able to review and monitor in a targeted way and often have clear action plans against which they will be able to measure progress. Institution-wide monitoring of satisfaction data (e.g. NSS) or attainment and progression data for specific groups of students including specific groups of disabled students will provide a baseline against which progress can be measured in the future. Several case study institutions talked about the increased financial and time investment required for monitoring and evaluation.

8 Conclusions

This final chapter provides reflections from survey respondents and case study participants on their provision for disabled students. To provide some context, it also includes feedback on what institutions feel are the key challenges they face in supporting disabled students. The final section then sets out some suggestions or areas that the sector might like to consider both in supporting disabled students but also in supporting moves towards a more inclusive model of provision.

8.1 Overview of provision

The final section of the questionnaire invited respondents to give open-ended views/free text responses on:

- What they thought they did well in terms of providing support for disabled students;
- What they felt they needed more help or support with in providing support for disabled students; and
- What their immediate priorities for the future were in terms of making changes to support disabled students.

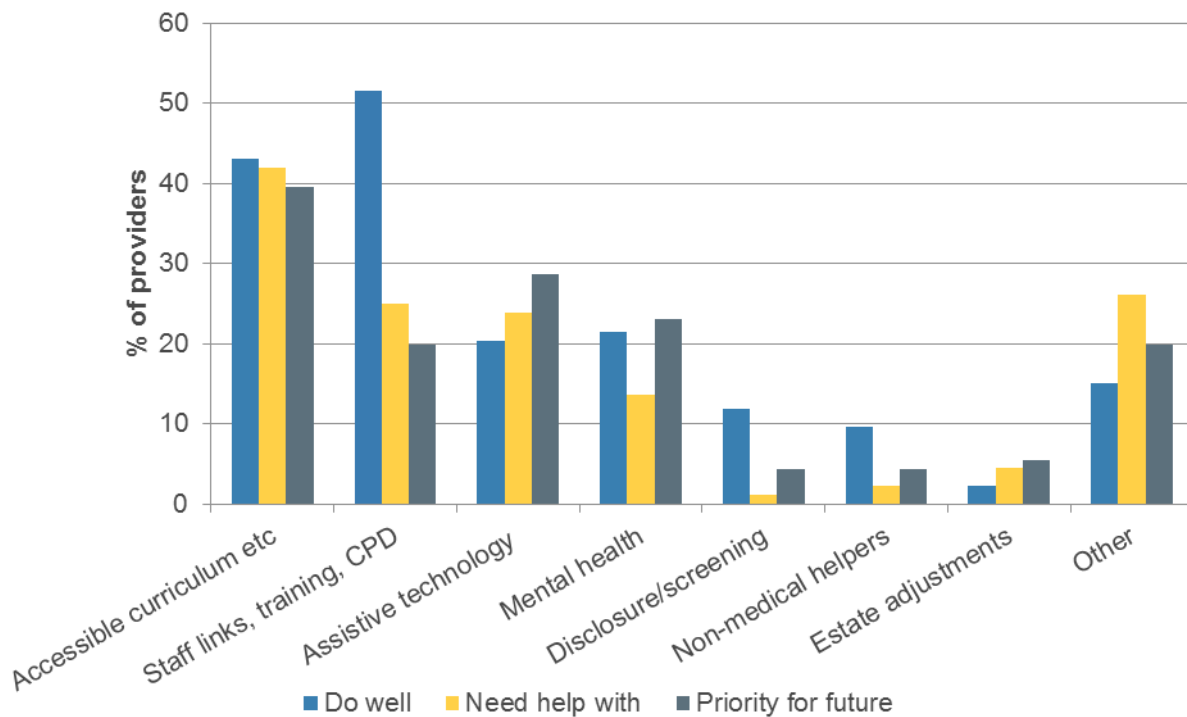
The responses were in effect a self-assessment and enabled reflection on provision, practice and progress. They provide a frank insight but, as institutions have no real benchmarks, an area where one institution describes current practice as good another institution might describe as an area for development. The responses to the three questions were summarised using consistent groups of responses to allow comparison across the three questions, and the results are shown in Figure 24. On the basis of these general comments, key points to note are:

- Around half of providers felt that staff linkages (e.g. core disability team to academic staff), training and development were things they were doing well in, and much lower proportions felt that this was something they needed additional support with, or something that was a priority for the future.
- Accessible learning, curriculum and assessment was widely felt to be something that providers were doing well in, with about four out of 10 mentioning it as a strength,

although broadly similar proportions felt it was something they needed more support with, and that it was a priority for the future.

- Around one in five providers felt that assistive technology was something they were doing well in, but higher proportions felt that this was something they needed additional support with, and that it was a priority for the future. More providers felt that this was a priority for the future than felt that staff training was a future priority.
- Around one in five providers felt that their support provision for mental health conditions was a strength, and fewer felt it was something they felt they needed additional support with (Figure 24).

Figure 24: Views on what providers are doing well, what they need more support with, and priorities for the future



Source: IES Survey; base = all respondents

In terms of the areas in which providers felt they were doing well, the following examples illustrate the range of responses across the areas highlighted in Figure 24:

“We are receiving excellent feedback from student recipients of our new in-house NMH note-taker and study support assistant service. Our free of charge SpLD assessment service, which also covers access arrangements for students with information processing weaknesses, who either don't fully meet a diagnosis of dyslexia, or who don't wish to pursue DSA. Our growing use of lecture capture, and making recordings available to all students.”

“All disabled students are encouraged to disclose and are directly communicated to with information about support and processes. All disabled students can access support officers on their campus of study and are dealt with by staff who have close links with their academic departments to have a good understanding of different disciplines. We have a rigorous system of communicating recommended adjustments via learning support plans.”

“The university is very advanced in the area of physical accessibility. Capital developments have prioritised inclusion for a number of years, so the estate demonstrates excellent practice in this area. ... The disability and dyslexia service provides an outstanding level of expertise, experience and personalised support. ... The institution draws on its lengthy experience of teacher training and education to provide excellent training, guidance and resources for academic staff in inclusive practice.”

“Provide good quality of specialist mental health provision. Generally academic staff have a good understanding of disability team, and referral pathways are good, therefore support can be responsive. Provide inclusive model of support for students with a specific learning difficulty.”

“1) Screening of all incoming students for dyslexia; 2) All teaching resources provided in advance on Moodle to an accessible document standard; 3) Exam adjustments.”

The following quotations illustrate the areas in which providers said that they could do with additional help or assistance:

“1. Strategic oversight of disability support at a senior level would be highly beneficial. 2. There is a need for more staff training to enhance understanding of inclusive teaching and learning in the context of our statutory duties under the Equality Act. There should be a compulsory requirement for all staff (online delivery would be the most effect method, perhaps incorporated into the induction programme). 3. The resource available for supporting disabled students has not increased in line with escalating numbers and complexity of needs; this places considerable strain on existing staff.”

“There is considerable scope within our current support for improving access to assistive technology. Greater recognition amongst the wider academic community of the importance of inclusivity in curriculum design and delivery – this is in its infancy. Greater and simpler visibility of whole offer of support to students.”

“The cost of human support that cannot be replaced by inclusive practice. For example, and particularly, the cost of British Sign Language support - a full-time student eligible for DSA might have annual BSL support costing between £30,000 and £60,000 (depending on the extend of timetable/placement). Universities who offer good support to students with high-cost reasonable adjustments earn a deservedly good reputation, increasing the cost to the institution year-on-year with the same flat rate cap of £20,000 from DSA for NMH support. Changing the culture from reactive individual adjustments, done elsewhere by non-academic staff, to proactive inclusive design with academics and learning support staff working in

partnership. Guidance on how to create a culture, and system, of accountability for all staff. Research on the impact of 'received' reasonable adjustments. What is the impact of additional time on the marks of students with disabilities? Is there a difference between having notes one day in advance and notes one week in advance? Data that demonstrates the equivalence of a project versus a timed exam."

Finally, responses regarding priorities for the future were to some extent similar to those for areas where providers needed more assistance, as the following quotes illustrate:

"Undertake a survey of all staff to assess their engagement in training in relation to understanding relevant legislation and creating/embedding inclusive practice and understanding of same, to inform a strategy of enhanced training. Work with IT/centre for technology. Enhanced learning in improving accessibility of all digital resources."

"Full implementation of the inclusive practice strategy. Awareness raising and training about different learning styles, especially in relation to multi-sensory teaching and resources. Alternatives built into the assessment strategy to make assessment truly inclusive. The considerations outlined above will be part of a new curriculum review working group remit so is currently part of our future planning."

"Lecture capture development and implementation - we have started but there needs to be further work on the area."

"To review best practice within the institution and then to disseminate and promote best practice in the teaching and learning environment around the inclusive learning agenda. To develop a full programme of support for students with autistic spectrum disorder to build on the good practice and success of the transition programme that support retention to skills development for employment. This will include working collaboratively with the university careers service to offer tailored training events to develop skills for employment: this will include but is not limited to disclosure and interview preparation. Increase collaborative working with external mental health agents to enable student with mental health disabilities to access high-level mental health care. Collaborate with other services delivering study skills support on campus (generic, maths, library skills, IT) to develop more holistic programmes of support as part of an inclusive approach to supporting a diverse student body."

8.2 Challenges

Feedback from the case studies outlined throughout the report highlights how institutions are facing a number of, often shared, challenges that set the context in which they are working to develop their services and move towards greater inclusive practices. It is worth summarising these here as they can act to create barriers to development and change.

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- **Period of change:** Many of the institutions had been through a recent period of change or restructuring which had been unsettling and some were still in a state of flux. One institution noted: *“There are still some things up in the air, and a few questions over how things will develop and embed.”*
 - **Increasing demand for their services:** Case studies described how they have seen a large increase in the number of disabled students (particularly those with mental health conditions, who can represent the largest group of disabled students). This reflects the experience of the HE sector as a whole (see Chapter 1). The institutions tended to feel that they had a particularly high proportion of disabled students which was regarded positively, but also was recognised to be a challenge in supporting the volume of such students.

Institutions reported increasing demands on their student mental health services driven partly by the increased public profile of mental health issues and reduced stigma (both positive changes) but some also felt the rise in tuition fees was adding pressures for students. Institutions note they are seeing more students with mental health diagnoses, and a great deal more with generalised anxiety disorder (GAD) than before. They also report greater numbers of students disclosing with SpLD and autism spectrum disorders (such as Asperger’s syndrome) as diagnosis during compulsory education has improved. Institutions reported that they are increasingly seeing students presenting with more and more complex needs, and more students with multiple and co-occurring needs. It was reported that the pressures of dealing with some disabilities (for example SpLD and Asperger’s) are leading to mental health issues. This is increasing the pressure on disability and wellbeing services (particularly mental health caseworkers): *“We are having to work a lot harder to meet these needs.”* There was also a feeling that in common with other students disabled students are struggling more with transition which can be exacerbated if they don’t have the right support in place. It was recognised that even with support, impairments can mean coursework takes longer and more generally makes student life a challenge.

- **Late disclosure:** Institutions described how difficult it was to plan and sometimes respond to students disclosing a disability or condition during the year (rather than pre-enrolment or at registration), and this can be particularly the case with mental health conditions. Institutions reported increasing numbers of students disclosing after enrolment, in the main due to later diagnosis.
- **Working with staff:** Institutions noted that staff can have a variable level of understanding and/or ability/willingness to make adjustments for the growing number of students with mental health problems, and students with fluctuating or ‘unseen’ conditions or even some physical conditions that affect their attendance, or their ability to engage with the course or meet deadlines. One case study noted that it can be particularly hard for academics to deliver a consistent and inclusive service for these groups of students as their needs may fluctuate, whereas for some groups of

students their needs are known in advance and consistent. For example, a student who is visually impaired can be provided with all materials in accessible electronic format: *"Everybody knows exactly what they need and everybody knows exactly what to do."* Building relationships with staff (and also students) can be particularly challenging for large institutions which can be exacerbated by having multiple campuses.

- **Highly variable implementation of the inclusive approach to teaching and learning across the institution** (faculties, schools and departments). Despite having institution-wide policies and procedures there can be a lack of consistency in terms of how university-wide inclusive policies are implemented. This has been attributed to academic autonomy (and staff cultures). Institutions reported that provision 'on the ground' is therefore quite variable with wide variations in how an individual student is supported at school or departmental level, with pockets of good practice and poorer practice. An example cited by one case study was that lecture capture is regarded by senior management as a valuable tool, but the implementation of the lecture capture policy across the university is quite uneven and low.
- **Requirements for different types of support:** Broadening provision to include new types of study/qualifications such as HLAs created new challenges. Case study institutions described how HLAs will involve them working with a different funding agency and working towards meeting their conditions and requirements, and also working with a different student cohort entering via a different stream/process and with different educational experiences. Institutions also reported how on-course placements required a different model of support including risk assessments, engagement with employers, and support in the workplace. Some felt this was particularly challenging: *"You can't make employers take students on for their placements."* Some institutions also highlighted the requirements to meet professional competencies set by professional bodies in some disciplines (e.g. Qualified Teacher Status (QTS) for students in education) which can affect the support/adjustments that can be provided.
- **Changes to funding:** There was a perception that government support for disabled students has been changing somewhat haphazardly, which means the 'goal posts are changed frequently'. There were suggestions that the guidance and communication around these changes have not been as helpful as they could have been – leading to confusion among staff and prospective students. The changes to support for disabled students has also been debated in the national press, and there were concerns that this adds to the confusion and the development of unhelpful myths such as there is no support available. A period of stability and national campaign targeted at teachers as key influencers as well as prospective students and their families would help clarify the support available and the increased inclusive teaching and learning.

8.3 Recommendations

To conclude, there are a number of suggestions for the sector, its key agencies (e.g. HEFCE, OFFA, the new Office for Students (OFS), and DfE) and HEPs in terms of good practice for supporting students that could be considered, drawing on the feedback and good practice outlined in the report.

Governance

1) Use of inclusive 'champions'	
HEPs have a variety of governance and committee structures in place, and these relate to the wider organisational structures. Several institutions referred to the use of champions for specific activities or developments.	
Recommendations for institutions	<ul style="list-style-type: none"> ▪ To consider their use of inclusive champions and to consider if existing champions have the opportunity to exchange lessons across the institution. ▪ To consider introduction of champions for specific activities e.g. learning technology, lecture capture, inclusive assessment. ▪ To identify who will champion the inclusive agenda at a senior level including Governing Body/Council.

Funding

2) Clear guidance on the rationale and impact of funding changes	
Institutions felt frustrated by the frequent changes to funding for disabled students which made it difficult to plan and deliver services, and led to confusion among staff and students about what services were available and to whom.	
Recommendations for institutions	<ul style="list-style-type: none"> ▪ Continue to promote to teachers and prospective students the individual and tailored services that they can provide including those services funded by DSA, to counter myths that students can no longer access support.
Recommendations for sector bodies	<ul style="list-style-type: none"> ▪ Provide clear and timely messages to institutions and to potential students about changes to institutional and individual funding including eligibility, amounts and administrative processes.
3) Identify alternative funding streams	
Institutions acknowledge that the move to inclusive models of support including inclusive TLA practices is a positive one but one that will take time and resources to achieve. For example, institutions will need to train staff, purchase (or develop) new software, and make existing software, equipment and services more widely available (and train users), and these will need extensive on-going investment. Also institutions have appointed staff to develop and progress aspects of inclusive provision such as academic literacy.	
Recommendations for institutions	<ul style="list-style-type: none"> ▪ Identify alternative funding mechanisms that take account of the additional institutional funding required to maintain and develop inclusive practice.
Recommendations for sector bodies	<ul style="list-style-type: none"> ▪ Identify alternative funding mechanisms that take account of the additional institutional funding required to maintain and develop inclusive practice. ▪ Consider allocating funding for projects to support the development of good practice within an institution (along with a sustainability plan) that could provide good practice outputs for use within the sector.

Use of technology

4) Support effective use of specialist software	
Making available software to all students rather than for specific groups was identified as a positive move. However, to support effective use institutions need to ensure that there is adequate staff and student training available.	
Recommendations for institutions	<ul style="list-style-type: none"> Maximise use of the accessibility features in existing software to ensure that documents are accessible e.g. use of heading style sheets and alt text for images (See also 'Staff training' below).
Recommendations for sector bodies	<ul style="list-style-type: none"> Commission the development of training videos for common software for use across the sector to avoid every HEP having to develop their own. Fund networks of HEPs to develop and share good practice regarding use of software for specific groups of students or for specific purposes.
5) Improve accessibility of digital resources	
Institutions reported an increase in the provision of programme materials (information to aid choice as well as actual programme tools and resources) in a digital format, but this did not necessarily mean that this improved accessibility.	
Recommendations for institutions	<ul style="list-style-type: none"> Work with their IT centres to assess and improve accessibility of digital resources such as VLEs. Consider the needs of students who find working on screen difficult and have printed materials ready (at least for key materials/resources) to avoid delays in responding to their needs.
6) Support further development and use of lecture capture	
Across the sector there is clear interest and varying levels of commitment and progress toward the introduction of lecture capture (use of audio and video recording of lectures).	
Recommendations for institutions	<p>Consolidate and build on these developments in the following ways:</p> <ul style="list-style-type: none"> Identify baseline expectations regarding lecture capture and what is deemed acceptable as an alternative. Communicate arrangements to staff and students regarding expectations. Ensure there is adequate training to support effective use of the system including suitable induction for new staff. Explore with IT staff ways of simplifying the interface lecturers need to engage with at the start of their teaching sessions and making uploading to VLE as seamless as possible. Monitor adoption of the system and student usage. Consider having a member of staff dedicated to developing and promoting assistive technologies (including lecture capture).
Recommendations for sector bodies	<ul style="list-style-type: none"> Support central negotiations with unions regarding concerns around intellectual property drawing on the experience of HEPs who have already invested time. Commission evaluation of different models of lecture capture and their positive influence on different groups of students.

Inclusive assessment

7) Greater understanding and promotion of alternative assessments
There were examples of alternative assessments which were offered to disabled students, and some evidence of individual programmes exploring the use of inclusive assessments. There were however concerns regarding the practicalities of adopting inclusive assessment for all students.

Recommendations for institutions	<p>Move toward greater understanding of and use of inclusive assessment across the sector in the following ways:</p> <ul style="list-style-type: none"> ▪ Gather examples of good practice relevant for different disciplines. This is likely to involve greater need for alignment of learning outcomes, types of assessment and related marking criteria. ▪ Demonstrate the equivalency of alternative assessment methods. ▪ Explore how inclusive assessments might complement assessments designed to support employability skills. ▪ Identify a multi-professional group (disability specialists, educational developers, academics from different disciplines and staff responsible for dealing with complaints) to promote inclusive assessment and provide advice regarding competence standards for colleagues developing new modules and programmes.
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Staff training and engagement and inclusive teaching and learning

8) Raising awareness of inclusive approaches	
<p>The experience of case study institutions illustrates how the move towards increasing and embedding inclusive TLA practices may need a change in culture to ensure practice goes from 'patchy and inconsistent' to 'uniform and excellent' and to move beyond buzz-words to truly gain staff buy-in and understanding of their role in supporting such an approach.</p>	
Recommendations for institutions	<p>Help shift the culture by considering the following:</p> <ul style="list-style-type: none"> ▪ Ensure strong leadership, with clear responsibilities and lines of reporting (and escalation routes if required). ▪ Ensure sufficient dedicated time and resources to support the process of increasing inclusive practice. ▪ Collate and share good practice across the institution and wider networks. ▪ Develop stronger linkages/relationships between disability services and academic departments. ▪ Consider training for staff working in estates to ensure greater consideration is given to the creation of inclusive teaching and learning environments. ▪ Provide specific staff information and training. This could focus on helping staff to: <ul style="list-style-type: none"> ○ think more broadly about inclusive practice/accessibility – beyond reasonable adjustments for individual students or technical solutions; ○ overcome individual subject and course-related fears; ○ recognise that inclusive practice can and should be supported by all; and ○ recognise that changes can be small yet still make a big difference.
9) Greater clarity of the training model and centralisation of resources	
<p>There is already a wide range of training offered to staff and currently the dominant model is for this to be optional. There is little agreement regarding what is core or essential and what training needs to be mandatory for each staff group. Decisions will inevitably depend on HEP's priorities for implementing inclusive teaching and learning.</p>	
Recommendations for institutions	<ul style="list-style-type: none"> ▪ Identify their own baseline mandatory training for existing staff and new staff as part of an action plan for moving towards greater inclusive practice.
Recommendations for sector bodies	<ul style="list-style-type: none"> ▪ Work with the national body for learning (the HEA) to provide a centralised location for guidance and online training materials regarding accessibility of learning materials – for example use of style sheets, alt text for diagrams, font size and formatting details for different types of documents. ▪ Fund cross-institutional networks to develop resources and identify good practice about 'what works' for specific inclusive topics that move beyond specific impairments, for instance:

	<ul style="list-style-type: none"> ○ note-taking which supports students with SpLD, students struggling with concentration, students for whom English is an additional language; ○ low sensory solutions which support students on the autistic spectrum, or with mental health difficulties; ○ disciplinary requirements which may relate to field work, working in labs; and ○ programme requirements relating to placements and work experience considerations.
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Disclosure

10) Encourage disclosure	
As provision becomes more inclusive and as individuals' access to funding is either no longer available or reduced, it is possible/probable that students will be less likely to see the benefits of disclosing.	
Recommendations for sector bodies	<ul style="list-style-type: none"> ▪ Continue to encourage disclosure by providing clear and consistent messages about the benefits of disclosing a disability in the HE environment.

Monitoring and evaluation

11) Clear programme of evaluation	
There is an increasing pressure within public services for evaluation of impact. Feedback from HEPs highlights how they use a range of quantitative and qualitative methods (some regular and some ad hoc) to try to evaluate the use/reach of their services and the effectiveness of these; however they find it difficult to link outcomes for disabled students directly to the services provided and many are looking to try something different.	
Recommendations for institutions	<ul style="list-style-type: none"> ▪ Establish a clear programme of monitoring and review to track institutional progress in key areas or with pilot projects (e.g. disclosure strategies, adoption of lecture capture, staff training, and take-up of services by disability group). This could include student feedback, staff feedback and involvement of students' unions. ▪ Establish a clear programme for evaluation which could include tracking the outcomes of disabled students (those with DSA support and those without) by type of disability and type of support received. Outcomes measured could be captured by administrative systems and national surveys and include progress on course (retention and interim results), degree result (or equivalent), satisfaction, and progression from HE; and could be captured through bespoke surveys.
Recommendations for sector bodies	<ul style="list-style-type: none"> ▪ Identify and share good practice in evaluation techniques, and provide guidance about standard categories for analysis, sources of comparable data, and standard outcome measures. There may be opportunities to learn from other aspects of HE evaluation, for example the body of work that is developing around evaluation of outreach activities and careers interventions. ▪ Develop a central survey/tool for institutions to help them monitor staff training. This could list specific skills rather than attendance at training and could be used by institutions to assess change within their institutions but also by individuals to self-assess.

8.3.1 Further research

There are a number of learning points and also elements that could be monitored were a second phase of the study to be conducted:

1. Further exploration of the relationship between the numbers and proportion of students disclosing disabilities, changes to DSA funding and the move to more inclusive practices.
2. Further exploration and understanding of what is meant by: a) in-house support and b) inclusive models of support (and how this may relate to inclusive TLA which is arguably better understood). With a view to developing and providing definitions for these terms to enable a shared understanding.
3. Monitoring the impact of the requirement for the provider of DSA-funded services to be decided by Student Finance England, and whether this will mean institutions need to increase their use and reliance upon external services. Explore the impact of increasing use of external services on the resources/expertise available for in-house/central services. Explore further concerns around quality of external provision and the impact this has on students.
4. Explore the tension between delivering focused services to disabled students and moving to an inclusive model, and how institutions feel this will be resolved.
5. Monitor progress in raising awareness of the shared responsibility for inclusive support and changes in culture (in terms of engagement and commitment) across institutions and the impact this has, including the nature of services provided by central teams and those provided by academic units and other parts of institutions (including estates). Explore perceptions as to whether practice is improving, becoming more consistent and widespread within institutions.
6. Explore perceptions of the strength and sufficiency of provision for students with mental health conditions, given the rising numbers of students with these needs, reductions in the availability of NHS (and related) support services and the finding that provision for these students is considered a priority by many providers (corroborated by the focus on these students in institutional policies). Identify practices used by institutions to cope with rising demand and reductions in DSA funding (such as reducing the time allotted for each counselling session, and increasing group-based provision).
7. Explore perceptions of the accessibility of teaching and learning spaces for staff (lecturers and visitor speakers), and efforts made to address any issues for staff. Look at whether policies and practices around physical accessibility of campuses/estates to see whether they also consider the needs of staff.

8. Gain a better understanding of how students are making use of supportive software (e.g. mind mapping, document reading, speech recognition and recording software) and the extent to which institutions are providing training to enable them to use it effectively.
9. Broaden the scope of the work to include Alternative Providers and to gain a greater student perspective.

Case study institutions

The authors would like to extend our thanks to the following institutions that kindly supported the research as case studies:

- Blackpool and The Fylde College
- University of Cambridge
- University of Cumbria
- De Montfort University
- Falmouth University
- Harper Adams University
- University of Hull
- University of Kent
- The Open University
- South Essex College
- Trinity Laban Conservatoire of Music and Dance
- University of the Arts London
- University of Central Lancashire (UCLan)

Glossary

Table 24: Glossary of acronyms

AGCAS	Association of Graduate Careers Advisory Services
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
DDA	Disability Discrimination Act
DEIP	Disability Effective Inclusive Policies project
DENI	Department of Education, Northern Ireland
DSA	Disabled Students' Allowance
ECU	Equality Challenge Unit
ESF	European Social Fund
FE	Further education
FEC	Further education college
GAD	Generalised Anxiety Disorder
HE	Higher education
HEA	Higher Education Academy
HEFCE	Higher Education Funding Council for England
HEI	Higher education institution
HEP	Higher education provider
HESA	Higher Education Statistics Agency
HLA	Higher Level Apprenticeship
HR	Human resources
IES	Institute for Employment Studies
ILP	Individual learning plan
Jisc	Joint Information Systems Committee
NADP	National Association of Disability Practitioners
NHS	National Health Service
NMH	Non-medical help/helper
NSS	National Student Survey
NUS	National Union of Students
OFFA	Office for Fair Access
QTS	Qualified Teacher Status
REAP	Researching Equity, Access and Participation
SEND	Special educational needs and disabilities

SpLD	Specific learning difficulties
STEM	Science, Technology, Mathematics and Engineering
TEF	Teaching Excellence Framework
TLA	Teaching, learning and assessment
UDL	Universal design for learning
UUK	Universities UK
VC	Vice chancellor
VLE	Virtual learning environment
VP	Vice president

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Appendix 1: Case study participant briefing

HEFCE's review of models of support for disabled students in higher education

Case study: introduction

HEFCE have recently commissioned the Institute for Employment Studies (IES), in collaboration with Researching Equity, Access and Participation (REAP) at Lancaster University, to undertake a comprehensive review of current models of provision and support for disabled students across the sector. Case studies which will be used to provide examples of good practice and highlight challenges to developing inclusive models of provision to meet the rapid rise in students reporting disabilities and the changes arising from the Disabled Students' Allowance (DSA). We hope to explore the following topics:

Governance and organisational structures

- The overall strategic response to disabled students in general and outline of the governance of issues relating to disabled students
- The organisational structures/sections/staff supporting disabled students and their roles and functions

Funding and external providers

- Current use and plans for additional resources from HEFCE to encourage an inclusive approach to teaching and learning
- Arrangements for an inclusive and accessible estate (accommodation, teaching and learning facilities)
- Current balance of institutional and external services and future expectations
- Influence of DSA changes and/or institutional responses regarding collaboration with external providers including the NHS

Assessing and classifying support needs

- Current position regarding inclusive teaching and learning

- Strategies to encourage disclosure
- Key challenges to becoming more inclusive and moving away from individualised support

Inclusive teaching learning and assessment

- Recent and planned changes to promote inclusive provision across the student life cycle

Professional development/training

- Approach to staff development for supporting inclusive teaching and learning, as well as specific groups of disabled learners

Monitoring and evaluation

- Current baseline of disability services provision and plans for evaluating their effectiveness
- Model and approach to organisational change including mechanisms for disseminating practice across the institution.