

Developing an Autonomous-Support Culture in Higher Education for Disabled Students

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Developing an Autonomous-Support Culture in Higher Education for Disabled Students

Abstract

Participation in Higher Education has increased exponentially over the last 30 years, partly because the support mechanisms for enabling people to succeed, regardless of background or personal characteristics, at University has improved. In the United Kingdom, inclusive practices have enhanced opportunities for many disabled people to engage in Higher Education; however, although support services that are central to success are increasing they are still intermittent and atomistic. For example, a disabled student may receive excellent support from academic staff but struggle to obtain any support when accessing accommodation, leisure activities or placements. The poor continuity of support is a systemic problem, often derived from organisational structures that do not adopt a student-centred approach. In the first instance, Universities require students to opt into programmes of support that may necessitate rigorous paper work and a labelling process that is beyond the control of the student. Such models of support deter students from disclosing a disability and accessing relevant resources and support in a timely manner. This paper argues that using Self Determination Theory, HE Institutions can develop bespoke models of support, which will enable disabled students to utilize their autonomy, agency and capabilities. This enables students to be more successful.

Introduction

Increasing numbers of disabled people are accessing Higher Education (HE) (1, 2). In the United Kingdom, between 2010/2011 and 2015/2016, UK-domiciled, full-time first-degree course entrants with a known disability increased by 56% (3, 4). Specific Learning Differences (SPLD) such as dyspraxia and dyslexia are the most common types of declared disability (5). However, the greatest increase (220% from 2010/11 – 2015/16) was in the numbers of students known to have a mental health condition (6). According to Office for Students (3) data, only 42% of students disclosing a disability were in receipt of Disabled Students' Allowance (DSA). Higher Education Statistics Agency (UK) figures also show that disabled people who do not receive DSA have poorer retention and attainment rates than their peers who do. On the other hand, students who access DSA and, as a result have increased access to support services on campus are less likely than students with no declared disability to discontinue education (see Figure 1).

FIGURE 1: Non- continuation rates by disability status 2008/2009 – 2014/2015 in the UK

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HE support services are structured to offer “help” to disabled students with the legal requirement enshrined in the Equality Act ¹2010. Nevertheless, it is becoming increasingly apparent that a number of students do not declare the disability that they have (7, 8, 9) or choose not to access support services. Although motivations for choosing to not declare disability are still being investigated (10); since the introduction of the Equality Act, the increasing numbers of declared disabilities demonstrates anecdotally at least, that students will more readily inform Higher Education Institutions (HEIs) about their disability if they can access tangible support. For example, SPLD support now includes extra time for examinations, which is motivating students who may have otherwise struggled or given up entirely on education to access support (1). In addition, public awareness and knowledge of disability and the competences of disabled people has significantly improved; the stigma associated with declaring a disability is no longer as perceptible as it was 30 years ago (11). Nevertheless, a significant number of disabled students still reference stigma, isolation and discrimination as reasons for withdrawing from university, most notably those on health and social care programmes (12).

This paper argues that the models for supporting disabled students are rigid and structured, with the predominant aim of enhancing organisational accountability. This flawed application of supportive interventions often serve to disempower students. The paper proposes that a student-centred approach to disability support should be developed using the Self-Determination Theory (13). This will empower students to take responsibility for their own learning, articulate their needs in relation to the competences they possess and obtain the personalised support they need.

Declaring a disability, accessing support

Research around the motivations for declaring a disability in HE reveals that students are making deliberate choices based on the rewards and support that may accrue from the disclosure (9, 10, 2, 14). Langørgen, Kermit & Magnus (15) argue that the process of accessing support and requesting reasonable adjustments for disabled students, particularly those in health and social care training programmes, hinders both participation and attainment rates. The traditional framework of support is structured around tokenistic inclusionary’ practice that are meant to provide assistance and contribute to the success of disabled students. Inconspicuously these programmes are often patronising, dogmatic and not based on an understanding of the needs of the disabled individual. Inadvertently, the support mechanisms do not facilitate, empower or enable the student. Tokenistic inclusive practices avoid the messy process of evaluating and disrupting traditional practices that atomise support for disabled people. Instead when designed to tick boxes rather than tackle the problems disabled systems

¹ The Equality Act brought together 116 pieces of legislation around discrimination in the country. The Act of Parliament significantly strengthened anti-discrimination provision and provided legal protections in the work place and wider society.

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face the duplicitous support systems find cracks through which disabled people can access the levels of support people without a disability take for granted. Students with a disability are expected to opt in to services, processes and structures that may not always be appropriate for them (16, 11).

Furthermore, the process of establishing ‘cracks of belonging²’ (8) for students who declare a disability is managed by systemic levels of gate keeping which not only perpetuate isolation amongst disabled people but also does little to disturb ambivalence amongst education providers around how to accommodate and support disabled students (17). This is particularly poignant when students undertake clinical placements, which are offered outside the HE institution and its support structures (5, 18).

The use of poor or tokenistic inclusive practices to support health and social care students undertaking placements still presents four (4) major barriers for both disabled students and their educators (15, 19). The first are institutional barriers; Langørgen, Kermit & Magnus (15) provide some exemplars - difficult or inappropriate processing structures, financial costs, labelling, time constraints, poor communication and cooperation between relevant people and units, lack of information/misinformation. These are often disabling to students because they do not offer empowerment, are not compassionate or meet individual needs. Secondly, attitudinal barriers (19) such as, fear and stigma, ambivalence, prejudice, ignorance can be responsible for fostering anxiety and apprehension and a lack of control amongst disabled students preparing for a placement. This can be particularly difficult because some of the criteria used to evaluate students’ performance during placements are vague and somewhat subjective (8); placement contact with educators/mentors are limited and educators/mentors in practice are probably less pedagogically prepared to deal with disabled students (15, 5).

The third barrier relates to disability specific issues (15) particularly things like access to expensive equipment, specialist training, and information about a disability, individualised support and confidentiality (9). Some of the reasonable adjustments needed to enable disabled students achieve the same level of competences, as their peers are easy to access; on the other hand, others are expensive and/or difficult to operationalize (18). In addition, setting up the protocols for providing support and reasonable adjustments can accentuate isolation, as disabled students may be made to feel inadequate and less capable because of what is seen as a reliance on support. Sometimes this happens because of an unconscious bias (20, 7), though this does not lessen the challenge a disabled student faces.

² This refers to the individual experience of feeling as if one is a valued member of a community, it is characterised by notions of having a sense of shared identity, feeling a sense of attachment and being a contributing member (Grimes et al. 2017).

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Fourthly, Langørgen, Kermit & Magnus (15) and Strnadová Hájková & Květoňová (19), identity and cultural barriers include issues such as identity, perceptions of self, feeling responsible for taking up too much time or money, valuing privacy and ‘normality’ over support, limited opportunities to discuss the value of disabled peoples’ contribution to health care delivery and a focus on what cannot be done instead of what has been achieved.

Grimes et al (10) comments that students continually weigh up the potential impacts of declaring a disability over any benefits. This judgement is impaired in many circumstances by misinformation or lack of information (18). The promotion of Universal Design Learning (UDL) also enables students to assume that educators will consider the needs of all students minimizing requirements for requesting personalized adjustments (5). However, UDL is not yet standard practice in HE and students have reported that they do not believe support systems or structures will actually help (9); especially if they are not implemented or are poorly designed and not fit for purpose. Disabled students also complain about intermittent support, this makes it difficult to rely on and/or trust support services or staff. Hill & Roger (18) argue that disabled students will benefit from reliable, structured support that empowers.

If a more holistic framework for offering support is to be established it should be predicated on a framework of empowerment, through which structures, values, roles and resources are channeled towards enabling a student to access control over what they declare or disclose, the types of support they need and how they access it. Self-Determination Theory (SDT) (13) offers a lens through which the motivations of disabled students in HE can be examined as well as, a framework for investigating support structures for students undertaking a clinical placement.

Introducing the SDT Framework

SDT emphasises three basic psychological needs: autonomy³, relatedness⁴ and competence⁵.

Satisfying these essential needs enhances holistic well-being and self-motivation within a social context. SDT evolved by combining five mini-theories that examine both human motivation and flourishing. The five theories are briefly described below. (See summaries in Table 1 and Figure 2).

Cognitive Evaluation Theory (CET): The theory highlights the predictive utility of intrinsic motivation. This is very relevant for disabled students. CET states that the stimulus to participate in activities for their own sake are dependent on the degree of an individual’s autonomy and perceived

³ Capacity to make independent decisions

⁴ A state of being connected to external drivers

⁵ The ability to accomplish a task efficiently

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self-efficacy (21). The correlation emphasized here between intrinsic motivation and autonomy is significant when considering effective support models (1).

Organismic Integration Theory (OIT) (13): The trajectory of behaviour change in this model is based on a continuum of internalization ranging from forcing an individual to comply towards complete assimilation of the behaviour. Connecting both sides of the continuum, behaviours maybe superficial, for example, an intension to avoid guilt or invite affirmation may not be intrinsic, but an adaptation to external drivers. Support models often rely on this continuum to transition individuals from reliance on extrinsic motivation towards more independence (22); this evolution is really important for disabled students in HE who may feel they have little control of their learning environments and access of practical resources required for learning.

Causality Orientations Theory (COT) (13): This is particularly helpful for understanding why students may want to disclose a disability and how broad that disclosure should extend; a range of factors will be careful examined and the deliberations may change depending on the attendant social norms (23). For example, a student may want to disclose a disability on campus, but not declare it on placement; or a student may want lecturers to know about their disability but not their colleagues. Such considerations are essential when students have hidden or fluctuating disabilities (10).

Basic Psychological Needs Theory (BPNT): this is a more expansive conceptualisation of basic needs theory; including the notion, that holistic well-being is linked to satisfaction. Holistic care is often ignored when developing support mechanisms, deficiencies of this kind could actually lead to greater problems for vulnerable disabled students (20).

Goal Contents Theory (GCT): This is specifically reminds us to acknowledge that disabled students are not a homogenous group, they will be motivated by both extrinsic and intrinsic goals; individuals tend to succeed when the latter is the primary driver. Personalising support based on intrinsic goals enhances the opportunities students have to thrive holistically, without comprising their health (24).

INSERT FIGURE 2 (27)

SDT research (25, 26) shows that autonomous individuals are better motivated to achieve their goals, have better resilience, are committed to the task and care for their well-being in a more holistic way (26). The five theories incorporate the multiplicity of considerations linked to deciding to disclose a disability and notions of enablement. By highlighting the role social contexts and interpersonal connections, play in permitting autonomy and the decision-making involved in adapting behaviours and cues.

INSERT TABLE 1

Operationalising the SDT Framework

The SDT framework offers an expansive structure for examining human motivation and variations in personality influence casualty. Figure 3 shows the SDT continuum and types of motivation alongside loci of casualty and corresponding processes. The regulatory processes include lack of control at one end of the continuum through to satisfaction on the other end. This corresponds to a lack of motivation at the beginning of the continuum, through various stages of extrinsic motivation and towards intrinsic regulation on the other end. The SDT model is particularly useful for analyzing sources of intrinsic and extrinsic motivation; it also includes a focus on how social and cultural factors influence individual's decision-making and the quality of their performance (25). SDT provides a framework for understanding how apathy replaces aspiration when intrinsic or extrinsic goals are thwarted (28); illustrating how disabled students withdraw from degree programmes though, they may have overcome significant barriers to get onto a degree programme.

Jessup et al (29) use SDT to describe how students with a visual impairment benefit from pedagogies that support their autonomy. Their research examines the key features of an effective support mechanism, revealing that the person offering the support plays a pivotal role. Individuals can be inclusive, foster a sense of belonging and be creative when offering solutions. This attitude is described as autonomous-supporting, because it inspires the disabled person rather than couching their support needs in negative connotations that emphasise their difference. For example in the work done by Jessup et al. (29) teachers are directly involved in the co-planning and evaluation of personalised support plans, this makes it possible for the individual to reflexively articulate the aspects of support that enhance their learning. Interventions underpinned by the discourse of difference (30) are structured around ameliorating problems or challenges and are therefore impersonal instead of being student-centric. Problematising disabled students in this way contradicts the position of a service that aims to support the individuals it serves. This approach is disparaging and can be harmful (11) to disabled students in general; in fact Riddell & Weedon (30) emphasise how students choose to withdraw their disclosure of a disability if their decision has to be publicised.

Jessup et al. (29) establish that autonomy-supportive teachers constantly seek to empower their students, facilitating their students' evaluation of their own confidence and self-efficacy. Furthermore, autonomy-supportive practices reassure students that the institution is committed to enhancing their success. The behaviour of a teacher or disability support officer provide students with an anchor for exploring perceptions of self-determination and competence. In addition, Jessup et al. (29) emphasize that the autonomy-supportive model does not make the student reliant on services, in contrast, Figure

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3 shows how students can be increasingly motivated to staircase their loci of responsibility, progressively taking charge of their own needs by using SDT framework. A first year student may need a lot of external support completing forms, thinking through decisions about disclosure to lecturers, work placements or other students. With targeted support, the student is able to make informed decisions on their own and may only need the support services for guidance when difficulty circumstances arise.

FIGURE 3. The Self-Determination Continuum showing types of motivation with their regulatory styles loci of causality and corresponding processes. (13)

Using an SDT framework to enact Policy

An SDT framework provides an evaluative structure for examining how equality legislation is enacted and interrogating the outcomes for disabled students. The introduction of the UK's Equality Act (2010) revealed how divergent interpretations of a policy become enacted (13, 2). Though the Act was widely welcomed, the way disability policy is experienced is distinctly different for disabled people depending on the environments, context and resources available. Riddell and Weedon (30) discuss how contradictory the arrangements, structures and processes were with respect to essence of the legislation. For example, many HEIs have enacted key features that symbolically highlight their commitment to disabled students: disability offices, support services and extra resources. However, symbols, which characterise the implementation of the policy, vary depending on how each institution ratifies the policy, their commitment to financing and resourcing the support service and evaluating their practices. Some students may have access to a wide range of resources because the HEI they attend has devoted sufficient economic resources to services.

It is facile to assert the availability of a service as suitable, as the provision could be at its very least ineffective or even damaging. The quality and quantity of provision need to be formulated by the distinct trajectories of need students may have as they transition through a programme. Research (12, 15) shows that obvious pinch points affect the student journey; some of these will be Universalist: the transition to university, the challenges of self-directed learning in HE, learning in practice settings, etc. Other challenges, which disproportionately have a significant impact on disabled students lived experiences will be, associated individual stressful circumstances characterised by financial, social, cultural or emotional issues. Though some of these are supposedly covered by access to DSA and support services, the data from the Office for Students reveals a worrying discrepancy around attainment and retention rates for disabled students with limited or no access to all services (7). Students with hidden and fluctuating disabilities have no access to some financial resources though the economic impact of the disruption they may face when they do have episodes is tremendous.

Measuring quality of provision

A major advantage of using SDT is the opportunity to evaluate the quality of provision with reference to a range of outcomes. Alongside the usual cognitive, affective and behavioral changes that determine success for disabled students it also evaluates the pace of transition towards incremental intrinsic motivation, a spectrum that means the student will continuously not need as much external support. The SDT avoids the troubling inconsistency of framing disability as a homogenous encounter and suggest that the structure, design, composition and degree of support a student needs should align with personal requirements that facilitate autonomy, competence and relatedness (interpersonal relationships with relevant and significant others). The SDT framework proposes it is important that support services are not perceived as administrative inconvenience. The service must show how cultural practice (31), such as the behaviour of the lecturers, access various forms of support (social, academic, emotional, psychological) are integrated.

Facilitating autonomy, relatedness and competence

The key features of the SDT model are firstly, autonomy that is agency of the students, particular seen through the lens of making an informed choice among an array of alternatives. Secondly, having the competence and associated confidence to act either with the support of others or independently and thirdly maintaining positive connections (relatedness) with people that will provide adequate support (32, 25). These three pillars contextualise how disabled students can be supported without being patronised and more importantly how the support can be personalised. Each individual is able to access what is needed given the person's unique sets of capabilities and disabilities; as well as the accompanying sets of distinctly externally related factors that constitute their lived experiences. Individuals are much more likely to access support if they experience they experience choice with respect to deciding how to meet their goals, efficacy in engaging with the task and becoming more competent at it, and connections with those who deliver the service (13).

Conclusion

The SDT provides a rich and broad framework for incorporating support for disabled students in an institution. It advocates planning and setting up arrangements and provisions that are able to empower students achieve their own goals and evaluate the efficacy of the service. SDT allows for a student-centred approach whilst protecting disabled students from the incipient but destructive tendencies to

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deliver add-on provisions that do not meet their real needs. SDT also allows for a rigorous examination of structures of support; analysing how both external and intrinsic motivation can be used to enable a student to succeed regardless of their learning trajectories. It integrates both Universalist and personalised approaches into disability support service, particularly helping students who, by nature of their learning, will experience changes in beliefs about their self-efficacy as they develop more skills.

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