



Swansea University  
Prifysgol Abertawe



## Swansea University E-Theses

---

# A framework for the equality and inclusion of disabled students in higher education.

Beauchamp-Pryor, Karen

### How to cite:

---

Beauchamp-Pryor, Karen (2007) *A framework for the equality and inclusion of disabled students in higher education..* thesis, Swansea University.

<http://cronfa.swan.ac.uk/Record/cronfa42831>

### Use policy:

---

This item is brought to you by Swansea University. Any person downloading material is agreeing to abide by the terms of the repository licence: copies of full text items may be used or reproduced in any format or medium, without prior permission for personal research or study, educational or non-commercial purposes only. The copyright for any work remains with the original author unless otherwise specified. The full-text must not be sold in any format or medium without the formal permission of the copyright holder. Permission for multiple reproductions should be obtained from the original author.

Authors are personally responsible for adhering to copyright and publisher restrictions when uploading content to the repository.

Please link to the metadata record in the Swansea University repository, Cronfa (link given in the citation reference above.)

<http://www.swansea.ac.uk/library/researchsupport/ris-support/>

**A Framework for the Equality and Inclusion of  
Disabled Students In Higher Education**

**Volume 1: Perceptions, Priorities and Power**

**Volume 2: The Case Study**

**KAREN BEAUCHAMP-PRYOR**

Submitted to the University of Wales in fulfilment of the regulations for the  
Degree of Doctor of Philosophy (Social Policy)



**Swansea University  
Prifysgol Abertawe**

2007

Volume 1 of 2



ProQuest Number: 10821221

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 10821221

Published by ProQuest LLC (2018). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code  
Microform Edition © ProQuest LLC.

ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 – 1346

## Summary

Disabled students are accessing higher education in increasing numbers, but this I argue does not necessarily mean that their experiences reflect equality and inclusion. In this study, I address what it means to be included and I determine those factors that are likely to achieve equality and inclusion for disabled students, namely: choice, control and consultation.

Central to this analysis and understanding is the way in which disability has been and is currently being defined and responded to within legislation, policy and provision, as this is likely to significantly impact on the experiences of disabled people within society. Arguably, where an individual or medical model perspective is dominant, focussing on individual impairment and functional limitation, the response towards disabled people is one based on welfare solutions of care, concern and compensation. Such policies, as evidenced in this study lead to dependency, inequality and a lack of inclusion. Alternatively, where policies stem from a social model perspective, identifying the cause of disability as resulting from attitudinal, environmental and organisational barriers, the response is one based on equality and rights, recognising the importance of choice, control and consultation. Such policies, as proven in this thesis, lead to independency, equality and inclusion.

Disabled people have historically lacked power to challenge dominant perceptions and values within legislation, policy and provision and, consequently, it is argued that this has led to oppressive policies and practices resulting in inequality and exclusion. Evidence gathered from analysis of national and Welsh policy, together with comprehensive analysis based on an in-depth study of one university in Wales, provided conclusive data on how these inequalities arise and, more importantly, how these inequalities can be challenged.

The findings from this study provide an evidenced-based explanation as to how equality and inclusion for disabled students can be secured.

**Declaration/Statements**

**Declaration**

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed ..... (candidate)

Date 28/9/07 .....

**Statement 1**

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged giving explicit references. A bibliography is appended.

Signed ..... (candidate)

Date 28/9/07 .....

**Statement 2**

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed ..... (candidate)

Date 28/9/07 .....

## Contents

### **Volume 1: Perceptions, Priorities and Power**

	Page
Chapter 1: Setting the Scene	1
1.1 Research Background	1
1.2 Research Significance	4
1.3 Research Purpose	7
1.4 Organisation of Chapters	8
1.5 Summary	12
Chapter 2: Achieving Equality and Challenging Oppression	13
2.1 Citizenship	13
2.2 Equality	15
2.3 Oppression	19
2.4 Oppression and Disability	22
2.5 Equalising Power Relationships	26
2.6 Equality and Inclusion in Higher Education	29
2.7 Summary	36
Chapter 3: The Research Design and Methodology	39
3.1 Research Concerns – Underpinning Principles	40
3.2 The Research Process	49
3.3 Summary	78
Chapter 4: Consultation and Representation in the Development of Disability Legislation and Policy	80
4.1 Legislative Developments and Competing Tensions	81
4.2 Special Educational Needs and Disability Act (2001) and Consultation	94
4.3 Policy Initiatives and Disability Representation	103
4.4 The Views of the Case Study Student Sample	108
4.5 Summary	109
Chapter 5: Disability Policy and the Widening Participation Agenda	112
5.1 Development of Disability Policy and Provision	114
5.2 Welsh Assembly Government	131
5.3 Welsh Higher Education Sector	146
5.4 Summary	155

	Page
Chapter 6: How Representative are Disabled Students in the Higher Education system?	157
6.1 Statistical Analysis of Base Level Representation of Disabled Students	159
6.2 Higher Education Participation Rates	163
6.3 Wales in Context	175
6.4 Subject of Study	177
6.5 Mode of Study	185
6.6 Student Achievement	189
6.7 Gender, Ethnicity and Social Class	199
6.8 Summary	209
<b><u>Volume 2: The Case Study</u></b>	
Chapter 7: The University's Approach to Equality and Inclusion	212
7.1 Challenging Inequality and Oppression	213
7.2 A Welfare or Rights Approach	221
- The Influence on Policy	
7.3 Promoting Equality	226
- The Benefit of Consultation	
7.4 A Lack of Power	232
- Feedback and Complaints	
7.5 Dependency or Independency	238
- Consultation, Choice and Control	
7.6 Oppressive Practices	244
7.7 An Inclusive Approach	255
7.8 Summary	258
Chapter 8: Academic Departmental Understanding	260
8.1 An Overview	262
8.2 Policy, Provision and Practice	264
8.3 Implementing Inclusive Practices	277
8.4 The Meaning of Disability	287
8.5 Summary	300
Chapter 9: Student Experience	303
9.1 The Past and the Present	307
9.2 Towards Equality and Inclusion	330
9.3 Summary	349

	Page
Chapter 10: Conclusion	352
10.1 Understanding Disability Inequality and Exclusion in Higher Education	352
10.2 A Framework for the Future	366
10.3 Concluding Remarks	372
Appendices	375
Bibliography	438



## List of Figures

	Page
2.A Eight Rungs on a Ladder of Citizen Participation (Arnstein 1969: 217)	27
2.B Adult – Children Engagement (Concerned for Working Children <a href="http://www.workingchild.org/">http://www.workingchild.org/</a> )	28
3.A HESA Data Combined Calculation of Students with 'No Known' Disability and Disability Status 'Not Known'	56
5.A Percentage of Disabled Students by Higher Education Institution in Wales 2001/02 (Beauchamp-Pryor 2004: 106)	140
6.A Percentage of Disabled HE Students (all years of study and from all locations e.g. UK domiciled and international) on UK HEI Programmes 1994-2003	163
6.B Percentage of Disabled HE Students by Impairment Category (all years of study and from all locations e.g. UK domiciled and international) on UK HEI Programmes 1994/95 and 2002/03	164
6.C Estimate of the Number of Disabled Adults in the General Population by Severity Scale (000's) (Martin et al., 1988: 3.2)	165
6.D Percentage of Impairment within the General Population 2004	167
6.E Percentage of Disabled People, with a Long Term Disability, within the General Population by Age Group 2002; 2004	168
6.F Percentage of Undergraduate Disabled Students by Age Range 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	170
6.G Percentage of Postgraduate Disabled Students by Age Range 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	170
6.H Percentage of Disabled Undergraduate Students, by Impairment Category, in Age Ranges 18-24 and Over 50, 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	174
6.I Comparison of Full Time and Part Time Disabled Students by Impairment Category, 1994/95 and 2002/03 (all years of study and from all locations, e.g. UK domiciled and International)	186

	Page
6.J First Degree Graduates by Classification of Degree 2001/02 (from all locations e.g. UK domiciled and international)	190
6.K First Degree Graduates by Classification of Degree 2001/02 by Impairment Category (from all locations e.g. UK domiciled and international)	196
6.L Disabled Undergraduate and Postgraduate Students by Gender 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	200
6.M Undergraduate and Postgraduate Students by Gender and Totalled Across Impairment Categories 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	201
6.N Undergraduate and Postgraduate Students by Gender and Impairment Categories 2001/02	202
6.O Case Study University Total Number of Disabled Students by Gender and Impairment Category (October 2002)	202
6.P Disability Status and Ethnicity for England, Wales, Scotland and Northern Ireland 2001/02 (all years of study and UK domiciled students)	203
6.Q Impairment Category and Ethnicity for UK Domiciled Disabled Students 2001/02	207
6.R Percentage of Disabled Ethnic Minority Students by Impairment Categories for England, Scotland, Wales and Northern Ireland 2001/02	207
7.A Total Number of Undergraduate and Postgraduate Disabled Students by Impairment	222
7.B Students' View of Examination Support from Returned Questionnaires	253

## List of Tables

	Page
5.A Importance of University Location by Impairment Category	142
6.A Percentage of Disabled Students in Higher Education 2004/05 (UK domiciled)	160
6.B Percentage of Disabled Students in Higher Education Aged 18-25 Years 2004/05 (UK domiciled)	160
6.C Percentage of all UK Postgraduate and Undergraduate Students by Location 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	175
6.D Percentage of Disabled Postgraduate and Undergraduate Students Compared with the Student Population within each Location 2001/02 (all years of study and from all locations e.g. UK domiciled and international)	176
6.E Comparison of Participation Rates by Impairment Categories for Students Enrolled in Department 21 and Department 32 (October 2002)	183
6.F Mode of Study by Impairment Category (Case Study University - October 2002)	187
9.A Previous Educational Experience: whether it affected the current outlook of the student (by impairment category)	313
9.B Participation in Student Activities by Impairment Category	327
9.C Student Response: whether they personally would like to contribute to Disability Policy and Provision within Higher Education	331
9.D Student Response: whether they would consider joining a Disability Forum or Society	332
9.E Student Response: whether they had heard of the Disability Discrimination Act	346
9.F Student Response: whether they thought the University had discriminated against them	346
9.G Student Response: whether they consider legislation will combat discrimination	348

## **List of Appendices**

- 'A' List of Higher Education Statistics Agency (HESA) data tables supplied
- 'B' Questionnaire sent to Welsh Higher Education Institutions
- 'C' Covering letter to Welsh HEI questionnaire
- 'D' Coding for the case study University's student statistics
- 'E' Coding for University Staff Interviews
- 'F' Coding for Student Union and student interviews
- 'G' Analysis across all academic departments, including information regarding disability contact and interviews
- 'H' Percentage of disabled students by impairment categories within the total number of students by academic department
- 'I' Sample List of Questions used in the disability co-ordinator interviews
- 'J' Questionnaire sent to disabled students at the case study University
- 'K' Covering letter sent with student questionnaire
- 'L' Coding for the student questionnaire
- 'M' Summary of views and experiences from participating disabled students
- 'N' HESA definitions for subject of study for 2001-02 for England, Wales, Scotland, and Northern Ireland
- 'O' HESA Subjects of Study for 2001-02 for England, Wales, Scotland, and Northern Ireland

To the memory of my father and sister

JOHN BEAUCHAMP

and

CHRISTINE LANE

## Preface

The impetus for the study stemmed from my own educational experiences as a disabled person. It was, therefore, important to me to preface this thesis with some autobiographical notes, which go towards explaining briefly, the influence of previous educational experiences on my present outlook relating to the inclusion of disabled people within the education system and in society today.

Growing up in the 1960s and 1970s the educational options were limited for a child with a visual impairment. Initially, I was enrolled into a private school in Cardiff. Classes were small and I remember this period as a happy time where I felt secure, wanted and above all included. The school closed and I transferred to the local junior school. This period of time was difficult for me and it was then that I realised what it meant to be different to other children. This, I believe, was reinforced by the actions of teachers in the classroom. For instance, when I struggled with books or was unable to read the blackboard. At that young age, I remember how the teachers drew attention to my inability to participate in the lessons, to read the books, to follow the blackboard - I felt rejected. During this time, I was unable to keep-up with my peers and my parents recognising these difficulties then arranged for me to receive additional lessons from a teacher living close by.

At the age of ten I was accepted by Chorleywood College, a grammar school for blind and visually impaired girls in London. This was the only school of its type in the United Kingdom where an above average level of education was offered to visually impaired girls. However, I hated being away from home. My parents visited as often as they could and there were of course the holidays to look forward to, but I found it isolating and withdrew more and more into myself.

My elder sister, Christine, was already a pupil at Chorleywood. When I started she was in the sixth form and studying for her 'A' levels. I remember how lonely she was and often saw her in tears and stressed with her studies. Christine made me promise not to tell our parents, for above all she wanted the opportunity to study and do well. She succeeded in this ambition and went on to obtain exceptionally high grades, being the first blind person to achieve an 'A' level in mathematics in Europe. At that time it had been difficult for her to study mathematics as she needed a Braille slide rule, so my father who was an engineer, designed and constructed one for her in order that she could continue with her studies.

The other memory I have of this time, was being discouraged by staff at the school from using the vision I had. I can remember being told to subtly feel for my knife and fork at the table, so that I did not stare when looking for them. I also learnt Braille and was discouraged from reading printed books. Rather than stare at a book or a person and draw attention to the lack of vision it seems, with hindsight, that I was being coached not to draw attention to my disability.

Eventually, after 18 months, my parents made the decision to withdraw me from the school and to send me to the local comprehensive. I was at home, but school life was a disaster. Initially, I was placed into a remedial class and I suddenly went from receiving a high standard of education to none at all. I was later moved into a main stream class. I tried to do well, but hit so many barriers that I gave up.

Twenty years on, I decided to apply to undertake a degree course at University. I was amazed at the level of provision I was being offered – books could be photocopied and enlarged or put on tape, computer software enabled scanning and reading of material, notetakers for lectures were to be provided and even transport to and from University could be arranged.

I was accepted onto a degree scheme in 1998 and even though I felt anxious, as any other student, I was keen to make the most of every opportunity. Initially, however, the promised support did not materialise and although I sought help from the lecturers in the form of copies of overheads and back copies of notes, support proved to be variable. The difference in response towards disability by individual lecturers and across departments became evident and, even at this early stage, I began to recognise factors that could potentially impede my inclusion. As a consequence, I made a decision to change degree schemes.

It was also at this time, that I was introduced by one of my lecturers to the social model of disability. From this perspective, disability did not stem from my impairment, but from a range of attitudinal, environmental and organisational barriers – a concept which I initially found difficult to comprehend. Therefore, for example, my inability to follow a lecture did not stem from an individual inadequacy, but from a failure to deliver a lecture in a way to ensure the inclusion of visually impaired students. As a result of these experiences, I became intrigued as to how other disabled students fared in higher education – how included did they feel and what were the factors that influenced these feelings?

Another significant impact on the research would occur three years into the study. My vision had further deteriorated and I had to make the difficult decision as to whether to proceed with surgery. Both my sister and mother had undergone the same procedure, with my sister losing her sight completely and my mother gaining a slight increase. I can remember the devastation of my sister and the excitement of my mother. I had remained reluctant to seek surgery knowing the risks attached, but my consultant advised me that I was approaching a point where I had little to lose. Amazingly, the surgery proved successful and far exceeded anyone's and everyone's expectations. I could write pages on the way I felt at the time, and the impact it has had on my life since, but above all it is the effect that it has had on my personal experience of disability that is so important. I began to realise even more fully the extent of attitudinal, environmental and organisational barriers encountered as a disabled person – for now I know what it is like not to be disabled by these barriers.

## Acknowledgements

Many disabled researchers and academics have discussed the impact the social model of disability has had in transforming their lives. I too experienced this transformation when introduced to the social model and it was the realisation that it was barriers resulting from attitudes, the design of the environment and organisational and institutional planning, that so strongly motivated my desire to pursue disability studies and research. Therefore, my sincere thanks go to those academics and researchers whose work have pioneered change and provided so much inspiration. However, it is to my first year undergraduate lecturer, Dr. Robert Drake, who introduced me to the social model, that I owe most gratitude to. It was through his encouragement, support and inspiration that I felt such a yearning to challenge the inequality and exclusion experienced by so many disabled people.

As a postgraduate, I would like to thank those within the social policy department who have patiently provided advice and support through both the ups and downs of undertaking this research degree. In particular, Dr. Ken Blakemore in the early days of research design, analysis and initial drafts, and later Dr Tracey Sagar during the intensive process of writing-up. The encouragement and enthusiasm offered by Dr. Blakemore and Dr. Sagar provided much motivation during this time. A special thanks to Dr. Sagar whose opinion I valued not only as a mentor, but as a friend.

Many people have contributed to this study, from key informants at a national level, to the staff at the case study institution. I am grateful for their advice, views and opinions, which assisted in my understanding of many of the issues involved. I am, however, most obligated to the students who participated in this study, whose openness and willingness to share their innermost thoughts and experiences with me led to such rich data. I hope, as they so deeply hoped, that this study will bring about change and be positively responded to.

I must thank my family and friends who have offered support and encouragement. Most of all to my husband, Alan Pryor, who has never doubted that I could achieve a degree and go on to study at a postgraduate level, and to my mother, Margaret Beauchamp, who has been so proud of my achievements. Both have had to give up so much, whilst I have committed my time to pursuing my studies. My final thoughts go to my father, John Beauchamp and my sister, Christine Lane, who died before I went to University and who would probably have been amazed that I not only managed to get into higher education, but that I have coped despite the many barriers.



## Abbreviations

AGM	Annual General Meeting
AUT	Association of University Teachers
BCODP	British Council of Disabled People
CEHR	Commission of Equality and Human Rights
CORAD	Committee on Restrictions Against Disabled People
CVCP	Committee of Vice Chancellors and Principals
CWC	Concerned for Working Children
DAA	Disability Awareness in Action
DAT	Disability Awareness Training
DDA	Disability Discrimination Act (1995)
DEE	Disability Equality in Education
DED	Disability Equality Duty
DES	Disability Equality Scheme
DET	Disability Equality Training
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DHSS	Department of Health and Social Security
DH	Department of Health
DRC	Disability Rights Commission
DRTF	Disability Rights Task Force
DSA	Disabled Students' Allowance
DWP	Department of Work and Pensions
ELWa	Education and Learning Wales
EOA	Equal Opportunity Adviser
GCSE	General Certificate of Secondary Education
GNVQ	General National Vocational Qualification
HEA	Higher Education Act
HEFCE	Higher Education Funding Council for England
HEFCW	Higher Education Funding Council for Wales
HEI	Higher Education Institution
HESA	Higher Education Statistics Agency
HEW	Higher Education Wales
ICIDH	International Classification of Impairments, Disabilities and Handicaps
LEA	Local Education Authority
LFS	Labour Force Survey
LIS	Library Information Service
LTD	Long-Term Disability
ME	Myalgic Encephalomyelitis
NATFHE	National Association of Teachers in Further and Higher Education
NAW	National Assembly for Wales
NCIL	National Centre for Independent Living
NCW	New College Worcester
NDT	National Disability Team
NUS	National Union of Students

OIA	Office of the Independent Adjudication
OPCS	Office of Population Censuses and Surveys (OPCS)
PA	Personal Assistant
QAA	Quality Assurance Agency
QAG	Quality Assurance Group
RNIB	Royal National Institute for the Blind
RRA	Race Relations Act
RRAA	Race Relations (Amendment) Act
RUFBS	Resource Unit for Blind Students
SCIE	Social Care Institute for Excellence
SENDA	Special Education Needs Disability Act (2001)
SHEFCE	Scottish Higher Education Funding Council
SJAC	Silver Jubilee Access Committee
SKILL	National Bureau for Students with Disabilities
SWD	Students with Disabilities
UCU	University and College Union
UK	United Kingdom
UKDPC	United Kingdom's Disabled People's Council (UKDPC)
UPIAS	Union of Physically Impaired Against Segregation
VOADL	Voluntary Organisations for Anti-Discrimination Legislation
WAF	Welsh Affairs Committee
WAG	Welsh Assembly Government
WLD	Work-Limiting Disability

**VOLUME ONE**

**PERCEPTIONS, PRIORITIES AND POWER**

## Chapter One

### Setting the Scene

This is a study about those factors likely to influence the experience of equality and inclusion for disabled students within the higher education setting. The introduction provides an explanation to the research background and relevance of the study; purpose statement; and the aims, objectives and questions that informed the research. The remainder of the chapter outlines the organisation of chapters.

#### 1.1 Research Background

Prior to the 1990s few disabled students studied at a higher education level. Disability policy and provision within higher education was almost non-existent, and in a major review of discriminatory policy and provision within the United Kingdom (UK), Barnes (1991) identified that the majority of HEIs were inaccessible and unwilling to support disabled students. However, this began to significantly change during the 1990s with major legislative and policy developments taking place. The number of disabled students accessing higher education started to substantially increase.<sup>1</sup> However, this raises the important question in relation to their experience of equality and inclusion within higher education. This is asked because we know from the writings of disabled academics and activists (for example, Oliver 1990, 1996; Barnes 1991; Crow 1996; French 1994a) that although disabled people are

---

<sup>1</sup> From two per cent in 1994/95 to almost six per cent in 2002/03 – statistics derived from HESA data as analysed in chapter six at 6.2 'Higher Education Participation Rates'

increasingly included within society's structures, society in many ways is not perceived as inclusive, as Morris (1996: 26) reasons:

We receive so many messages from the non-disabled world that we are not wanted, that we are considered less than human ... the very physical environment tells us we don't belong. It tells us that we aren't wanted in the places that non-disabled people spend their lives – their homes, their schools and colleges, their workplaces, their leisure venues.

Morris (1996) argues that this exclusion stems from the dominant perceptions and assumptions made within society regarding the value of disabled peoples' lives:

...our lives are a burden to us, barely worth living... That we crave to be 'normal' and 'whole' ... That we don't have, and never have had, any real or significant experiences in the way that non-disabled people do... That we desire to emulate and achieve normal behaviour and appearance in all things. That we are ashamed of our inabilities, our 'abnormalities' ... That we should put up with any inconvenience, discomfort or indignity in order to participate in 'normal' activities and events. And this will somehow 'do us good' (Morris 1996: 19-21).

These perceptions and assumptions are located within a medical model of disability (see for example Finkelstein 1980; Oliver 1990, 1996; Barnes 1991; Crow 1996; Morris 1996; French 1994a). From this understanding, disability is viewed as a direct result of individual impairment and functional limitation resulting in individual inadequacy, inability and abnormality. Such perceptions were challenged (see for example Finkelstein 1980; Oliver 1990, 1996; Barnes 1991; Crow 1996; Morris 1996; French 1994a) and an alternative social model discourse put forward. From this perspective the cause of disability stemmed directly from institutional, environmental and attitudinal barriers and not from an individual's impairment.<sup>2</sup>

---

<sup>2</sup> The competing models of disability are presented in chapter two at 2.4 'Oppression and Disability'

The way in which disability is defined is likely to have significant implications in the development, direction and implementation of disability legislation, policy and provision. Arguably, if viewed as stemming from individual impairment and personal inadequacy then legislation, policy and provision will reflect a welfare and 'needs' led discourse. In the past, as Drake (1999) contends, this resulted in institutionalisation, rehabilitation, compensation and care policies. Alternatively, legislation, policy and provision based on a social model perspective would, fundamentally, reflect an equality and 'rights' based discourse, with the focus on citizenship and equality. Therefore, in relation to the experiences of disabled students in higher education, dominant views held within legislation, policy and provision could work towards inclusion and equality or exclusion and inequality.

The views of disabled people have remained largely absent from decision-making processes and consequently, disabled people have lacked power at all levels from legislation through to policy and everyday practice and provision. Such absence, as reasoned by Oliver (1990) and Drake (1999), has led to exclusionary environments and is, therefore, of central importance to this study. Moreover, as Hooks (1989: 16) contends, the exclusion and oppression of certain voices has been achieved through the *'mechanisms of silencing, suppressing and censoring'*. Hence, the inclusion of excluded or oppressed groups within participatory processes can, essentially, begin to challenge the inequality and oppressive practices experienced and raise awareness of all concerned. This includes the process of empowerment where the existing power dimensions are challenged. Such theories as contained in Gramsci's (Femia 1988)

'hegemony', Gaventa's (1980) 'quiescence' and Lukes' (1974) three dimensional analysis.<sup>3</sup> Thomas and Pierson (1995: 134) discuss this process as being:

... concerned with how people may gain collective control over their lives, so as to achieve their interests as a group, and a method by which ... to enhance the power of people who lack it.

Politicians have begun to recognise the benefit of increased participation of oppressed groups. However, whilst the benefits of participation have been recognised, the effectiveness of participation is dependent upon the genuineness of the process. As reasoned by Arnstein (1969: 216) in her discussion of citizen participation, there are various degrees of involvement from ritual participation to having real power to affect the outcome. Importantly, the meaning of 'participation' in this study relates to a genuine participatory process in the sharing of ideas, values and views. Furthermore, where the term 'consultation' is used in this study, the meaning goes further than seeking advice and information and includes a 'real' involvement in decision-making processes.

## 1.2 Research Significance

This study is particularly timely, due to changes in disability legislation and the increasing focus on an equality agenda. Arguably, disability had not previously been identified in terms of equality and 'rights' within higher education. This was evident in a study by Leicester and Lovell (1995) into equal opportunity practices within higher educational institutions (HEIs). The authors claimed that evidence indicated that disability was not understood in

---

<sup>3</sup> Discussed in further detail in chapter two 2.3 'Oppression'

terms of oppression,<sup>4</sup> as with other groups experiencing inequality. Therefore, whilst gender, ethnicity and social class were more likely to be recognised in terms of inequality and oppression, disability was not. Additionally, research examining the experiences of disabled students had also identified that ideological values had underpinned policy and provision within institutions (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Holloway 2001; Hall and Healey 2004; Riddell et al 2005). This had resulted in inconsistencies within policy and provision supporting students. As a consequence, disability was largely perceived in a medical discourse, and this as Oliver (1990) contends leads to a welfare response within policy. Such a response accordingly results in a focus on care, control and compensation (Drake 1999). Thus, this study sets out to ascertain how disability is perceived and responded to within institutions since the implementation of disability legislation and, importantly, the role of legislation and policy in addressing issues of equality and inclusion. Greater awareness of these issues would, arguably, assist in how future disability legislation, policy, provision and practice are developed and implemented.

Research examining the experiences of disabled students had also revealed the lack of feedback and consultation with students in policy and provision (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Riddell et al., 2005). Whilst these researchers reasoned that, as a result, institutions would lack awareness as

---

<sup>4</sup> Oppression within this context relates to the unjust exercise of power in society by one social group over another and the negative outcomes experienced as a consequence.



to the experiences of disabled students, the question remained regarding the importance of consultation and participation in challenging the dominant ideology identified within research. Moreover, whilst research studies had considered the value of participation by disabled people in other areas of policy, for example health and social care, no research was available in relation to higher education. Accordingly, this study seeks to address this lack of data and to establish the value and benefits of consultation and participation of disabled students.

The body of research examining disability policy and provision supporting students in higher education had also centred on the experience of England and Scotland (Hurst 1993; Preece 1995; Hall and Tinklin 1998; O'Connor and Robinson 1999; Holloway 2001; Hall and Healey 2004; Riddell et al., 2005). Whilst the majority of these studies were of small scale, examining individual institutions and a small number of students, two larger scale studies were recently published by Hall and Healey (2004) and Riddell et al., (2005). The study by Hall and Healey (2004) consisted of 80 disabled students studying geography, earth and environmental sciences and related disciplines, across six HEIs in England. The focus of the research reflected on the experiences of disabled students within the teaching, learning and assessment processes. The second study, Riddell et al., (2005) was based on eight HEIs across Scotland and England and 48 disabled students. This study was more extensive than any other research previously or currently being conducted, and discussed issues relating to widening access and multiple policy innovations, analysed policy across Scotland and England and identified these differences, assessed participation rates and provided direct

recommendations for Scotland and England. No research, however, was available as to the variations in disability policy and provision between disabled students studying in Wales and the rest of the UK. Importantly, this study aims to address this absence of data.

### 1.3 Research Purpose

The purpose of this study is to determine the factors that influence the level of equality and inclusion experienced by disabled students within higher education. This includes ascertaining the importance of consultation and participation in facilitating equality and inclusion for disabled people.

A number of aims, objectives and questions informed the study and included:

- (1) Evaluating the experiences of disabled people in the context of disability and higher education legislation, policy, provision and practice
- (2) Determining dominant perceptions of disability by legislators, policy makers and HEI providers
- (3) Examining consultative and participatory processes in legislation, policy, provision and practice
- (4) Analysing legislative, policy and provision within the UK constituent countries, focusing on the Welsh response
- (5) Questioning as to why disabled students remain under-represented in higher education
- (6) Identifying barriers that could be working to exclude disabled students from the fabric of university life

## 1.4 Organisation of Chapters

The study consists of nine further chapters. Chapters two and three present the theoretical and methodological framework. These are followed by chapters which explore disability representation in legislation and policy; examine higher education policy and provision supporting disabled students, with particular reference to Wales; and analyse statistical data pertaining to disabled students accessing higher education. I then turn to an evaluation of the case study and the chapters that follow examine University policy, academic departmental provision and student experience. In each of the chapters, four through to nine, the data presented are accompanied by a full discussion of the findings. The final chapter provides an evaluation of the analysis and findings discussed throughout the thesis and an overview of the current position and conclusions reached.

The theoretical overview, presented in chapter two, examines theories of inequality and oppression. These theories are fundamentally allied to the theoretical understanding of the distribution of power within society and provide an explanation as to how dominant groups are able to establish their own views and values within society. Evaluating the experiences of disabled students within this context facilitates an understanding of inclusion/exclusion, equality/inequality and power/empowerment.

The research methodology in chapter three presents the research design, type of research, rationale for selection and the appropriateness of the methodology to the study. The first section of the chapter addresses

research concerns in relation to the purpose of social research and the role of the researcher; an emancipatory research paradigm; insider research; researching up - that is researching those who hold power; and dissemination. Section two discusses the research process and describes the data sources, collection techniques, managing and recording the data, and analysis procedures involved.

The purpose of chapter four, is to determine the effectiveness of consultation with disabled people in relation to disability legislation and policy and, consequently, the influence on their inclusion within society. This chapter examines the way in which disability legislation developed within the UK and answers are sought relating to whom the government consulted with, and why, and whose views the government favoured in these processes. The competing tensions that existed in the development of legislation are discussed. In particular, questioning why the government appeared to opt for a line of persuasion and compromise. Consultative exercises subsequently held provide further discussion with regard to who were included, and potentially excluded within these processes, together with the reasons that might influence such inclusion or exclusion.

Chapter five reflects on the influence of policy and provision on the inclusion of disabled students within higher education, with particular reference to Wales. The purpose being to identify whether disability is understood in terms of oppression as with other groups experiencing inequality; ascertain the priorities within policy and funding and the effect of this on disabled students; and to consider the implications stemming from the

distribution of power between politicians, policy makers, higher education providers, and disabled students. The importance of each of these factors is, therefore, questioned in determining the effect on equality and inclusion for disabled students.

Disabled students are accessing higher education in increasing numbers and chapter six analyses a range of statistical data in relation to student participation. Whilst the number of disabled people entering higher education has increased over the last ten years, disabled students remain under-represented when compared to the population as a whole. The aim of this chapter, therefore, is to identify those areas that are likely to be causing inequality and exclusion for disabled students.

The findings from the case study are presented from chapter seven through to chapter nine. Chapter seven starts this analysis by evaluating a range of policies, provision and practice across the University. Understanding the response by the University begins to provide an explanation relating to how disability is perceived and whether this is in terms of a welfare and 'needs' led agenda or an equality and 'rights' approach. The focus of this chapter is, therefore, to determine those factors that impact on the experience of equality and inclusion of disabled students, and importantly to question how far equality and inclusion has, or could be, achieved.

The consequential influence from the case study University's policies within academic departments is considered in chapter eight. This chapter questions the different responses within policy and provision across departments and the ways in which these responses affect the student's

experience of equality and inclusion. A number of examples utilising the experiences of disabled students are presented to illustrate ways in which inclusion could be facilitated based on consultation, control and choice. This chapter continues by questioning the impact stemming from perceptions and pre-conceived ideas about disability, held by both staff and disabled students and, importantly, how influential these views are in shaping the experiences of students.

Chapter nine focuses on student experience. This is an important chapter, as it questions the influence of past experience on the present day experiences of disabled students. Arguably, issues relating to independency, confidence and self-esteem are likely to impact on the experience of inclusion within higher education and require addressing. This chapter also evaluates, from the student perspective, questions relating to consultation, participation, representation and the effectiveness of legislation, the importance of which are likely to be significant factors in the equality and inclusion experienced by disabled students.

The objective of this thesis is to determine the factors that influence the level of equality and inclusion experienced by disabled students within higher education, and to ascertain the significance of consultation and participation in facilitating equality and inclusion. In the concluding chapter, I draw together these factors and present my explanation as to why disabled students experience inequality and exclusion. I also consider how far the findings support theoretical explanations regarding the way power operates in determining and shaping dominant perceptions and values within society.

The conclusion proposes a framework of recommendations for legislators, policy makers and higher education providers in order to secure equality and inclusion for disabled students. It is important to note, that whilst there has been an increased focus on the importance of equality and inclusion within policy, in the latter stages of this study, the findings and subsequent recommendations remain significant. This is because the findings demonstrate the inequalities and lack of inclusion that can arise from the way disability is defined, the inconsistencies that can exist within legislation, policy and provision and the disparity of power that is often evident in the experiences of disabled people.

## 1.5 Summary

Chapter one provided: an introduction to the research background; research significance; purpose statement; aims, objectives and research questions; and an outline of the remaining chapters. In the next chapter I expand further on previous research undertaken and draw out the theoretical underpinnings of the research study, before presenting the research design and methodology in chapter three.

## Chapter Two

### Achieving Equality and Challenging Oppression

The purpose of this study is to determine known factors that influence the level of inclusion experienced by disabled students in higher education and to ascertain the importance of consultation and participation in facilitating equality and inclusion. This chapter, therefore, discusses the theoretical underpinnings of inclusion in terms of the meaning of citizenship, achieving equality and challenging oppression. These concepts form the basis to interpreting, understanding and evaluating the experiences of disabled students in relation to inclusion/exclusion, equality/inequality and power/empowerment.

#### 2.1 Citizenship

The meaning of citizenship has significant implications for this study. This is because, as Barbalet (1988: 1) asserts, citizenship essentially defines *'those who are, and who are not, members of a common society'*.

As outlined by Marshall (1950), citizenship consists of civil, political and social rights. Civil rights *'necessary for individual freedom'*, political rights *'to participate in the exercise of political power'* and social rights reflecting *'the whole range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilised being according to the standards prevailing in the society'* (Marshall 1950: 10-11). The denial of rights, therefore, can be seen to lead to



inequality and the marginalisation of disadvantaged groups. This is asserted further by Turner (1993: 7) in relation to the cultural dimension of citizenship. Turner argues that educational rights are fundamental, in order '*to participate in the complex culture of a particular society*'. It is through education that we learn to debate, discuss and co-operate with each other and it is these skills that are transferred into the everyday practices of life. Consequently, it could be reasoned that without equal opportunities within education, marginalised groups are denied the same juridical, political and economic opportunities. In addition, for those groups marginalised in the educational process the perpetuation of dominant values and beliefs, are likely to remain unchallenged.

Citizenship is not only linked to rights, but these rights are inextricably linked to obligations, as discussed by Barry (in Plant, 1990: 49), who contends that individuals are required to be '*capable of taking on [society's] burdens as well as enjoying its benefits*'. Citizenship has, as a result, been about being fit and able to contribute to these obligations and for those unable to contribute, arguably a lower level of citizenship would be afforded. Traditionally, support for disabled people has not been viewed in terms of citizenship and rights, but in terms of welfare and meeting individual needs as claimed by Oliver (1992).

Significantly, evidence provided by Oliver (1990, 1996) Barnes (1991), Drake (1992, 1999) and Campbell and Oliver (1996) has highlighted the lack of a voice experienced by disabled people within the political processes and the reliance on traditional charities in the representation of disabled people.

This is also likely to impact on the quality of citizenship experienced by disabled people. This is because, as Oliver (1990, 1996), Barnes (1991), Campbell and Oliver (1996) and Drake (1992, 1999) have reasoned, the traditional charity perspective has largely reflected one of meeting individual needs and not that of striving for rights and equality. This loss of rights, as asserted by Thompson (1998), has created dependency on welfare services, which in turn reinforced issues of discrimination. Consequently, disabled people were often viewed in the past as requiring expensive support and a burden within society (Thompson 1998). As a result, welfare provision for disabled people has largely worked to isolate and inhibit individuals, as opposed to enabling their integration into society.

Accordingly, the approach adopted within legislation, policy and provision will reflect the quality of citizenship afforded. If disabled people are not treated as equal citizens, arguably they will continue to be viewed as inferior and less able. Thus, as part of this study, it is important to evaluate the political context in the development of disability legislation and policy and to consider the level of involvement by disabled people in these processes. Moreover, in analysing the experiences of disabled people in terms of meeting individual needs or achieving rights, this potentially will further our understanding of factors which have, and can influence, the future inclusion of disabled students within higher education systems.

## 2.2 Equality

The denial or undermining of citizen rights leads to inequality (Thompson 1998). Equality, according to Baker (1969: 149):

...stands for a democratic society, not a bureaucratic one. And it stands for a society in which genuine differences of sex, religion, and culture are respected, not despised. These principles of equality need and reinforce each other. Inequalities of wealth restrict democracy and mutual respect. Inequalities of power sustain economic advantage and social prestige. Inequalities of status imply that the rich and powerful deserve their privileges.

It is reasoned, that the inequality of rights and opportunities, together with the lack of power, disadvantages and oppresses individuals and groups. Hence, those groups with sufficient wealth are plausibly able to control governmental, educational and judicial practices and as Laski (quoted in Blackstone 1969: xiii) further claims, inequalities of wealth permit the exploitation of those who lack power. The unfair distribution of rights and opportunities experienced by some members of society is, essentially, ideologically maintained, as Grabb (1993: xix) contends, through '*the control of ideas, knowledge, information, and similar resources in the establishment of structured inequality between groups or individuals*'.

In defence of equality, Rawls in '*A Theory of Justice*' (1972) proposes: firstly, each person is entitled to an equality of basic liberties, as long as these are compatible with the similar liberty experienced by others, and that these rights should be fair and just in relation to social and economic inequalities; and secondly, social and economic inequalities should be organised in a way that will benefit everyone in relation to positions, with offices within society open to all. These rights would provide extensive protection as they potentially begin to challenge the power prevailing in social and political structures. Moreover, equality is not about identity of treatment, as we all are born with different levels of ability and talent (Baker 1969; Laski 1969; Tawney 1964). Equality is more about recognising and respecting

individual qualities, and as Crick (1992: 3) maintains, it is surely about how we '*treat each other*' as are we all not of '*equal worth*'? Moreover, Tawney (1964: 57) is clear in his discussion of what equality and inequality mean:

To criticise inequality... is to hold that, while their natural endowments differ profoundly, it is the mark of a civilized society to aim at eliminating such inequalities as have their source, not in individual differences, but in its own organisation; and that individual differences which are a source of social energy, are more likely to ripen and find expression if social inequalities are, as far as practicable, diminished. And the [main] obstacle to the progress of equality ... is the habit of mind which thinks it, not regrettable, but natural and desirable, that different sections of a community should be distinguished from each other by sharp differences of economic status, of environment, of education and culture and habit of life.

Importantly, as Tawney (1964), Baker (1969), Blackstone (1969) and Turner (1993) advocate, individuals are entitled to respect, consideration and support in achieving maximum fulfilment in life. Thus, it could be reasoned that legislation and policy aimed at developing individual talent and ability will benefit society as a whole. From this perspective, recognising individual differences would not be about compensating and meeting individual needs, but about aspiring to achieve a level playing field and individual rights. If these are to be the goals, then equalised opportunities need to be present. The failure to provide equality of opportunity would, consequently, underpin the failure to challenge dominant ideology.

In higher education, the historic failure to educate disabled people (Barnes 1991; Hurst 1993) has meant that many disabled people have lacked the experience and fulfilment of an academic life and, as a likely result, lacked the rewards stemming from academic achievement. As Laski (1969: 168) has contended, education and knowledge provide the key to

power and, therefore, *'disparities of education result, above all in disparities in the ability to use power'*.

The education environment is also the place where values of equality and inequality are reinforced. Children are classified into 'able' and 'less able' groups and this has meant that for some disabled children they have experienced exclusion from mainstream schools and classrooms.<sup>5</sup> Such divisions will plausibly influence ideas that disabled people are less than capable and for these views to become accepted as the norm. This has important implications, as Darwinistic theories of natural selection and the 'survival of the fittest' has arguably legitimised support for inequality (Barnes 1991). From this viewpoint, only those who are the most able would and should succeed, with the strongest and more capable intellectual lines dominating future generations. As a result, disabled people are likely to be perceived as inferior. Therefore, as asserted by Tawney (1964: 49), government intervention and protection is a necessity for disadvantaged groups within society:

The view, in short, is that, because men are men, social institutions – property rights, and the organisation of industry, and the system of public health and education – should be planned, as far as possible, to emphasise and strengthen, not the class differences which divide, but the common humanity which unites them.

However, it is also important to recognise that policy aimed at equalising opportunities is often criticised from the right, as being paternalistic and bureaucratic, and viewed as restricting the personal freedom of more advantaged groups in society. An example of this in higher education may relate to concerns over the infringement of academic freedom in relation to

---

<sup>5</sup> The effect of this exclusion is detailed in chapter nine at 9.12 'Previous Educational Experience', reflecting on the views of students who participated in the case study.

the way courses are taught and assessed. Hence, implementation of government policy is reliant on the collaboration with powerful sectors within society. Without this collaboration, as Miller (1999) reasons, the state would be largely powerless. Miller (1999: 12) provides the example of college admissions, whereby colleges are able to contribute to varying levels of equality or inequality through their admissions process. Accordingly, the process of how legislation, policy and practice are put into operation are all factors in the achievement of greater equality and social justice. As Gaine (1989: 31) has maintained, it is essential to persuade those with power to adopt the values contained within policy to ensure successful implementation.

### 2.3 Oppression

The concept of oppression, and the lack of power experienced by those marginalised within society, results from the dominance by one group over another. This is because dominant groups are able to establish their views and values over subordinate groups within society through the process of power, as theorised by Gramsci (Femia 1988), Lukes (1974) and Gaventa (1980). Gramsci's doctrine of '*hegemony*', for example, rests on the '*domination*' by the '*intellectual and moral leadership*' in '*civil society*' (Femia 1988: 24). It is through this '*leadership*' he claims, that '*hegemony*' is exercised, as Femia (1988: 24) outlines:

Hegemony is attained through the myriad ways in which the institutions of civil society operate to shape, directly or indirectly, the cognitive and affective structures whereby men perceive and evaluate problematic social reality.

How such power operates is detailed by Lukes (1974) in his *'three dimensional'* analysis. The first dimension of power concerns the direct exercise of power applied in an observable and open way overriding the aspirations of the individual or group involved. The second dimension goes beyond the first and is subtler, incorporating a deliberate *'non-decision-making'* process. It is the third dimension, however, that exemplifies how the values, norms and interests of the most powerful groups within society dominate subordinate groups who, consequently, internalise these values and accept the prevailing environment as natural. As Lukes (1974: 24) argued:

...is it not the supreme and most insidious exercise of power to prevent people, to whatever degree, from having grievances by shaping their perceptions, cognitions and preferences in such a way that they accept their role in the existing order of things because they can see or imagine no alternative to it, or because they see it as natural and unchangeable, or because they value it as divinely ordained and beneficial.

Gaventa's (1980: vii) study of *'Power and Powerlessness'* provides evidence as to the way power works to maintain the *'quiescence'* of the powerless. Gaventa is able to demonstrate how those in power are able to *'keep issues from arising, grievances from being voiced, and interests from being recognised'*. These theories of power help to explain why the views of the most powerful people within society become so influential in formulating social, political and economic responses towards oppressed groups. This for instance, is exemplified in the way disability is defined as Albrecht and Levy (1981: 14) contend:

Certain disabilities become defined as social problems through the successful efforts of powerful groups to market their own self-interests. Consequently, the so-called *'objective'* criteria of disability, reflects the biases, self-interests and moral evaluations of those in a position to influence policy.

Hence, legitimising a particular viewpoint protects and reinforces the position of dominant groups.

The distribution of power in wider society is also likely to be reflected within institutional and organisational structures (Salaman 1979; cited in Hugman 1991 64-5). As a result, the oppression experienced by subordinate groups in society is replicated within institutions and organisations. As Young (1990: 197) has asserted, institutions were often designed to meet the requirements of the more privileged members of society and, accordingly, this resulted in the exclusion or segregation of minority groups. For example, this was evident in higher education where divisions existed based on social class, gender, ethnicity and disability.

Power is also reflected in the use of language, as it is through language that we transmit the dominant values held within society. As Thompson (1998: 14) claims:

Language both reflects cultural norms, assumptions and patterns and contributes to their maintenance and their transmission from generation to generation. In this way, language acts as a vehicle for transmitting discriminatory ideas and values.

Thus, the language we use is never neutral, as reasoned by Spender (1990), Roberts et al., (1992) and Beresford and Croft (1993) and is, moreover, a powerful influence in the maintenance of discrimination, inequality and oppression (Thompson 1998: 67). It is through language, Roberts et al., (1992: 366-368) believe, that the '*invisible role*' of discrimination operates by reinforcing stereotypical images, assumptions and sustaining power inequalities.



Understanding how power can operate in shaping the experiences of disabled people will be central to the analysis of this study.

#### 2.4 Oppression and Disability

Perceptions of disability are closely linked to theories of oppression, with powerful groups within society defining the meaning of disability. It has been argued that the dominant view of disability held within society reflects that of an individualised or medical model (Finkelstein 1980; Oliver 1990, 1996; Barnes 1991; Drake 1999). From this position disability is viewed as a direct result of individual impairment and functional limitation, with an underlying assumption of individual inability and abnormality. Although this view has been challenged by disabled people and academics, definitions within legislation (Beauchamp-Pryor 2004; Chadwick 1996), policy and provision (Oliver 1990, 1996; Barnes 1991; Drake 1999) largely reflect this perspective. The consequences of adopting an individualised or medical definition means that the assumptions reached about disability do not accord, as asserted by Oliver (1990) and Abberley (1992), with the realities of disabled people. Official definitions legitimise everyday views held within society, which potentially influence policy and provision.

During the 1960s and early 1970s, this dominant individualised model was contested by disabled people and an alternative definition based on a social model approach was adopted by the Union of Physically Impaired Against Segregation (UPIAS 1976: 14):

In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability', of people with such impairment.

From a social model understanding, disability is a direct result of institutional, environmental and attitudinal barriers within society. As Crow (1996: 56) powerfully exemplifies:

It wasn't my body that was responsible for all my difficulties, it was external factors, the barriers constructed by the society in which I live. I was being dis-abled – my capabilities and opportunities were being restricted – by prejudice, discrimination, inaccessible environments and inadequate support. Even more important, if all my problems had been created by society, then surely society could uncreate them.

Disability activists and academics began to provide evidence detailing the barriers encountered by disabled people to independent living, resulting from inequalities in employment, disability benefits, health and social support services, education, housing, transport, the built environment, leisure and political life (Disability Alliance 1988; Thompson et. al., 1990; Barnes 1991; Zarb 1995; Barton 1996; Imrie 1996; Riddell 1996). The social model not only acted as a catalyst for potential change at a societal level, but also for many disabled people at a personal level, including Oliver (1990), Thomas (1999) and Crow (1996), and as Crow claimed, the social model has transformed lives:

For years now this social model of disability has enabled me to confront, survive and even surmount countless situations of exclusion and discrimination... It has enabled a vision of ourselves free from constraints of disability (oppression) and provided a direction for our commitment to social change. It has played a central role in promoting disabled people's individual self worth, collective identity and political organisation. I don't think it is an exaggeration to say that the social model has saved lives (Crow 1996: 207).

Low (2001) argued vehemently against the principles behind the social model in his controversial speech '*Have disability rights gone too far?*'. Low contended that:

...one-dimensional analyses and prescriptions are inherently unable to do justice to the complexities of the phenomenon that is disability. ...it throws whole orphanages out with the bath-water, and its excoriation of alternative perspectives leads to error in its policy prescriptions (Low 2001: electronic source).

It could, however, be reasoned that the social model encompasses much more than a one-dimensional analysis. For example, the social model is criticised for neglecting different dimensions of disability, such as, the physical or psychological effects stemming from impairment and illness. The importance of these dimensions have increasingly been recognised by disabled academics and activists and incorporated into the social model.

This is evident in the comments made by Morris (1996: 10):

There is a tendency within the social model of disability to deny the experience of our own bodies, insisting that our physical differences and restrictions are entirely socially created. While environmental barriers and social attitudes are a crucial part of our experience of disability – and do indeed disable us – to suggest that this is all there is to it is to deny the personal experience of physical and intellectual restrictions, of illness, of the fear of dying.

Disabled researchers, such as Reeve (2003) and Thomas (2003), whose work is firmly grounded in the social model, address these very issues and discuss the psycho-emotional effects stemming from disability and impairment. Moreover, a number of disabled academics, Morris (1993, 1996), Crow (1992), French (1993), Shakespeare (1996) and Thomas (1999), have highlighted concerns over cultural and representative issues within the social model. Writing from a disabled feminist perspective Morris (1993, 1996) and French (1993) have both discussed their concerns that the personal experiences of disability have been largely ignored within male-

stream disability studies. Increasingly, these concerns are being addressed by disabled academics and a multi-faceted view of disability is emerging within a social model. As Finkelstein (2001: 3) suggests '*a good model can enable us to see something which we do not understand because in the model it can be seen from different viewpoints... It is this multi-dimensional replica of reality that can trigger insights that we might not otherwise develop*'.

Low's one-dimensional analysis could arguably be that of the medical model, as the focus remains on the individual and fails to consider the consequences of societal factors. The focus of the social model is one based on societal factors, but also one which recognises that even with the removal of barriers, difficulties will remain for some disabled people. Low (2001: electronic source) claims '*that the relative importance of individual and social factors will vary from person to person and situation to situation, depending on the severity of the individual's impairments and the social response to them*' and this, for Low, can only be understood when viewing individual circumstance. Alternatively, could this not be accounted for within the social model? From a social model perspective it is not about how society responds to individual impairments, more importantly it is about how society responds in removing institutional, environmental and attitudinal barriers. Furthermore, critics of the social model appear to fail to consider that with the removal of barriers, particularly cultural barriers, such as stigma and prejudice associated with disability, greater empowerment for disabled people can potentially be achieved. Arguably, it is this empowerment that is key to creating greater equality for disabled people.

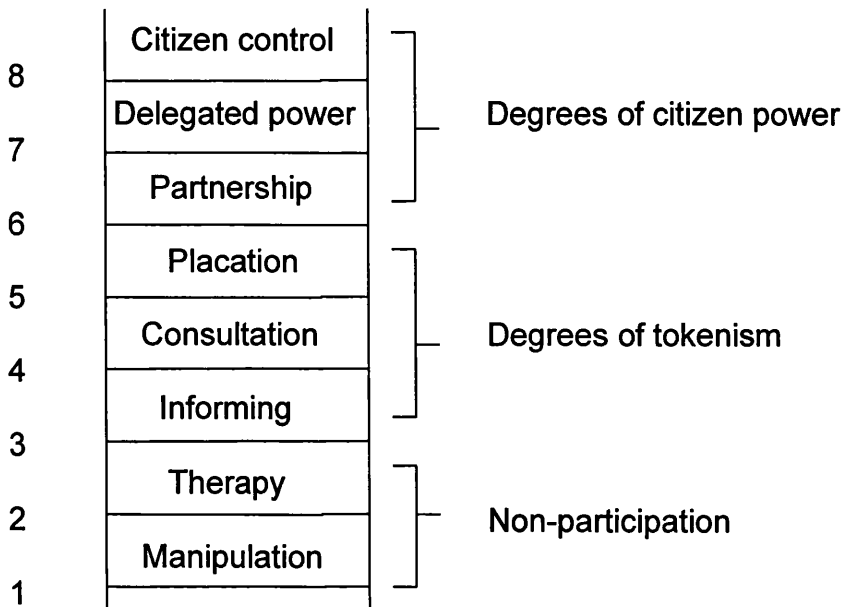
## 2.5 Equalising Power Relationships

The process of consultation and participation by oppressed groups within decision-making processes is, plausibly, fundamental in confronting dominant views and values held by those in powerful positions within society. As Young (1990) asserts, to achieve equality, the domination and oppression that exists within institutions, prevalent in the decision-making processes, need to be challenged.

The inclusion of oppressed groups within decision-making processes is likely to raise the awareness of these groups as to inequality and oppressive practices. The process of empowerment feasibly confronts the power that exists. Thomas and Pierson (1995: 134) view this process as being '*...concerned with how people may gain collective control over their lives, so as to achieve their interests as a group, and a method by which... to enhance the power of people who lack it*'. Importantly, as Oliver (1990) and Beresford and Croft (1989, 1993) contend, the process of empowerment can only be achieved through the group itself challenging dominant values. This process can be seen to work on two different levels (i) socio-political and (ii) individually. Empowerment at a socio-political level would potentially influence the direction of legislation, policy and provision, whilst empowerment at an individual level would influence the relationship between the service user and professional. Professionals are often in powerful positions and, historically, considered as society's 'experts'. This has had the effect, as discussed by French (1994b) of devaluing and disempowering disadvantaged individuals and groups.

Politicians have begun to recognise the benefit of increased participation by oppressed groups, with improved provision, increased rights and greater accountability. Although, as Arnstein (1969), Shier (2001) and Concerned for Working Children (CWC) (2003) all reasoned, there are various degrees of involvement and as Arnstein maintained *'there is a critical difference between going through the empty ritual of participation and having the real power needed to affect the outcome of the process'*. Arnstein (1969: 217) illustrated this range of involvement in her ladder of citizen participation (see Figure 2.A below), which can extend from non-participation (manipulation and therapy), through degrees of tokenism (informing, consultation and placation), to degrees of citizen power (partnership and delegated power).

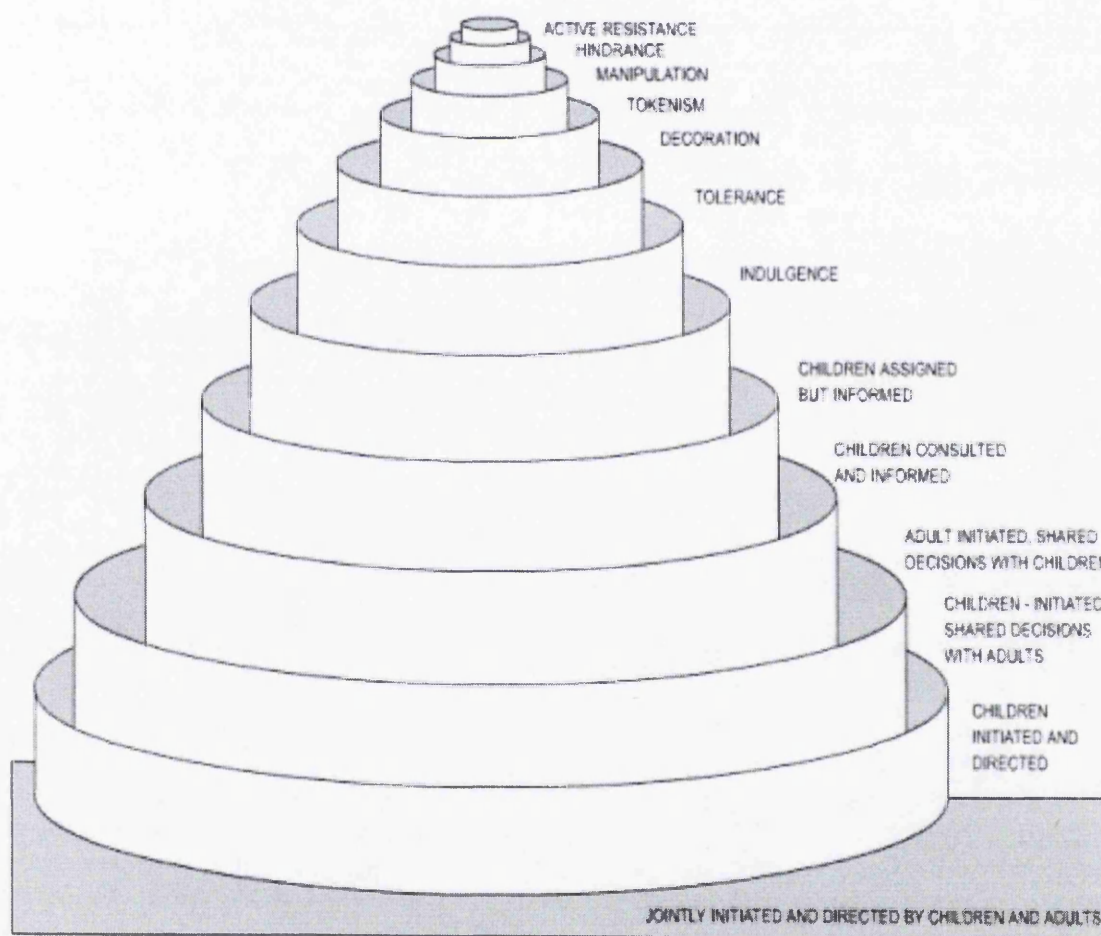
Figure 2.A: Eight Rungs on a Ladder of Citizen Participation



(Source: Arnstein 1969: 217)

Likewise, the Concerned for Working Children (CWC), an organisation in India, produced a diagrammatical pyramid illustrating the range of participation that can exist. As can be seen below (Figure 2.B) this breakdown of participation extends further than Arnstein's ladder and includes, for example, two levels below manipulation, that of active resistance and hindrance.

Figure.2.B: Adult – Children Engagement



(Source: <http://www.workingchild.org/>)

Consequently, the question remains as to how willing those in a position of power and influence will be in relinquishing and sharing participatory approaches in challenging inequality and exclusion.

## 2.6 Equality and Inclusion in Higher Education

There have been a growing number of studies detailing the experiences of disabled students in higher education. Notably, the first major study to address the experience of disabled students was Alan Hurst's '*Steps Towards Graduation*', published in 1993. Hurst's early study importantly recognised the need to incorporate the '*lived*' experience of disability in research and this was reflected in a number of future research projects (Preece 1995; Hall and Tinklin, 1998; Borland and James 1999; O'Connor and Robinson 1999; Holloway, 2001; Hall and Healey 2004; Riddell et al., 2005). Incorporating the '*lived*' experience provided a valuable insight into the experiences of students and this was particularly evident in Hall and Tinklin's (1998) in-depth study around the experiences of twelve disabled students attending nine different HEIs in Scotland. The authors encouraged each of the students to tell their story of what it was like being a disabled student in higher education. The students discussed the routes they had taken to get into higher education; the support, guidance, encouragement and discouragement encountered; academic and social experiences; and their hopes for the future. Similarly, Borland and James' (1999) in-depth study of 22 students based at one HEI revealed issues of central concern, which related to disclosing a disability to the HEI; access to facilities and support and lack of feedback systems in relation to quality assurance.



Conclusively, research provided evidence as to the inconsistency in provision for disabled students.

Such inconsistencies within provision and practice are likely to result from underpinning ideology, as Hurst (1993) contended:

It is one thing for institutions to provide improved access for people from non-traditional groups such as those with disabilities, but if there is no change in the ideology of the institution, its staff and its curriculum then the problems will remain. This is the difference between rhetoric and reality, between the policies as set out in institutional plans etc., and the practices as experienced by applicants and students on courses (Hurst 1993: 355-356).

Evidence from research has established that dominant ideological values continue to underpin disability provision within HEIs (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Holloway 2001). For example, this is detailed in the findings of Borland and James (1999) who found that the actions of both staff and students were deeply entrenched within a medical model. Similarly, this was also identified by Leicester and Lovell (1995) in their study of equal opportunity practices within higher education. As a consequence, the response within provision reflected care, concern and compensation. This welfare approach, as Oliver (1992) argued, results in a lower level of citizenship and the marginalisation of disabled people within society. Where such an approach exists within the experience of disabled students, this will plausibly result in inequality and the lack of rights and inclusion. Tawney (1964) claimed that government intervention was central to challenging inequality and exclusion, and government legislation in the UK has recently strengthened its response towards ensuring equality for disabled people within society. However, as Gaine (1989) suggested, this is also an argument of persuasion to ensure

successful implementation. Ascertaining how far legislation is challenging ideology is therefore significant to this study.

Research examining the experience of disabled students has also recognised the importance of feedback and consultation in the development of policy (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Riddell et al., 2005). For instance, Hall and Tinklin (1998: 76) considered the way Scottish HEIs were seeking feedback into policies and provision. The researchers, however, provided little evidence regarding the number of institutions actively engaging with students or the effectiveness of these processes. Importantly, Borland and James (1999) in their case study, found supportive evidence relating to limited feedback systems in operation, raising their concerns as to how equality of practice could be assessed. The failure to implement feedback and consultative processes, was recognised by Hurst (1993: 369) who asserted that institutions '*need[ed] to involve more students with disabilities in the movement to improve current levels of provision*'. However, as recently identified in the Riddell et al's (2005) study, this failure to ensure feedback and consultation still remained unaddressed. Consequently, as Riddell et al., (2005) concluded, '*Institutions] will remain ignorant of the difficulties and barriers faced by disabled students as they go about their daily business. They will not know which areas need particular attention or development and members of staff remain unaccountable for their practice*' (Tinklin et al., 2004). Whilst the lack of feedback and consultation is concerning and is likely to have significant implications in the development of policy and provision, of more concern is the possible impact of this failure in engaging with issues

relating to equality and inclusion. As discussed in relation to theories of power and oppression, as reasoned by Gramsci (Femia 1988), Lukes (1974) and Gaventa (1980), this is a question about the way power works to exclude marginalised groups. Therefore, as Young (1990) has advocated, consultation and participation is a process in which dominant ideology can be confronted. Evaluating the applicability of these theories in relation to the experience of disabled students would form part of the essential questioning in this thesis.

Whilst little is known about consultation and participation of disabled students in higher education, there have been numerous studies examining the benefits and barriers of consultation and participation by under-represented groups in the area of health and social care. This is an area where consultation and participation in the development and implementation of services has been firmly established. For instance, within individual care plans, planning of services, the delivery of social care and in the development of service user led initiatives and research (Molyneux and Irvine 2004). Such involvement has become integral to government health and social care policy with the expectation that service users become involved in feedback, consultation and decision-making processes (Felton and Stickley 2004; Molyneux and Irvine 2004; Rush 2004). This has been reflected as a key part of policy as included for example in Working for Patients (DH 1989a), Children Act (1989b), Caring for People (1989c), The NHS and Community Care Act (DH 1990a), Community Care in the Next Decade and Beyond (1990b), Patient's Charter (DH 1991, 1995), The Health of the Nation (DH 1992), The New NHS (DH 1997), Health in Partnership (DH 1998),

Patient Partnership Strategy (DH 1999), The NHS Plan (DH 2000a), A Quality Strategy for Social Care (DH 2000b), Involving Patients and the Public (DH 2001a) The Health and Social Care Act (DH 2001b) and Requirements for Social Work Training (DH 2002).

However, despite this increased focus by government on user involvement, a number of researchers have remained critical of the attempts to involve users in planning and delivery (Barnes and Prior 1995; Barnes and Shardlow, 1996, 1997; Beresford 2001a, 2001b; Croft and Beresford 1993, 1995; Donaldson 1995; Ferguson 1997; Forbes and Sashidharan 1997; Hodge 2005; Lindow and Morris 1995; Rush 2004; Simmons and Birchall 2005). This is due to a lack of progress and power issues. This, as Carr (2004) asserts, is likely to be influenced by professional and organisational resistance. The evidence stemming, for example from reviews involving older people (Janzon and Law: 2003), children and young people (Dansco et. al., 2003), people with learning difficulties (Williams, 2003) and disabled people (Barnes et. al., 2003), commissioned by the Social Care Institute for Excellence (SCIE), and reviews on mental health service user participation (Rose et. al., 2003) and on general user/consumer involvement (Crawford et. al., 2003), commissioned by NHS Service Delivery and Organisation Research and Development Programme (NHS SDO), found that power sharing remained difficult within established structures, formal consultation mechanisms and traditional ideologies. More specifically, evidence highlighted barriers based on notions of expertise, dominant professional perspectives and attitudes towards the capability of service users in decision-making processes.

This exercise of power, as detailed in Lukes' (1974) analysis, was also evident in a number of research studies. For example, in a case study of mental health service users, Hodge (2005) outlined instances in which power was exercised in discursively trivial ways ensuring that the forum's discourse remained within established boundaries and reinforced defined power relations. Similarly, the Shaping Our Lives (2003) research project provided instances where consultation that had been undertaken was often ignored or not acted upon. Simmons and Birchall (2005) also found that this was a key issue for participants in their study who considered that authorities were failing to listen to them. Furthermore, Ellis' (1993) study of user and carer participation in needs assessment, illustrated the inappropriate exercise of power over the views of users and carers. In Ellis (1993) study, professional judgements were viewed as superior judgements by practitioners, with the views of users and carers devalued and perceived as inferior. This, for example, was manifested in the dominance of the medical model, with the focus remaining on individual impairment, and subsequent practice aimed at maximising or restoring an individual's ability to cope independently, as opposed to recognising the difficulties as perceived by the users and carers. Therefore, the important question remains in relation to the experience of disabled students, regarding the willingness of those in a position to influence the success of consultative and participatory processes in sharing power.

The research detailed within this chapter has revealed the barriers that can exist in the way power is exercised within consultation and participation. However, it is also clear that there are important benefits to including the

voice of service users in challenging dominant views, values and perceptions; this is evident in social work (Molyneux and Irvine 2004; Humphreys 2005) and mental health education (Felton and Stickley 2004; Khoo et al., 2004). For instance, Khoo et al's (2004) research identified that by including service users in mental health training: professional views and approaches can be challenged; partnerships can be encouraged; awareness can be raised with regard to pertinent issues and user perspectives; practice can be grounded in reality and thus improved; participants confidence in practitioners can grow. Similar evidence was provided by Humphreys (2005) in a case example of service user involvement in social work education. Students discussed the value of service user knowledge and participation, commenting:

It made a huge difference – made me see individuals rather than statistics. Important because it is individuals with whom we work. It has helped to break any stereotypes we had created by an unsympathetic media. User groups have a more powerful effect (than lectures/seminars). It's their experience and personal stories which have more effect. We were impressed with the political motivation of the user group, as most of us have only had contact with disabled people in a 'caring' capacity (Humphreys 2005: 803).

In these examples, participation began to challenge dominant views and attitudes held by professionals. A further example of participation, relates to how inequalities of power can be redefined. This was evident in the Barnardo's '*Voice Initiative*' (Hutton et al., 2002) where the organisation sought to enable the views of children and young people using their services to be heard, in order that they could influence the service, region and organisation nationally. The process undertaken proved empowering to those involved, developing their self-confidence and self-esteem.

Accordingly, supporting and illustrating Oliver (1990) and Beresford and Croft's (1989; 1993) explanation as to how empowerment can work at both a socio-political and personal level.

The research studies outlined were influential in both the direction and questioning of this thesis. Whilst research had identified inconsistency within policy and provision, as a result of dominant ideological values within higher education, questions remained regarding the current ideology within institutions and the effect of this in terms of equality and inclusion for disabled students. Furthermore, concerns had also been raised by researchers in relation to the lack of feedback and consultative processes with disabled students and the detrimental effect of this in the development of policy and provision. However, as evidence revealed in studies relating to health and social care, consultation and participation could prove fundamental in challenging inequalities of power. Therefore, it is also essential, as part of this study, to ascertain the benefits and limitations of consultation and participation in achieving equality and inclusion for disabled students in higher education.

## 2.7 Summary

This chapter has opened up debates as to what an inclusive society might look like. I started by discussing the concept of citizenship and the meaning of inclusion and exclusion. These meanings were inextricably linked to equality and rights, with a welfare response reflecting individual needs arguably allied to a lower level of citizenship and marginalisation.

The concepts of power and oppression were also examined and the influence of these on the experiences of marginalised groups within society. This was discussed in relation to the meaning of disability and the dominant perceptions that prevailed in terms of a medical discourse. Theoretically, the process of consultation and participation is, as a result, fundamental in confronting and challenging dominant views and values held within society.

Research studies examining the experiences of disabled students in higher education have revealed concerns pertaining to the ideological values underpinning disability policy and provision. Arguably, the way disability is perceived is likely to influence the views of those instrumental in the planning and implementation of policy and provision. Therefore, in light of recent legislation, this study questions current ideology towards disabled students and the influence that this has had on their experience of equality and inclusion in higher education.

Research had also identified the lack of feedback and consultation with disabled students in higher education. This absence, as Riddell et al., (2005) discussed, would lead to an ignorance within institutions concerning the experiences of students. Moreover, the question remained regarding the importance of consultation and participation by disabled students in challenging the dominant ideology identified by researchers. Examples of health and social care participation were drawn upon to illustrate the barriers and benefits that can exist in challenging and confronting ideology, and these largely reflected the willingness of those involved to share power. This raised



questions as to how willing those working in the field of higher education would be in challenging traditional power relationships.

In the next chapter, I present the research design and methodology used in undertaking this study. The discussion includes potential research concerns and underpinning principles, based on equalising the power relationship between the researcher and the researched. As part of this chapter, I also consider and critically analyse the research process. Having detailed the research design and methodology, the thesis then commences the process of presenting the research findings, starting with an analysis of the involvement of disabled people in the development of disability legislation and policy in chapter four.

## **Chapter Three**

### **The Research Design and Methodology**

In the previous chapter I considered the theoretical basis to this study, one which largely reflected inequalities based on those who have power in society and those who do not (Lukes 1974; Gaventa 1980; Femia 1988). Issues of inequality were also of importance to me in the research design, as I was aware of the inherent inequalities that can be experienced between the researcher and the researched, in relation to the experiences of marginalised and oppressed groups within society. The first section of this chapter, therefore, discusses five main research concerns: the purpose of social research and the role of the researcher; an emancipatory research paradigm; insider research; researching-up; and dissemination. The remainder of the chapter details the research process, which included establishing links with academia, research and policy; the examination of legislative and policy developments and consultation processes; an analysis of Higher Educational Statistics Agency (HESA) datasets for Wales, Scotland, England and Northern Ireland; the assessment of policy and provision within Wales; and the detailed study of a higher educational institution (HEI) case study. The significance of each of these areas is discussed, together with the reasoning in choice of methodology. I begin by examining the underpinning principles of the research design, before focusing on the research process.

### 3.1 Research Concerns – Underpinning Principles

A number of research issues were reflected in the research design and methodology chosen and are considered below:

#### 3.1.1 The Purpose of Social Research and the Role of the Researcher

The first research concern relates to the purpose of social research and my role as a researcher. Conventional ethnography has been criticised for neglecting the causes of oppression and for being aloof from political practices. Theorists, such as Jurgen Habermas, had argued that because social oppression was inherent in modern capitalist societies, valid social research could only be attainable through a committed struggle against oppression (Davies 1999: 61). Similarly, disabled academics have increasingly asserted that historically much of the research relating to disability has played a role in the oppression of disabled people (Hunt 1981; Oliver 1990, 1992; Abberley 1992; Rioux and Bach 1994; Barnes 1996). As Oliver (1992) maintained, little research has challenged the social oppression and isolation experienced by disabled people or initiated policies to significantly improve the quality of their lives.

Disabled academics today are increasingly asking researchers, as Howard Becker (1967) did forty years ago, to declare whose side they are on in the research process. Research independence has progressively been viewed as a mythical entity, as reasoned by Barnes:

Researchers should be espousing commitment not value freedom, engagement not objectivity, and solidarity not independence. There is no independent haven or middle ground when researching oppression: academics and researchers can only be with the oppressors or with the oppressed (Barnes 1996: 110).

However, it has been suggested that this line of reasoning is too simplistic in approach, as Hammersley (1995) has asserted, the world cannot be divided neatly into those who are oppressors and those who are oppressed, as many people would be classified as both. For example, cross-cutting sources of oppression for disabled people, such as gender (Morris 1993) and race (Vernon 1997).

As a disabled person, the debates surrounding the purpose of research and the position of the researcher were important to me. Whilst recognising the validity of Hammersley's argument, it is evident that historically disability research has compounded, rather than improved the experience of disabled people within society. However, I also recognised that as a disabled person it would be difficult for me to remain a detached observer in the research process, as I too have experienced oppression and discrimination and bring these experiences to the research. Nevertheless, Wheatley (1994: 422) has reasoned that no research can be completely free of bias and contends:

Ethnographic relations, practices and representations as well as the metaphors we use to make sense of them are contextually contingent – their character is shaped by who we look at, from where we look, and why we are looking in the first place.

I recognised that reflexivity and the constant monitoring of pre-existing values and experiences at each stage of the research would be important personal steps in ensuring the validity of this research project. Personal reflexivity would also be essential in ensuring that I did not collude with the established

hegemony. As examined in the previous chapter, Gramsci's (Femia 1988) theory of hegemony describes the dominance of one group over another through the adoption of accepted values. Whilst my research position is clear in that I wish to improve the experience of disabled people in higher education, recognising my own position within the established hegemony is critical for as Barton (1996: 6) contends '*intent is no guarantee of outcome*'.

### 3.1.2 An Emancipatory Research Paradigm

A further research concern and underpinning principle related to the research approach and the importance of challenging the inherent inequalities that can be experienced in the research process. Importantly, Oliver (1997: 20) suggests six ways in which an emancipatory research paradigm can contribute to combating the oppression of disabled people: firstly, a faithful account of the experiences of disabled people who participate in research; secondly, a redefinition of disability away from an individual or medical model; thirdly, challenging the ideology and methodology of dominant research paradigms; fourthly, the development of a methodology commensurate with emancipatory research; fifthly, an account of the collective experience of disabled people; and finally, the monitoring and evaluation of services controlled by disabled people. This research project attempted, wherever possible, to follow an emancipatory approach. Firstly, I endeavoured to provide an accurate account of the experiences of those disabled people who participated in the research and secondly, adopted a social model approach throughout redefining disability as a consequence of social, attitudinal and environmental barriers. Oliver's third and fourth criteria I will return to below, but in relation to the fifth

criterion this study is an account of the collective experiences of the students who participated. This study did not include the monitoring and evaluation of services controlled by disabled people, however it did consider the representation of disabled people through organisations of and for disabled people.

Oliver's third and fourth criteria relate to the '*changing of the social relations of research production*' (1992), which as Barnes (1992) argues shifts the control from the researcher to the researched. The knowledge and skills of the researcher are placed at the disposal of the researched, resulting in a shared approach in the design, implementation and analysis of the research. This research was for a PhD and I considered that it would be impractical to involve students, due to my own time constraints and other students' commitments. I did, however, consult on a regular basis with four disabled students whose input I valued.

Oliver (1992: 111) details three essential principles in an emancipatory methodology - '*reciprocity, gain and empowerment*'. These principles were important to me, and as also discussed by Vernon (1997), influenced the research design and process, as considered below:

(i) Reciprocity

Feminist critiques, such as Oakley (1981), have maintained that formal survey-type interviewing is an inappropriate research method in researching women. Oakley argues for less-structured research strategies which challenge traditional hierarchical relationships between interviewer and interviewee.

Interview techniques, for Oakley, should no longer reflect traditional objectivity as developed within male-dominated research, but instead build upon a rapport, with the interviewer not only asking questions, but welcoming and answering the respondent's questions. I recognised the inequality which existed between myself and the disabled students I interviewed. It was not an equal relationship and I would not be naïve enough to suggest that it could have been completely equalised. Importantly, I did endeavour where I could to build on this relationship. The sharing of experience was important, as for many of the participants they had felt isolated and unable to share their experiences with anyone else. Crucially, as detailed by Vernon (1997), knowing when to share my own experiences was also necessary, as Ribbens (1990: 584) has reasoned:

...we should ...take our cue from the person being interviewed for they may not always wish to know and it may detract them from talking about themselves.

Oakley (1981) discusses a further level of reciprocity in the development of long-term friendships and I too found that this happened. In many respects it is inevitable when there are so many shared experiences.

(ii) Gain

In the same way as Vernon (1997) discussed, there is no doubt that I would gain the most out of this study as the research was ultimately aimed at completing a PhD. However, as deliberated by Vernon (1997), I also found that I personally gained from sharing and listening to the experiences of other disabled students and in this way, I hoped that those who participated in the research would also gain.

Thus, an early decision taken was to include my personal contact details in the distributed questionnaire. Whilst, concerns were expressed at the time that this might lead to a barrage of telephone calls and emails, I felt strongly that if any student wanted to or needed to talk to someone, that I made myself available. It did not matter to me if the student wanted our discussions to remain outside of the research as my commitment was to the student first.

Ultimately, through the dissemination of the research findings I hoped that greater inclusion and equality would be achieved for disabled students and, although there would be no direct gain for the students involved in this study, there would be a gain for disabled people.

(iii) Empowerment

Arguably, the first step to empowerment is treating research participants as equals, as Karl (1995: 14) contends empowerment comes from '*being recognised and respected as equal citizens and human beings with a contribution to make*'. The experience of many disabled people is not to have been treated as equals and as Vernon (1997) contends, treating research participants as equals boosts self-confidence and self-esteem. In addition, the sharing of experiences can literally prove empowering for the participants involved.

I had also hoped that the setting-up of a disability society or forum would be a further way in which students could empower themselves. How students would perceive such a group would be an area to be addressed further at the interview stage. Notably, Oliver (1992, 1996, 1997) suggests that



empowerment is not something that can be given as a gift by the powerful. It is something that people do for themselves collectively and Oliver (1997: 20) recommends that the researcher should, therefore, ask whether their work is contributing to this process. Hence, this question was consistently revisited throughout the research process.

### 3.1.3 Insider Research

Insider research formed the third area of research concern. Reimer (1977: 469) has argued, that as an inside researcher, familiarity within a research situation can be sociologically beneficial and suggests that this:

... enables the researcher to use familiar situations or convenient events to this advantage. They know rather than know about their area of study. They are insiders.

As part of this study I was an inside-researcher in two main ways - I was a disabled student researching the experiences of other disabled students and I was also actively involved in two organisations representing disabled people. As an insider, I may be criticised for being too close to the research process, but this arguably, conversely provided an insight into the research that other researchers may find difficult to achieve. Recent research, for instance, by Kitchen (2000) and Duckett and Pratt (2001) regarding the opinions of disabled people on research, reflected quite strongly uneasiness over non-disabled researchers potentially misrepresenting disabled peoples' experiences. As John, one of the participants in the research conducted by Duckett and Pratt (2001: 828), suggested '*you have to live with it [disability] to fully know what it [disability] means*'. Other findings from the Kitchen research also demonstrated that disabled people often limited what they told

non-disabled researchers, due to possible embarrassment, lack of empathy, or fear over possible re-assessments of benefits/services.

These apprehensions were important to me and I hoped that those disabled students I met in the process of the research would feel that I had an understanding of the experiences they discussed. Luff (1999), however, has challenged this understanding in relation to feminist research. Luff asserts that women do not necessarily share the same perspectives just because they are women. Being a disabled student would not necessarily mean that I too would share the same views as other disabled students, but it would mean I had shared the experience of being disabled. Being disabled would be one factor of the equation, as I was also a mature student, female and white, so whilst I recognised the affinity that existed based on disability, other likely barriers would exist based on age, gender and colour.

As an insider-researcher I hoped as Reimer (1977: 474) contended, that I would firstly, be able to '*probe sensitive areas with greater ease*' and secondly, be less likely to avoid '*meaningless and irrelevant questions*'. This second area is considered further by Miles and Huberman (1984: 48), who suggest that as an insider, the researcher would be less easily misled or distracted in conducting the research and would find it easier to step beyond the superficial or mere salient level than an outside researcher may experience. These factors were also influential in my involvement with two national organisations representing disabled people. The first, an organisation set up by disabled people to promote full equality and participation by disabled people in society and the second, a charity

promoting opportunities for disabled people in post 16 education. From this experience I hoped to gain an inside view of how disability was generally perceived within two different types of organisations representing disabled people.

#### 3.1.4 Researching-up

In this study it was imperative not only to examine the experiences of disabled students, but also to consider the perspectives of those who influence these experiences and the process of researching-up formed the fourth research concern and underpinning principle. It is argued that little research is carried out on those who hold power (for example see Oliver 1992). Here, however, the research relationship changed and I was now in the position of interviewing those employed in influential positions. At first, this experience was quite daunting, as I recognised the sensitivity of a disabled researcher interviewing those directly involved with disability policy and provision. During this process, I tried to put those interviewed at ease and re-assure the interviewee over issues of confidentiality.

#### 3.1.5 Dissemination

The final research concern and underpinning principle related to the dissemination of findings and recommendations, as this is a key factor in influencing the future experiences of disabled students in higher education. It is, therefore, critical that the findings and recommendations are disseminated at a national, institutional and student level. At a national level this will be achieved through the publication of academic papers and presentation of

papers at conferences, together with connections with the Disability Rights Commission and organisations representing disability services and disabled students. Interest in the research has already been expressed at an institutional level and I have agreed to discuss the findings and recommendations with Student Support Services, who I hope will assist in the dissemination of the findings throughout the institution. In addition, findings and recommendations will also be presented to the Student Union.

The students who participated in the research are no longer at the case study University, but for those students with whom I have remained in contact, I hope to organise an informal get together to review the research. I also welcome the opportunity of sharing the research results with future disabled students at the University. This may be undertaken via the Student Union or, if the University is willing, as part of their response to the Disability Equality Duty.

Having outlined the importance of the research design and the five principles underpinning design and methodology, the next section describes in detail the research process.

### 3.2 The Research Process

The research process and methodology consisted of five main areas: links with academia, research and policy; analysis of legislative and policy developments and consultative processes; analysis of Higher Education Statistical Agency (HESA) datasets; policy and provision within Wales; and the HEI case study. The importance of these research areas to this study is

considered together with the methodology utilised. I begin with detailing links with academia, research and policy.

### 3.2.1 Links with Academia, Research and Policy

Throughout the research project it was important to establish and maintain links with those involved in disability studies, research and policy. This would ensure an awareness and understanding of current debates that were likely to influence the findings attached to research objectives, aims and questions guiding this study.

In developing academic links, I attended the Disability Studies Association Conference in 2003, 2004 and 2006. This provided the opportunity to meet other researchers, practitioners, policy makers and activists, and to share and debate research, ideas and developments in disability studies. In addition, a series of six seminars on *'From Theory to Practice: Implementing the Social Model of Disability'* were also held, which brought together established figures and newcomers in the field of disability studies. These would prove invaluable in furthering my understanding of theoretical and practical implications since the emergence of the social model of disability.

Establishing links with other researchers who were actively involved in the field of disability studies in higher education were also important. This enabled an exchange of information regarding results and findings and provided a wider context in which to interpret data. Whilst actively undertaking research in 2002/03, an ESRC funded research project was also

being carried out '*Disabled Students and Multiple Policy Innovations in Higher Education*' (Riddell et al., 2005); the research project compared the development of policy and practice affecting disabled students in England and Scotland. Evaluating the project's approach and findings proved helpful to me as my own research progressed. Other important contacts were developed as a result of my attendance at the Disability Studies Association Conference in 2006 with researchers from Iceland and Norway who were also researching the experiences of disabled students in higher education. The exchange of data again proved helpful in interpreting and understanding the similarities and differences in findings. For example, Magnus (2006) had also recognised the importance of securing the views of disabled students in policy and provision. In addition, links with National Health Service and social care research were established. I attended conferences held by Involve, formerly known as Consumers in NHS Research, and the Social Care Institute for Excellence (SCIE). Both organisations were demonstrating ways in which to ensure the inclusion of disabled people in research and policy and, therefore, following their progress provided a comparative example with my own research and furthered my understanding.

In relation to policy, contact with the National Disability Teams (NDTs), set-up by the higher education funding agencies in England and Scotland, was also established. The Directors of both NDTs were able to provide advice, support and guidance during the initial period of the research, and this added to my understanding of the policy and provision for disabled students within the sector. Importantly, factors likely to influence equality and inclusion for disabled students were discussed in some depth.

### 3.2.2 Analysis of Legislative and Policy Developments and Consultation Processes

The second major area in the research process involved the analysis of legislative and policy developments, and consultative processes. Initially, key legislative and policy documents were analysed relating to equality, disability and higher education. Mason (1998: 71) has argued that *'the analysis of documentary sources is a major method of social research, and one which many qualitative researchers see as meaningful and appropriate in the context of their research strategy'*. The main purpose of this analysis was to understand the priorities and objectives of policy makers and the changing political agenda. However, throughout this analysis I was aware of the social, political and economic context in which the various policy papers, reports and minutes were written and, therefore, I utilised other research methods, such as interviewing and observations, to verify and clarify data as discussed below.

Archival material linked to the Disability Discrimination Act (DDA), Disability Rights Task Force (DRTF), Special Educational Needs and Disability Act (SENDA) and the subsequent Code of Practice were examined to ascertain the involvement of disabled people in consultation exercises. However, as suggested by Bryman (2001: 370), searching for relevant documentation can prove frustrating and many of the government records I sought were unavailable or missing. Where documentation was available my analysis remained critical in the interpretation of data, as May (1999: 164) warns *'they [documentation] do not simply reflect, but also construct social*

*reality and versions of events*'. Additionally, interview and observational methods were utilised to assist in the analysis.

Three key informants were interviewed to help with the process: a leading disability academic at the Centre for Disability Studies at Leeds University, a high profile disability campaigner who was a member of the Disability Rights Task Force (DRTF) in 1997 and the NUS Disability Officer.

Key informants, as defined by Payne and Payne (2005: 134) are:

those whose social positions in a research setting give them specialist knowledge about other people, processes or happening that is more extensive, detailed or privileged than ordinary people, and who are therefore particularly valuable sources of information to a researcher.

Each of these key informant interviews were unstructured. An unstructured interview as Robson (2004: 270) defines, is one in which *'the interviewer had a general area of interest and concern, but lets the conversation develop within this area'*. The flexibility of approach allowed through unstructured interviewing, enabled the exploration of in depth views and experiences of the key informants regarding the political involvement of disabled people during this time, effectiveness of representation and consultation, the relationship between organisations representing disabled people and the likely consequences for legislation and policy. Adams and Schvaneveldt (1985) contend that the validity and reliability of such data are highly reliable if we can assume respondents are honest in their responses. To each participant, I explained the purpose of the research, offered anonymity and sought their consent to use the interview data. As detailed by Sarantakos (2005), ethical standards prescribe that participants in social research should be fully informed, offered anonymity and consent agreed. Permission was



sought to tape record the interviews as I explained that this would ensure accuracy of data and allow concentration, both important factors as outlined by Robson (2004).

In addition to interviewing key informants, observational methods were employed over a four year period to more fully evaluate the effectiveness of disability representation and the role of organisations representing disabled people. As defined by Payne and Payne (2005: 157) in participant observation, *'the researcher takes on an active role within the social setting that is being studied. As well as watching, this facilitates listening, conversation, questioning and interviewing, so getting 'closer to life'*". Two national organisations in the representation of disabled people were focused on: the United Kingdom's Disabled People's Council (UKDPC), an organisation set up by disabled people to promote full equality and participation by disabled people in society; and *Skill*, the National Bureau for Students with Disabilities, a charity promoting opportunities for disabled people in post 16 education. I became actively involved with both organisations and at every stage declared that I was a researcher investigating the experiences of disabled students in higher education and, in particular, the representation of and consultation with disabled people and students in relation to legislation, policy and provision.

### 3.2.3 Analysis of Higher Education Statistics Agency (HESA) Datasets

Analysis of statistical data formed the third main strand of the research process. This would prove important in the identification of patterns of participation of disabled students. A number of datasets were supplied from

HESA (as detailed in Appendix 'A'). Whilst HESA had been supportive in supplying data for this study, statistics were limited and restricted. Although I would be unable to compare these datasets with more recent analysis, data provided an indicator relating to likely inequalities experienced by disabled students.

The research also compared the participation of disabled students studying in Wales, Scotland, England and Northern Ireland, with those students with no known disability. Analysis included disabled students by institution, subject of study and level, qualifiers, age, gender and ethnicity. Each of these areas, although providing only a 'snap shot' of student experience, would potentially highlight barriers experienced by students. This was valuable in considering the differences in policy and provision within the UK, and the potential effect of this on disabled students studying in Wales. Comparison of data for student choice of course, mode of study and classification of degree, between disabled students (by impairment category) and students with no known disability also drew attention to any significant differences which existed. In addition, examining data linked to impairment category, age, gender and ethnicity provided indicators as to not only possible inequalities experienced by disabled students when compared with students with no known disability, but also to inequalities experienced within disability. Regrettably, no data were supplied from HESA on social class and, therefore, I was reliant on data from other researchers in this area.

Using these results, further comparisons with the case study University's dataset were also made. Of course, the findings raised further

questions in relation to student experience. However, I addressed these at a later stage through the student questionnaire and during the interviews with students and staff, for example, when evaluating the factors that influenced disabled students in their choice of course.

The difficulty in ascertaining the accuracy of HESA data is highlighted in chapter six at 6.1 'Statistical Analysis of Base Level Representation of Disabled Students', but arguably HESA data provided a starting point from which to evaluate the representation of disabled students. For the purpose of analysing HESA data, the statistics included for student status of disability 'not known' were combined with students with 'no known' disability in all calculations, as illustrated in Figure 3.A:

Figure 3.A: HESA Data Combined Calculation of Students with 'No Known' Disability and Disability Status 'Not Known'

<u>UK Domiciled Students 2001/02:</u>	
'no known' disability	1,701,818
disability status 'not known'	<u>47,953</u>
'no known' disability:	1,749,771
disabled students	<u>93,549</u>
<u>Total Number of Students</u>	<u>1,843,320</u>

This ensured that calculations accurately reflected the number of students with a known impairment.

### 3.2.4 Policy and Provision within Wales

An important aim of this study was to evaluate how far policy and provision within Wales were achieving equality and inclusion for disabled students in higher education and this was the focus of the fourth step in the research

process. This process consisted of three stages of analysis: firstly, an assessment of Welsh Assembly Government's (WAG) policy in response to widening participation for disabled students in higher education; secondly a comparison of disability funding strategies within Scotland, England and Northern Ireland; thirdly, ascertaining policy and provision within Welsh HEIs.

The first stage analysed a series of policy documents (HEW 2001; Ramsden Report 2002; Rees 2001; 2005; WAG 2001; 2002) linked to widening participation, with the purpose of ascertaining how disability was viewed within the widening participation agenda. As part of this process, the consequences of devolution on policy and provision for disabled students within Wales were also evaluated. In addition, these policy documents, together with other reports and reviews (Welsh Affairs Committee 2004; WAG 2005), required analysis with regard to assessing how far disabled people were being consulted and how effective their voice was within policy developments. Throughout this analysis it was important to consider as Mason (1998: 75) suggests '*why were they [policy documents, reports and reviews] prepared, ...by whom, for whom, under what conditions, according to what rules ... ?*'. This consideration was important in identifying power inequalities and oppressive practices.

Comparing the response of the Welsh (HEFCE), Scottish (SHEFC) and English and Northern Ireland (HEFCE) funding councils in the provision made for disabled students was important in the second stage of analysis. This analysis, traced back to the early 1990s, evaluated the strategies implemented as documented in funding council circulars, letters and reports.

The objective being to highlight those factors supporting greater inclusion for disabled students.

The third stage consisted of a survey of Welsh policy and provision within HEIs. Contact was made with the *Skill Wales* Higher Education Regional Meeting forum. This is a meeting attended by Disability Officers and Advisers representing each of the HEIs in Wales. Two meetings were attended, the first in February 2002, where I explained who I was and my research interest, which I also did at the second in March 2004. In attending these meetings, I developed contacts within HEI disability teams across Wales and furthered my understanding of their views as to disability policy and provision within Wales. This was an important aspect of the research and in order to ensure that I had a detailed overview of policy and provision within each of the Welsh HEIs, a questionnaire was also employed in this process and sent to each of the thirteen institutions.

Initially, a questionnaire was drafted and a member of the *Skill Wales* Regional Group agreed to appraise the questionnaire and provide comments. These comments proved useful in re-drafting the questionnaire. A pilot questionnaire was sent out in November 2002 to four English and two Scottish HEIs. All six questionnaires were completed and returned. Following the pilot, one additional question was included. These were important steps in identifying any ambiguity, weakness and problems in the design (see for example, Sarantakos 2005). Moreover as May (1999: 92) contends, the design and testing of questionnaires is *'the most important part ... to construct them unambiguously and to be clear in your own mind what*

*the question is for, who it is to be answered by and how you intend them to interpret it'.*

In December 2002, the questionnaire (attached as Appendix 'B') was sent to each of the HEIs in Wales. These were addressed to either the Disability Officer/Advisor or contact name previously given within disability services. A covering letter was also sent explaining who I was and research interest (a copy of which is attached as Appendix 'C'). Respondents were assured that the completed questionnaires would be treated in confidence and anonymised within the research. The return of completed questionnaires was requested by February 2003. Follow-up letters, including a copy of the questionnaire, and telephone calls were made in February 2003 and June 2003 to those HEIs who had not returned a completed questionnaire - ensuring a good cover letter, anonymity and confidentiality, and follow-up are all important steps, as argued by Bryman (2001) and Sarantakos (2005), in improving the response rate. Eight questionnaires were eventually returned representing almost two-thirds of the HEIs in Wales, which as Mangoine (1995: 60) asserts is generally considered as an acceptable response.

The questionnaire included questions relating to the role of the Disability Officer/Advisor and departmental structure for disability support, as this would provide an indicator on how each of the HEIs had responded in implementing disability provision. The person completing the form was asked whether they, or any member of the disability support staff, had a disability (Question 9). The questionnaire did not, however, request information pertaining to the number of disabled people employed or in what

capacity. This was due to possible concerns over the sensitive nature of the data and whether this would deter the completion of questionnaires. The employment of disabled people within teams would be a likely indicator as to how inclusive HEIs were becoming: arguably employing more disabled people within institutions begins to reflect a positive image of disability. Furthermore, research has demonstrated (Duckett and Platt 2001; Kitchen 2000) that disabled people would often prefer to discuss disability issues with another disabled person and this could influence the relationship between disabled students and disability services.

In order to assess the policy response by the HEIs, a range of questions sought information concerning: staff development; compliance with SENDA; the advice and support offered to disabled students; whether disability nominated contacts were appointed within departments; evaluation of current provision; completion of disability audits; and student complaint procedures. Information regarding the level of input from disabled students in the development of policy and provision was also requested in determining whether disabled students had a voice in these processes.

The final section of the questionnaire related to how disability was defined within the institution and the number of students registered with the disability support service. Respondents were also requested to provide additional comments regarding their views on the institution's provision. Due to the small number and design of questionnaires, it was not necessary to use a data analysis package.

Data stemming from the questionnaire responses were limited, but where I felt further explanations to the comments contained within the questionnaires would be useful, I telephoned the person who had completed the questionnaire to clarify their comments further. As the questionnaire was based solely on Welsh HEIs I was unable to compare the data with Scotland, England and Northern Ireland. However, the purpose of the questionnaire was to provide an overview of existing policy and provision within Wales.

### 3.2.5 HEI Case Study

The most important aspect of the research process consisted of the HEI case study. This is because as Yin (1991: 23) advocates:

*A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.*

A case study, therefore, offers the researcher an intensive approach in research design in which a range of data collection techniques, such as observation, questionnaire, interview, statistical analysis, and documentary data can be incorporated. However, issues over external validity or generalisation have been raised and as Bryman (2001: 50) questions, '*How can a single case possibly be representative so that it might yield findings that can be applied more generally to other cases?*'. Restricting the research design to one HEI in Wales would have implications as to the limitation of the study. Arguably, comparing the experiences of disabled students within several Welsh institutions would allow for a wider analysis. Nevertheless, this was likely to weaken the analysis that could be achieved by concentrating on a larger number of students at one HEI and I was



mindful of Hurst's (1993) recommendation for research, to address the '*lived experience*' of disabled students. Focusing the research on one case study would enable a dedication of time in exploring a wider range of experiences within that setting and to identify those factors which were likely to influence the equality and inclusion for disabled students.

A number of reasons were influential in choosing the case study University. These partly related to the size of institution, the number of disabled students enrolled and the provision offered. In 2001/02 the chosen University attracted nearly 850 disabled students (postgraduate/undergraduate/other undergraduate courses), representing nearly seven per cent of the student population, the largest number of disabled students studying at a single Welsh HEI. Although the University attracted the largest number of disabled students, three other Welsh HEIs, whilst not exceeding these numbers, did have a higher participation rate of disabled students within the overall student population and this stretched to almost double (12.93 per cent) at one HEI (data derived from HESA statistics for 2001).<sup>6</sup> The University was also well known within Wales for the high level of provision offered to disabled students and, in particular, the facilities provided through its Resource Unit for Blind Students (RUfBS)<sup>7</sup>.

A further reason influencing choice of case study related to the likely variance in the inclusion and experiences of disabled students in pre and post 1992 HEIs. The new universities appeared to be attracting more

---

<sup>6</sup> The location of each HEI and the percentage of disabled students in each is illustrated in Figure 5.A.

<sup>7</sup> To ensure the anonymity of the case study institution the name of this service has been changed.

students from under-represented groups (Corbett 1996b) and this may in part have been influenced by the difference in academic culture and the emphasis on vocational knowledge and transferable skills in post 1992 higher education. The case study chosen was one of the four original colleges of the University of Wales, created in 1893. Researching the views held within such a traditional university would potentially highlight further factors influencing equality and inclusion for disabled students.

The case study consisted of four main areas of research (i) University disability policy and provision (ii) role of the Student Union in the representation of students (iii) academic department policy and provision and (iv) the experiences of disabled students, as detailed below:

(i) University Disability Policy and Provision

Evaluation of the case study's disability policy and provision included: analysis of statistical data; attendance at a range of University meetings; and staff interviews.

(a) Statistical Data

A Microsoft Excel database of 491 disabled students, who were enrolled on postgraduate and undergraduate courses, was provided by the case study's administration (October 2002). Notably, the number of students registered with the University differed significantly from the HESA data supplied for the previous academic year 2001/02. This is accounted for by the inclusion within HESA data of 'other undergraduate courses'. The case study's data related to the student's graduate status, department and course, mode of

study, impairment, whether the student was in receipt of Disabled Students' Allowance (DSA), their age, gender and ethnicity. Further data were also supplied in relation to all students studying in that year by department, gender (by department), ethnicity and age. The Excel data were reformatted into SPSS for comparison with the SPSS analysis of student questionnaires<sup>8</sup> (a list of coding is provided in Appendix 'D').

The purpose of analysing these statistical databases was to evaluate whether any inequalities appeared to exist between the data for disabled students and that of the remainder of the student population, for example, in relation to gender, age and ethnicity. In addition, evaluating higher and lower concentration rates of disabled students within particular departments, and whether this was influenced by impairment category, would provide indicators as to where potential barriers were working to exclude disabled students. Similarly, as to the choices disabled students were making in respect of studying full and part time and whether this appeared to be influenced by impairment category. As with the HESA data, these statistics identified areas that would require further investigation when interviewing staff and disabled students.

(b) University Meetings

A further insight into the decision-making processes within the University in the development and implementation of policy was through the attendance at meetings. In particular, determining the response by the University to

---

<sup>8</sup> The use of student questionnaires will be detailed later in this section at (iv) 'Disabled Students'.

disability legislative requirements, the knowledge and understanding of legislation in committees and the perceptions of disability held by committee members. Each of these areas would be important when considering equality and inclusion for disabled students within higher education. During the period October 2002 through to April 2004 a number of meetings were regularly attended, mainly as an observer. Meetings included, for example, the Senate, Planning and Resources Committee, Estates and Services Committee, Equal Opportunities Committee, Race Equality Working Group, Student Union Liaison Committee, Student Services Sub-Committee, Learning and Teaching Committee, Working Party on 'Extenuating Circumstances/Special Needs (Assessments and Examinations)' and Access Working Group. Where permission was required, the Chair of the Committee was contacted and permission to attend as an observer sought. The contents of such meetings remained confidential when requested. I was aware, however, that my presence as a disabled researcher may influence how committee members referred to disability issues. Nevertheless, I hoped as Robson (2004) suggests, the observed would forget the presence of the researcher and carry on as if the researcher was not there. Despite these drawbacks, attendance at such meetings remained an important feature of the research design.

(c) Staff Interviews

The purpose of interviewing members of staff was to identify those factors which were supporting equality and inclusion for disabled students. A range of University staff were interviewed in the Autumn of 2003. These included

management, administrative and support staff, from Planning, Estates, Admissions and Marketing, Equal Opportunities, Staff Development, International Office, Widening Participation, Disability Office, Accommodation, Resource Unit for Blind Students, Library, Counselling and Examination support.

Initially, I emailed or telephoned each member of staff I wished to interview, explaining who I was and about the research. All those contacted agreed to be interviewed. At the commencement of each interview I discussed the purpose of the research, reassured the member of staff regarding confidentiality and anonymity, sought permission to tape record and requested consent to use the interview data, as per ethical standards prescribed by Sarantakos (2005).

Interviews were semi-structured and as defined by Robson (2004: 270)

a semi-structured interview:

Has predetermined questions, but the order can be modified based upon the interviewer's perception of what seems most appropriate. Question wording can be changed and explanations given; particular questions which seem inappropriate with a particular interviewee can be omitted, or additional ones include.

This would allow flexibility within the interview process, such as further follow-up questions. The questions were designed to learn about the role of the individual, their understanding and experience of disability, knowledge of disability legislation and the application of legislation within their department, the level of feedback and consultation with disabled students with regard to policy and provision within the department and specific issues raised on the questionnaire completed by disabled students and during the student

interviews. For example, questions asked when interviewing the Disability Office representative included: (i) Could you explain to me about the role of the Disability Office in the admissions process for students? (ii) Are there systems in place to inform academic departments of disabled students studying their courses and modules? (iii) What is the view of the Disability Office concerning the setting up of a forum for students? (iv) Has the Disability Office held any consultative exercises with disabled students in the past?

The interview tapes were fully transcribed and analysed. Miles and Huberman (quoted in Robson 2004: 459) describe '*a fairly classic set of analytic moves*', which include assigning coding, identifying themes and patterns, and producing generalisations within the data. A computer word processing package was utilised in this process to help with coding and enabling data to be copied into relevant files. Specialised programmes, such as Nud\*ist were considered, but at the time of data analysis these programmes were incompatible with computer software designed to enlarge data for visually impaired people (a list of coding is provided in Appendix 'E').

(ii) Student Union

Examining the response by the Student Union (SU) to issues of equality and inclusion for disabled students was also an important feature of the case study research. A number of student meetings were attended, which included General Student Meetings, Council Meetings and Executive Meetings. This allowed observation as to how students responded to disability issues and how disability was generally perceived. This was

particularly important in evaluating the way the SU represented disabled students in University policy and provision. During this period the SU also organised disability training for sabbaticals and officers, conducted a disability audit, organised a disability equality week and took the first steps in starting a disability forum. Each of these provided an invaluable insight into how disability was generally perceived in the SU.

Semi-structured interviews (Robson 2004) were utilised to obtain detailed data from Student Union representatives. Questions sought information relating to the knowledge and understanding of disability legislation, views as to the University's response in meeting legislative requirements, attitudes of disabled students since the implementation of legislation and importantly the representation of disabled students in policy and provision and within complaint procedures. In November 2003 the General Manager, President, and Education and Welfare Officer were interviewed. The SU Disability Officer had been interviewed in March 2003 and the newly elected officer in November 2003. As previously stated, with regard to interview practices and ethical standards, at the commencement of each interview I explained the purpose of the research, reassured the respondent regarding confidentiality and anonymity, sought permission to tape record and requested consent to use the interview data (Sarantakos 2005). All the respondents agreed to the interview being tape recorded. The interviews were transcribed and analysed (a list of coding is attached as Appendix 'F').

(iii) Academic Departments

An important aspect in determining factors likely to impact on the equality and inclusion experienced by disabled students at the case study, related to disability policy and provision in academic departments. The analysis across academic departments was largely drawn from the views expressed by disabled students in the student questionnaire and at interview.<sup>9</sup> However, six departmental disability co-ordinator interviews were carried out with the purpose of ascertaining the impact of University policy and provision within departments. This would be important in evaluating how disability was perceived amongst department staff and the relationships that existed between academic members of staff and disabled students.

Each of the University's 33 academic departments was allocated a reference number between one and 33. A detailed breakdown across departments of the total number of students, students with a known disability, percentage of disabled students, number of student questionnaires returned, number of students interviewed and department disability contacts is provided in Appendix 'G' and an analysis by department across impairment categories is detailed in Appendix 'H'. This analysis would assist in choosing the department disability co-ordinators to interview.

Departments 17, 18, 23, 24, 25 and 27 were chosen as they reflected a range of courses and support offered. The disability co-ordinator in each department was emailed early in October 2003 with an outline of the

---

<sup>9</sup> The use of student questionnaires and interviewing will be considered further in point (iv) of this section.



research and a request as to whether they would agree to be interviewed. At this time each of the co-ordinators were reassured that the research would be anonymised. Anonymity would again be addressed at the commencement of each interview. Following the interviews, held during October and November 2003, each co-ordinator was emailed and thanked for their support and clarification sought as to whether they were still willing for me to use the interview data in the research study. All six departments agreed. The ethical practices of securing informed consent and ensuring anonymity, as prescribed by Sarantakos (2005), were therefore complied with.

The interviews were semi-structured as this I felt would provide flexibility in my discussions with co-ordinators and for specific areas to be probed further (Robson 2004). Questions related to: the disability co-ordinator's experience of disability issues; knowledge of disability legislation; whether they or any member of the department had attended training sessions; the response of the University to legislation; internal communications regarding disabled students; potential reluctance by students to disclose a disability; the relationship between disabled students and the disability co-ordinator and other members of staff; the response by departmental staff to disability issues; student attitudes and awareness of their rights; and consultation (a sample of questions used, are included in Appendix 'I'). Questions which specifically related to each of the departments concerned were also included, stemming from the student questionnaire and interviews. For instance, in Department 23, the four students interviewed raised their apprehensions regarding the year of study being offered abroad, and I was, therefore, able

to ask the co-ordinator whether s/he was aware of these worries. I commenced each interview by providing a brief description of the research and mentioning that I had already interviewed disabled students within their department.

The time span of interviews varied from Department 25 lasting 20 minutes to Department 26 taking over 60 minutes. The length of the interview seemed to be dependent upon the level of interest shown by the co-ordinator to disability issues. The co-ordinators had no objection to interviews being tape recorded. However, on a number of occasions where the co-ordinator wished to discuss an issue they considered to be of a sensitive nature, requests were made for the tape recorder to be turned off. This material was not included in the analysis of data, although it did assist in my understanding of the difficulties co-ordinators were experiencing in their role. The interviews were transcribed and coded<sup>10</sup> early in 2004 (a list of codes is provided in Appendix 'E').

(iv) Disabled Students

Evaluating the experience of disabled students at the case study institution formed the most significant part of the research design. Arguably, it is through their direct experiences that factors that influence the experience of equality and inclusion or inequality and exclusion could be identified.

Questionnaires were sent to disabled students in February 2003. Initially, a pilot questionnaire was completed by five disabled students who

---

<sup>10</sup> In the same way as addressed in relation to staff interviews.

had studied, or were studying, at the University and who had shown an interest in the research. The students agreed to complete the questionnaire and provide comments on its structure. It was important to ensure, as Sarantakos (2005: 253) outlined, that questions were easy to read and follow, flowed in a logical progression, allowed sufficient space for the respondent to make relevant remarks and presented in a way to encourage the respondent to complete it. Following the pilot questionnaire, student questionnaires (Appendix 'J') were distributed via the Disability Office to 491 disabled students. This was to ensure that the anonymity of students would be maintained by the University. A covering letter (Appendix 'K') was sent explaining this. Respondents were reassured that the answers provided in the questionnaire would be treated in complete confidence and anonymised as part of the research, as per ethical guidelines (Sarantakos 2005).

The covering letter contained a summary of points and the questionnaire printed on yellow paper for ease of reading. Large print, Braille and email copies of the letter and questionnaire were sent to those students who would normally receive documentation in these formats. Students who were willing to further assist in the research were requested to indicate this on the questionnaire and, as previously reasoned, my email and telephone number were included for those students who wished to discuss any aspect of the research directly with me. The opportunity was taken of mentioning to students the idea of setting up a disability forum or society, as this potentially could provide disabled students the chance to make contact with other disabled students within the University. A prize draw for a £15 Amazon voucher was offered to those students who completed the

questionnaire. This reflected my appreciation of the time spent by the student in completing the questionnaire and hopefully provided a further incentive to the student to return it.

The questionnaire sought information with regard to the student's gender, age, ethnicity, impairment, year of study, course and department, previous educational background and reasons for choosing the University and course. Views were sought pertaining to disability support within academic departments, examination provision and Disability Office assistance, together with issues regarding accessibility on campus, participation in student activities and general experiences at the University. Knowledge of disability legislation and information regarding whether the student had encountered any discrimination whilst at the University was also requested. In addition, student opinions on whether disabled students should become involved in contributing to disability policy and provision within higher education were requested and whether they would personally like to contribute in these processes. Finally, students were provided with the opportunity of indicating whether they would be interested in joining a disability forum or society.

The returned questionnaires totalled 115, almost a quarter of the population sample. This is a poor and unacceptable return rate as Mangoine (1995: 60-1) contends. It was not possible to distribute a follow-up letter as I was reliant on the Disability Office to do this and they were unable to assist. This was likely to have impacted on the return rate (Bryman 2001; Sarantakos 2005). I had recognised the timing of sending out the

questionnaire had been crucial which was why it had been distributed in early February (2003), to avoid as far as possible assignment deadlines and minimise the pressure from approaching examinations. However, it is likely that disabled students encounter additional pressures to other students and this I felt could have had a bearing on the number of completed questionnaires returned. The completion of questionnaires presented itself as an area to be further addressed during the interview process with students. Nevertheless, in distributing the questionnaires, I was able to initiate contact with disabled students and this facilitated the number of students who were willing to participate further in the research process via interviews. The questionnaires which were returned did, however, reflect a wide range of student characteristics and experience and these were coded using a computer statistical analysis software package (SPSS) (a list of coding is provided as Appendix 'L'). The benefits of using a statistical package, as Sarantakos (2005) suggests, would assist in the interpretation of data and allow for graphical presentation in the form of graphs and tables.

As addressed earlier in the chapter (3.1.2), an underpinning principle of the research design and methodology was the adoption of an emancipatory approach. Therefore, it was important to consider ways in which disabled students could be empowered within the research process. Initially, I considered setting up focus groups, which as described by Sarantakos (2005: 194) are '*a loosely constructed discussion with a group of people brought together for the purpose of the study, guided by the researcher and addressed as a group*'. Such an approach, Robson (2004: 285) suggests, enables participants to discuss and exchange views with others and can

prove to be an empowering experience. This potentially provides the opportunity for participants to challenge opinions, beliefs and attitudes and for the researcher to probe these areas further. Whilst I recognised that for some students participating within a focus group would be a beneficial experience, I was also aware that for other students discussing disability issues could be a very private and emotional issue and that not all students would feel comfortable within a focus group. Sarantakos (2005) had reasoned that in certain circumstances focus groups may not be appropriate, particularly when intimate or personal details are discussed. This would be another aspect I felt could be addressed at the interview stage as to how disabled students would feel being part of a disability group. It was also vital to this study for the students to be able to talk freely about those issues that were important to them individually and, therefore, interviewing appeared to be the most appropriate method to achieve this.

In total 23 disabled students were interviewed, the majority between March and June 2003, with five students agreeing to be re-interviewed in the Autumn of 2003. The students were chosen to achieve a cross-section of impairment categories, as used by HESA, whilst also reflecting a range of backgrounds and characteristics such as gender, ethnicity, age, experience of different courses and subject areas and level of study. Appendix 'M' provides a summary of students interviewed. Of the students interviewed, two had not returned questionnaires. One of these students had approached me as he was aware of my research, but had been unable to complete the questionnaire at that time. I assisted this student in completing the questionnaire and later interviewed him. The second student was the partner

of another student interviewed and did not want to complete a questionnaire. I felt by interviewing these students it would provide the opportunity of finding possible reasons why other students may not have completed the questionnaires.

Contact was made with students either by telephone or email, depending on the student's preference as indicated on the questionnaire regarding interview. I was conscious of concerns as to the way different locations could potentially influence the validity and reliability of data and, therefore, to ensure and maintain consistency very similar interview arrangements were made where possible. Arrangements were made to meet 18 of the students at a research room, or a place the student knew nearby, from where I could accompany the student to the room. The research room was quiet and I did not have to worry about interruptions. I tried to create a relaxed atmosphere within the room and was able to offer tea or coffee to the student. However, I also recognised that students needed to be able to talk to me in an environment they felt most at ease in and three students opted to be interviewed in their halls of residence and a fourth at their home, some distance away from the University. On these occasions, the atmosphere was relaxed, although one of the students had a personal assistant present at the commencement of the interview and I was aware that this might influence some of the responses made by the student. A fifth student suggested I met her and her husband, who was also her personal assistant, in a public location on campus. Although I was aware there could be potential issues of being overheard and uneasiness regarding sharing information in such a public place, I felt it was more important to meet

the student at a location of her choice. In addition, there were added concerns of her husband/personal assistant being present. This student did, however, require an interpreter due to a hearing impairment and there appeared to be no other option.

At the commencement of each interview, I explained the purpose of the research, sought informed consent and reassured the student as to anonymity and confidentiality.<sup>11</sup> Accordingly the names of the students were anonymised and fictitious names provided for the purpose of the thesis. I also reiterated that the research was independent of the University's Disability Office and that I too was a student. I asked students if they would be willing for me to tape record the interviews and explained that this would ensure accuracy of data and allow me to concentrate better. With the exception of one student, all agreed to be taped.

The interviews were largely unstructured.<sup>12</sup> I did not prepare a list of interview questions, but prior to each interview I re-read the student's completed questionnaire and pinpointed aspects that could be raised further during the interview. Generally, I worked through each of the questionnaires with the students discussing their replies. Where it appeared that students wanted to talk further about a particular issue, I allowed the student to do so. An approach often adopted by researchers, as Bryman (2001: 313) suggests, assisting in gaining insight into what respondents consider important. Allowing disabled students to freely discuss the issues that were important to them meant that the data covered many aspects of University life and this

---

<sup>11</sup> As per prescribed ethical standards (Sarantakos 2005) at 3.2.2

<sup>12</sup> Defined by Robson (2004: 270) at 3.2.3.



added a quality to the research that would most likely have been lost in a more structured approach. However, as a result, comparison of direct experience would prove difficult: what was important to one student would not necessarily be discussed by another. Nevertheless, I would argue, that in utilising a wide and diverse range of experience increased the opportunity to examine issues of power and oppression, equality and inequality and inclusion and exclusion. Furthermore, I was anxious to work within a methodology commensurate with an emancipatory approach and hoped that in providing an opportunity for students to discuss the issues that were important to them, that a level of '*reciprocity, gain and empowerment*' (Oliver 1992: 111) could be achieved.<sup>13</sup> The students interviewed appeared to welcome the chance to talk with another disabled person about their experience of University life, sharing both their experiences of good and bad times. Importantly, providing such an opportunity seemed to prove beneficial in reducing the isolation that students were later to describe. Due to the unstructured approach of interviewing, interviews varied in length with the shortest lasting 20 minutes and the longest 90 minutes. The interviews were transcribed during the summer of 2003 and coded (as detailed in Appendix 'F').<sup>14</sup>

### 3.3. Summary

In this chapter I have outlined my concerns regarding the role of social research. These largely reflected issues relating to the purpose of research in challenging the oppression experienced by oppressed groups within

---

<sup>13</sup> Described earlier in the chapter at 3.1.2.

<sup>14</sup> In the same way as previously considered in relation to staff interviews.

society. Whilst some researchers, for example Hammersley (1995), disagree with this viewpoint, evidence from disability academics (Hunt 1981; Oliver 1990, 1992; Abberley 1992; Rioux and Bach 1994; Barnes 1996) has highlighted the way in which research has played a role in the oppression of disabled people. Challenging this oppression was, therefore, an important influence on this study and in aiming to achieve this, an emancipatory approach was aspired to. These underpinning principles guided the design and every aspect of the research.

In the next chapter, I start to present my research findings, beginning with an analysis and discussion relating to the involvement of disabled people in the development of disability legislation and policy. I focus on the competing perspectives within these developments, the level of involvement experienced by disabled people, together with the effectiveness of consultation. Thereafter, the thesis turns to examine the response within higher education policy towards disability policy and provision.

## **Chapter Four**

### **Consultation and Representation in the Development of Disability Legislation and Policy**

This chapter focuses on the process of representation and participation of disabled people in the development of disability legislation and policy, as it is likely that the effectiveness of these processes will impact on the experiences of disabled people within society. The examples detailed in this chapter provide a valuable insight into the competing tensions that exist in the development of disability legislation and policy. The analysis builds on chapter two as it reflects on the principles of citizenship and equality, concepts of oppression and power, and issues surrounding representation and participation of marginalised groups within society.

Three sections ensue. The first reflects on the development of disability legislation. The need for legislation is considered and competing tensions discussed, namely: persuasion and compromise within the political, public service, business and traditional charity agendas. The second section deliberates the process of consultation in relation to the Special Educational Needs and Disability Act (2001) (SENDA), which amended the Disability Discrimination Act (1995) (DDA). I consider in detail those who were included and potentially excluded within consultative processes and suggest possible reasons influencing such inclusion or exclusion. The final section of the chapter examines an example of 'round table' discussions and contemplates the potential conflict of interests that can exist between those participating in this type of process.

In the first section of the chapter I largely rely on archival material. The second section also draws heavily on archival sources, although analysis includes more extensive data derived from key informant interviews and links to current representation and the involvement of disabled people. It is, however, in the third section that I am able to utilise direct observation to evaluate consultative processes.

#### 4.1 Legislative Developments and Competing Tensions

Prior to 1995 there was no anti-discriminatory legislation to protect disabled people in the United Kingdom, although politicians and academics had documented much evidence as to the need for legislation. For example, in 1979 the Silver Jubilee Access Committee, under the chairmanship of Peter Large (a disabled person) published its report '*Can Disabled People Go Where You Go?*' (SJAC: 1979) and this drew attention to the number of blatant acts of discrimination against disabled people. In response the then Labour Government set up the Committee on Restrictions Against Disabled People (CORAD), again under the chairmanship of Peter Large, to examine the barriers experienced by disabled people and to make recommendations to address this problem. The committee recommended that anti-discrimination legislation was necessary to combat the exclusion of disabled people in society. The Institute for Public Policy Research (Bynoe, Oliver and Barnes 1990) also detailed the arguments for anti-discrimination legislation. Notably, the government remained reluctant to legislate as Nicholas Scott, the Minister for Disabled People, reasoned:

[I wouldn't] deny that discrimination exists – of course it does. We have to battle against it, but, rather than legislating, the most constructive and productive way forward is through raising awareness of the community as a whole (Hansard 1991, 28<sup>th</sup> March, col.1150).

Regardless of such assertions, in 1995 the government legislated and the Disability Discrimination Act (1995) was passed. This arguably was a watershed in legislation and as Alistair Burt, the Minister of State for Disabled People, asserted, the legislation was '*a fundamental advance for disabled people ...upon which we can build to achieve the end of discrimination*' (DSS 1995: 1). Significantly, whilst many saw these first legislative steps as a watershed, others viewed the DDA, as an inadequate compromise. For example, Lord Lester stated in the House of Lords that the DDA was largely '*riddled with vague, slippery and elusive exceptions, making it so full of holes that it is more like a colander than a binding code*' (Hansard 1995a, 22<sup>nd</sup> May, Col. 807). Over the years, politicians (Silver Jubilee Access Committee (SJAC) 1979; the Committee on Restrictions Against Disabled People (CORAD) 1982; All Party Disablement Group), academics (Bynoe, Oliver and Barnes 1990; Barnes 1991) and the disability movement (Voluntary Organisations for Anti-Discrimination Legislation) had all sought more stringent legislation based on comprehensive civil rights legislation in order to secure the equality and rights of disabled people within society, as opposed to the continuation of policy reflecting a welfare and needs led discourse.

Notably, during this period there was a growing collective consciousness amongst disabled people. In the 1970s the Union of Physically Impaired Against Segregation (UPIAS) (1976) was formed and in 1981 UPIAS reformulated itself as the British Council of Disabled People

(BCODP). In 2006 the BCOBP again changed its name to the United Kingdom's Disabled People's Council (UKDPC) and today the UKDPC represents over eighty groups run by disabled people with a membership of 350,000. In 1985 the Voluntary Organisations for Anti-Discrimination Legislation (VOADL) was set up and this was later to become the Rights Now Campaign. The VOADL had over 50 member groups and were demanding political change. As Bynoe, Oliver and Barnes (1990: 12) commented:

The move towards self-organisation prompted increasing numbers of disabled people to adopt a shared political identity, which in turn helped build a new model of confidence.

Arguably, as a result of political pressure, between 1982 and 1994 seventeen attempts were made to introduce comprehensive anti-discrimination legislation. The All-Party Disablement Group mobilised cross-party support and by 1994 threatened to overturn the Conservative Government's fragile majority. However, at this time, the government continued to make a case for an approach based on persuasion. An alternative approach, based on equal rights for disabled people had been included in The Civil Rights (Disabled Persons) Bill, introduced by Alf Morris MP in 1991 and 1992 and by Roger Berry MP in 1993. Moreover, another important development related to the introduction of disability legislation in other countries which provided a platform for comparison. Examples included: Americans' with Disabilities Act (ADA) 1990, the Australian Disability Discrimination Act (DDA) 1992 and the New Zealand Human Rights Act (HRA) 1993. International legal standards and European Union (EU) law were also advancing.

The Minister for Disabled People, Nicholas Scott, issued a consultation paper in July 1994 on the '*Government Measures to Tackle Discrimination Against Disabled People*'. The government reasoned that whilst it shared the aim of enabling disabled people to participate fully in the life of the community, it did not believe '*sweeping legislation would succeed*' (DfEE 1994: 12). It was further claimed that the Civil Rights (Disabled Persons) Bill had lacked consultation with business interests. However, the Rights Now Campaign maintained that they had consulted extensively. The government in response decided to undertake its own three month consultation during the summer of 1994 (DHSS 1994) and this was viewed by the disability movement as a '*non-consultation*' exercise (Rights Now Campaign, 1994a 31). Organisations experienced delays in obtaining the consultation paper, which impeded their ability to respond within time limits. This document contained a cost compliance section and calculated the cost to business, in complying with the Civil Rights (Disabled Persons) Bill, would be £17 billion over the first five years, with continuing costs of £1 billion a year thereafter. The disability movement disputed these figures asserting that there had been gross miscalculations (Rights Now Campaign, 1994b). Nevertheless, the government proceeded with the DDA, and largely consulted with the 'big seven' charities. The traditional charities were unlikely to disagree with the government's approach of persuasion, as their own stance had historically reflected one based on welfare and care, as opposed to a rights and equality approach (Oliver 1990, 1996; Drake 1992, 1996b, 1999; Campbell and Oliver 1996). In Drake's (1992) in depth study of welfare organisations in one Welsh county, the divergence that existed between the views of non-disabled

people and disabled people was detailed. Drake (1992: 10) provided evidence that disabled people were more likely to focus '*their efforts upon lobbying, campaigning and empowerment*' and '*of direct and immediate concern were actions necessary to enhance the status, rights and powers of disabled people*'. Furthermore, it could be reasoned, that with the introduction of comprehensive legislation, based on equality and rights, this would be likely to eventually weaken the long term position of the traditional charities whose focus has largely reflected a welfare and needs approach. It is, therefore, questionable as to how far traditional charities would be prepared to jeopardise their own positions during consultative exercises.<sup>15</sup>

The legislation adopted proved weak in comparison with the proposals contained within the civil right legislative approach. An approach that would have reflected a more comprehensive, equality and rights based focus. It could be further reasoned that in adopting such an approach (one based on equality and rights) this would have challenged dominant views held within society about how disability is generally perceived and thus challenged needs and welfare perceptions. Significantly, at this time, the stance taken by government appeared to reflect the interests of those with the most power, for example the traditional charities, business and industry, and as contended by Burr (1995) this legitimises the positions of those who hold power. This would have implications for the quality of citizenship experienced by disabled people and their inclusion within society, which as Thompson (1997)

---

<sup>15</sup> Evidence of the stance taken by traditional charities will be addressed further in 4.2 'Special Educational Needs and Disability Act (SENDA) (2001) and Consultation' and 4.3 'Policy Initiatives and Disability Representation'.



contends is likely to lead to marginalisation and inequality of oppressed groups.

The competing tensions that existed in the development of legislation were also evident in the way disability was defined within legislation and as Chadwick states:

One of the grounds for lack of support is that the definition of disability contained in the Bill is based on an individual rather than a social model of disability. It is my contention that if the Act is implemented with its individual model of disability unchallenged disabled people could remain figures of intrinsic limitation and restriction; and this negative perception will itself limit or further restrict attempts to achieve equality in any meaningful sense (1996: 25).

The Act defined disability as:

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

According to this definition, the 'effect' must be (i) 'substantial' (more than minor or trivial); (ii) 'adverse'; (iii) 'long-term' (likely to last at least 12 months); and (iv) affect 'normal day-to-day activities'. As I have previously argued (Beauchamp-Pryor 2004: 101) this definition, focuses on the effect of impairment and not on the disabling barriers within society. Therefore, where activities are categorised as 'normal', others are likely to be treated as 'abnormal' and this is likely to reinforce the stereotyping and stigmatisation of disabled people.<sup>16</sup> This response was sustained in the DfEE's (1995b) *'Guidance on matters to be taken into account in determining questions relating to the definition of disability'*.

---

<sup>16</sup> Refer to chapter two at 2.4 'Oppression and Disability' for a comprehensive discussion regarding the definitions of disability

The limitations of the definition were recognised by the Disability Rights Task Force (DRTF), which had been set up by the 1997 newly elected Labour Government to address their manifesto commitment to provide comprehensive and enforceable civil rights for disabled people. Whilst the limitations of the definition of disability were recognised the medical model approach was still retained (Beauchamp-Pryor 2004: 102). Debatably, this is likely to have been influenced by the composition of the Task Force membership and from competing viewpoints. The DRTF was chaired by Margaret Hodge, the Minister for Disabled People who brought together a wide range of stakeholders, including a range of disability groups, representing organisations consisting 'of' and 'for' disabled people, and professional organisations, such as the Small Business Federation, Institute of Directors, Confederation of Business and Industry, Trade Union Council and representatives from the health and social services sectors. Out of the 27 members, five members represented the disability movement and only these members were likely to have fought for a social model approach. Whilst various definitions were debated, I was able to ascertain from one of these five members at interview that *'the definition battle was a lost cause'* (21/01/04). This was because members of the DRTF who included civil servants and the professional organisations adhered to the medical model, together with those organisations and charities representing disabled people. Lukes' (1974) analysis of power is arguably evident, defining power relations and ensuring established boundaries remained unchallenged. As previously claimed, it would be unlikely to be in the interest of such organisations and charities representing disabled people to adopt a social model approach and,

thus, promote a response based on citizenship and rights. Notably, one such representative was Colin Low, from the Royal National Institute for the Blind (RNIB), who strongly supported the medical model.<sup>17</sup> Whilst important that the government evaluated views from all different perspectives, it is also essential as Arnstein (1969: 216) has asserted, to ensure the participation of those whose views were most likely to be overridden or undervalued and this did not appear to happen.

The way in which the DDA definition would differ in adopting a social model perspective, can be exemplified by the definition proposed and campaigned for by The Northern Officers Group, an organisation of disabled people involved in local government.

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

Furthermore, the proposed definition of disability contained in the Civil Rights (Disabled Persons) Bill (1993), reflected the definition contained within the Americans with Disabilities Act (ADA) (1990). ADA was broader in scope and included those people perceived as being disabled. In practice, this would have meant, the focus would have moved away from the discriminated, based on individual impairment, to the discriminator, based on prejudice and stereotypical views (Gooding 1996: 10). As Rights Now (1995: 8) further asserted '*...what a discrimination law should focus on is discrimination; not how disabled a person is but how much they are discriminated against*'.

---

<sup>17</sup> Low's stance on the medical model is detailed in chapter two at 2.4 'Oppression and Disability'

The Civil Rights (Disabled Persons) Bill (1993) incorporated the concepts of direct and indirect discrimination, together with a third concept of '*reasonable accommodation*', which recognised the need to address environmental barriers faced by disabled people. The DDA (1995: Section 28S(1)) defines direct discrimination as less favourable treatment which cannot be justified. Unlike other equality legislation, such as the Sex Discrimination Act (1975) (SDA) or the Race Relations Act (1976) (RRA), the government was concerned that discrimination may in certain circumstances be justified (Gooding 1996: 5). For example, it could be claimed that discrimination may be justified in maintaining academic standards in higher education. The DDA also excluded the concept of indirect discrimination (Gooding 2000: 542) and this would have applied to removing institutionalised barriers, benefiting not just individuals, but all disabled people. Although the DDA adopted the concept of '*reasonable adjustment*', this concept as Gooding (1996) asserts appeared in a more restrictive form and, therefore, likely to result in mainly individualised solutions.

The DDA would address individualised cases of discrimination, but would fail to respond to the indirect discrimination encountered by disabled people within institutional practices (Rights Now Campaign 1995). The government, seemed to fail to recognise at this time, that it was the practices and policies within these institutions that were disabling people, as opposed to individual impairments. As a DRTF member discussed in a personal communiqué '*...let's face it, they just wanted to produce something that would, hopefully, keep us quiet, but not make any radical change*' (17/01/04).

Importantly, a number of amendments to the DDA were brought in during the next decade, arguably in response to the weaknesses detailed above, and in particular, I would suggest because of the increased recognition by successive governments that persuasion only would not prove adequate in the protection of disabled people in society. This has been particularly evident with regard to the experiences of disabled students in higher education.<sup>18</sup>

The protection of disabled students in higher education had initially been omitted from the DDA. *Skill*, the National Bureau for Students with Disabilities, an organisation representing the interests of disabled students in post 16 education, had also appeared to follow the government's line of persuasion, stating in a government briefing that:

There is no sound reason why the increase in equality for one group should be made to threaten the existing rights of another, the universities. More specific policy statements on provision for disabled students would be welcome and useful, but the amendment needs to be framed in another way if it is to be welcome to the institutions who are to respond to it (quoted in Hansard 1995b, 22<sup>nd</sup> May, col. 876).

*Skill's* Chief Executive has since claimed that their objection to legislating for the provision of policy statements was because they believed the proposal was "very weak" (*Skill*: 18/08/04). Whilst *Skill* considered the proposal was weak, it could be reasoned that some protection in the form of disability statements would have been better than none at all. Furthermore, as evident in Lord Beloff's views, this gave the impression that *Skill* was seeking a line of collaboration:

---

<sup>18</sup> As evidenced, for example, in chapter five at 5.1.1 'Major Initiatives from the Early 1990s Onwards'

...those who represent disabled students believe that the way forward is through co-operation between such organisations and the institutions of higher education. They deplore the interjection of an unnecessary compulsory power... (Hansard 1995c, 22<sup>nd</sup> May, col. 876).

It could be argued that it was in the interests of *Skill* to collaborate with the government, as they not only represent disabled students, but, as will become evident later in the chapter, they also represent a range of powerful professional groupings.

Concerns from within institutions were also evident in relation to the potential impingement of academic freedom and loss of autonomy (Hansard 1995c, 22<sup>nd</sup> May 1995, col. 875-876). An amendment to the Further and Higher Education Act (1992) had previously been passed which prevented the Secretary of State from giving directions to the funding councils, which might impinge on academic freedom. Section 68(3) stated in relation to terms and conditions of grants from the funding councils, that they:

...may not be framed by reference to particular courses of study or programmes of research (including the contents of such courses or programmes and the manner in which they are taught, supervised or assessed) or to the criteria for the selection and appointment of academic staff and for the admission of students (1992: 68(3)).

The DDA (1995) did, however, require HEIs to publish disability statements specifying policy, provision and future plans for disabled students, but this had also been opposed. The vice-chancellors claimed in a Committee of Vice-Chancellors and Principals (CVCP) briefing paper, that the proposals:

... will not further the aspirations of those wishing to improve the situation for disabled students. It is a diversion which will do nothing for disabled students, but could undermine and damage universities' autonomy (CVCP 1995; quoted in Hurst 1995).

It is likely, at this time, the direction of disability policy was influenced by those with the most power. In this example the views of vice-chancellors,

were backed by an organisation representing the interests of disabled students, and as reflected in Lukes' (1974) analysis of power, it could be reasoned that the views of disabled people were again overlooked and overridden.

The need for legislative protection for disabled students in higher education was recognised by the DRTF in their report '*From Exclusion to Inclusion: Final Report of the Disability Rights Task Force*' published in December 1999. The report made 156 recommendations for action across all areas of disabled peoples' lives, including higher education. The government indicated that it intended to legislate on most of the legislative recommendations and, subsequently, created the Disability Rights Commission (DRC). Further legislation was later passed in the form of the Special Educational Needs and Disability Act (2001) (SENDA), and the Disability Discrimination Act (1995) (Amendment) Regulations (2003) and Disability Discrimination Act (2005).

Importantly, the DRTF recommended that the government should introduce a public sector duty to promote equal opportunities for disabled people because this would be instrumental in tackling institutional discrimination. This provision would reflect the Race Relations Amendment Act (RRAA) (2000), which included the duty to promote equality between racial groups. The government responded to this recommendation in the Disability Discrimination Act (2005). This was a significant step. For the first time disability was acknowledged in terms of equality and the social

model recognised in policy.<sup>19</sup> Today, the onus is placed on public services to ensure that any systematic bias is removed from the way in which services are delivered. In addition, the Disability Equality Duty (DED) part of the DDA (2005) recognises that a key principle in promoting disability equality within public services is by the meaningful involvement of disabled people. This recognition by government, that consultation is key to achieving disability equality, is also evident in their actions. For example, in the consultation prior to the DDA (2005) and in the Strategy Unit's (2005) report on *'Improving the Life Chances of Disabled People'* more extensive consultation exercises were held directly with disabled people.

The government's response has brought about radical change over the last decade and the underlying ideology concerning the way disability was largely perceived has started to change from one based on welfare and meeting needs to an equality and rights approach. The initial arguments for persuasion did not work and eventually the government passed legislation that would begin to focus on securing the inclusion and rights of disabled people. In the next part of the chapter, I undertake a closer examination of the process of consultation and draw on my own research findings with regard to The Special Educational Needs and Disability Act (SENDA) 2001, which amended the DDA (1995), and consider competing interests of those included and excluded within these processes, in order to reveal potential obstacles within consultative exercises.

---

<sup>19</sup> This will be considered in much more detail in chapter seven, when assessing the way in which the case study University responded to legislation.



#### 4.2 Special Educational Needs and Disability Act (SENDA) (2001) and Consultation

Material from archival resources, together with data derived from key informant interviews, are utilised in analysing the involvement of disabled people in the development of SENDA (2001) in this next section.

The Special Educational Needs and Disability Act (SENDA) (2001), aimed to address the exemption of higher education from the DDA (1995) and is now included as Part IV of the DDA. The implementation process consisted of three stages commencing on 1<sup>st</sup> September 2002. From this date it became unlawful to discriminate against disabled students and applicants without justification and, in addition, HEIs were required to provide '*reasonable adjustments*', where disabled students might be substantially disadvantaged. As of 1<sup>st</sup> September 2003, the second stage required HEIs to make adjustments involving the provision of auxiliary aids and services. This is a type of '*reasonable adjustment*' where the HEI according to Davies et al., (2004: 4) would be required to supply a range of equipment, for example tape recorders or laptop computers, and/or human support, for example British Sign Language (BSL) interpreters or study skill tutors.<sup>20</sup> The final stage, as of 1<sup>st</sup> September 2005, related to the adjustments required to the physical features of the premises, where these would place disabled students at a substantial disadvantage.

A consultation exercise was held prior to SENDA. However, it appears that the responses from the consultation no longer exist in the DfES archives

---

<sup>20</sup> Although as Davies et al., (2004) note the legal extent is likely to be determined by future case law.

and unfortunately, no formal report summarising the responses was published (Policy Officer: 06/04/04). The lack of DfES records, or a formal report, is surprising and concerning, as my request for this public information was made within a five year period of the consultation exercise. Consequently, I was unable to examine this consultation process further and can only surmise that the consultation was not perceived as significant or of value. Furthermore, it provides no evidence as to whether disabled people or disabled students had an opportunity to participate in this legislative development. It is, therefore, difficult to ascertain as per Lukes' (1974) theory of power and Arnstein's (1969) analysis of participation as to how far disabled peoples' views were included during this time. I was, however, able to evaluate the consultation exercise that took place relating to the Code of Practice (Post 16) drafted by the Disability Rights Commission (DRC) at the request of the Secretary of State for Education and Skills.

The DRC set up a working group, chaired by a DRC Commissioner. The working group comprised of a second DRC Commissioner, DfES officials, including lawyers, DRC staff, *Skill* staff (the National Bureau for Students with Disabilities) and other experts in the field. *Skill*, were employed by the DRC as consultants in the drafting of the Code of Practice. Whilst recognising the proficiency and expertise within the working group, the composition questionably lacks input from the expertise of disabled people and their organisations, even though the NUS and *Skill* were included.<sup>21</sup> This has important implications, as highlighted by French (1994b), in the way disability is perceived within powerful professional groupings and the

---

<sup>21</sup> This will become clearer in the remainder of the chapter

consequential attitudes and response towards disabled people. Two wider reference groups were, however, established by the DRC in March 2001 to advise the working group and to comment on the written drafts prior to formal consultation.

The first group represented England and Wales with a membership of 30 and included representatives from organisations of education professionals, HEIs, and traditional charities. Campaigning organisations, such as Disability Equality in Education were not present and it appears that no representative organisations 'of' disabled people were included. The membership of the Scottish group consisted of 44 members and again was dominated by organisations of education professionals and traditional charities. In this instance, however, a number of voluntary disability organisations were included, two of which were organisations 'of' disabled people: 'Access Ability Lothian' and 'Lothian Coalition of Disabled People'. Fundamentally, however, the voices of disabled people were barely heard within these processes. At interview a leading academic was asked for his thoughts as to the composition of these two reference groups. He felt that:

It should not be surprising that they go to these nice safe organisations that are not going to cause problems... Disappointing and depressing, but that's the way it is, that's the way it always has been (Interview: 14/02/04).

It would seem that it was the interests of those who held the most power in society that were included within these groupings, with the views of those lacking power largely excluded. The reliance by government on the views of the traditional charities and professionals was, therefore, apparent. How disability is perceived and responded to is likely to be reflected in such views,

as reasoned by Drake (1996a, 1996b) and French (1994a) Thus, as Oliver (1993; quoted in French 1994a: 3) strongly contends '*The lack of fit between able-bodied and disabled people's definitions is more than just a semantic quibble for it has important implications, both for the provision of services and the ability to control one's life.*' This is implicitly linked to issues of citizenship, equality and rights.

In Wales, as part of the formal consultation process, the DRC also held a number of seminars. According to the DRC these were promotional as opposed to consultative. I was informed by the DRC (Policy Officer: 30/05/03) that the seminars were attended by groups 'of' and 'for' disabled people, LEAs, College and University representatives, Education and Learning Wales (ELWa) and National Assembly for Wales (NAW). In Wales, records were not kept by the DRC as to who attended or the feedback received. Again, the lack of records is disquieting in relation to transparency of action by those involved and to the importance attached to the views of disabled people. Importantly, it would seem that the professional groupings formed the majority in attendance at the seminars, with a low representation from disabled people.

During the consultation period the DRC issued almost twenty thousand consultative packs. Packs were sent directly to key stakeholders and included local authorities, politicians, assessment, accrediting and examining bodies, school inspectors, careers services, providers of adult education/lifelong learning, further education and higher education and teacher training establishments, those with responsibility for health and

safety, equal opportunities bodies, national training organisations, research/advisory bodies, library, information and broadcasting bodies, student bodies, voluntary organisations with an interest in education, disability organisations, youth services and trade unions (DRC 2001: 28). Of these, 249 questionnaires and 17 written responses were returned, representing less than 1.5 per cent of the total sent out. From Wales, 23 replies were received, but no breakdown was given, or available, concerning who the responses were from. Across the UK, 11 replies were received from individuals indicating a disability, three from voluntary organisations 'of' disabled people and five from voluntary organisations 'for' disabled people. The most significant number of replies were received from educational institutions, with 70 from further education and 48 from higher education. Although it would be anticipated that the largest number of responses would be received from educational institutions, it is of some concern also that only three were received from organisations of disabled people. The targeting of specific organisations may have ensured the direct inclusion of disabled peoples' views. This oversight in failing to do so, could again been seen to support those with the most powerful and influential voice, with the interests of those lacking power being largely ignored.

I discussed my concerns with the DRC over the apparent lack of consultation with disabled people and students. The DRC commented:

If we adopted a strategy of developing such things with only the interests of one group in mind (which we would not legally be able to do anyway) it is far more likely that the good intent of the Law will be opposed by those who feel they have had no chance to discuss and iron out issues beforehand (Policy Officer personal communiqué: 16/01/04).

Whilst the concerns of the DRC are laudable in ensuring full consultation, the DRC in this instance seems to have largely ignored the interests of the one group in which the legislation was aimed at protecting. It is questionable, therefore, as to whose interests were being represented. It is also debatable, as to how far disabled people and students had an opportunity to discuss and provide input into these issues. When I addressed this further with a leading academic at interview he concerningly commented that it was *'an exercise in publicity'* an *'exercise in saying we've done all this, and this is what we've come up with'* (Interview: 14/02/04).

Whilst the consultation generally appears to be unrepresentative in the lack of direct inclusion of disabled people, recognition also needs to be made of the potential difficulties experienced by the DRC in this process. This is because the DfES officials and lawyers were involved at all stages and although the DRC prepares the Code, it cannot be issued without the sanction of the Secretary of State and Parliament. This means that it is the DfES and officials who ultimately set out the details of the Code. As discussed by a Policy Officer (16/01/04) at the DRC *'much of the drafting process involved debating the exact meaning of legislation in order to ensure that the Code interprets the legislation to the satisfaction of DfES officials and lawyers, otherwise the Secretary of State will not sign it off'*. The DRC legal officers and policy staff were able to debate these issues with DfES, but the influence from the DRC would have been limited. Additionally the Code was further commented on across Whitehall.

The contracting of *Skill*, the National Bureau for Students with Disabilities, by the DRC in the drafting of the Code of Practice, is also significant. The reason for this choice is likely to have resulted from the level of expertise and awareness by *Skill* in representing disabled students in Post 16 education. However, *Skill's* credibility as an organisation representing the interests of disabled students has increasingly been questioned, as the NUS Disability Officer, stated:

Disabled students perceive *Skill* as having become part of the establishment as opposed to an active body campaigning and representing disabled students best interests at all times (Interview: 21/01/04).

Why would this be the case? Arguably, the composition of the *Skill* Council may prove a contributory factor. The *Skill* Council consists of a membership of 60, with categories representing education bodies (18), employers, unions and professional bodies (5), organisations 'of' and 'for' disabled people (10), local authorities and public bodies (4), individuals (11), education and career guidance and support services (5), student organisations (2) and individual disabled students, trainees and job seekers (5). In 2003/04 there was no representation from student organisations on the *Skill* Council and only four members representing disabled students, trainees and job seekers. I applied for Council membership and as a student found the application process difficult. This was because I required a nominator and seconder from a Council member and, although I contacted *Skill* to seek advice they were unable to assist in this process (notably, this has since changed). Of the organisations representing disabled people there were four members, all of whom were from organisations 'for' disabled people. In addition, the Vice-Chair of *Skill*, Colin Low, has been viewed as a controversial figure amongst

organisations 'of' disabled people.<sup>22</sup> *Skill* Council, therefore, not only represented the disabled student, but also represented powerful professional groupings. In addition, whilst four positions were available to disabled students, trainees and job seekers, during the time I was a member, I felt these positions were largely tokenistic. This was also evident in Drake's (1992, 1996a) study where non-disabled interviewees acknowledged the tokenistic involvement of disabled people on management committees. Notably, the membership of the Council in 2002 did consist of almost a third declaring a disability, which is a significant step forward in the representation of disabled people. This is still a low level of representation and as previous research (Drake 1992) has highlighted, the priorities voiced by non-disabled people representing disabled people are often very different from the priorities voiced by disabled people. This is also supported by Oliver (1990: 105) who contends those who claim to represent disabled people are likely to *'articulate their own assumptions about the needs of disabled people rather than the needs of disabled people as they themselves express them'*.

The securing of government contracts by *Skill* would also protect the future employment and career prospects of those within the organisation. During this period, there were no disabled people employed in research or policy positions within *Skill* and as Drake (2002) and Oliver (1990) have suggested many traditional charities are mainly run by non-disabled people. It is, accordingly, questionable as to how far *Skill* were willing to deliberate policy with government and their representatives, as this might potentially

---

<sup>22</sup> Due to Low's controversial stance regarding the medical and social models of disability as discussed in chapter two at 2.4 'Oppression and Disability'.





jeopardise the procurement of future contracts. Furthermore, as Drake (2002: 377) reminds us it is government who ultimately choose the participants in formal procedures and this is likely to be reflected, as reasoned by Arnstein (1969), in the genuineness of participatory processes.

Representation afforded to disabled students through the National Union of Students (NUS) is arguably more representative, as the elected NUS Disability Officer and the Students with Disabilities (SWD) Committee are all required to self-define as being disabled. Hence, those representing disabled students are themselves disabled students, or in the case of the NUS Disability Officer a recent disabled student. Accordingly, they are more likely to be directly aware of the barriers encountered within higher education. However, effective representation is hampered in that the NUS Disability Officer is an elected officer for only twelve months: obviously, the shortness of time in post can create difficulties with regard to lack of experience and continuity of representation. Similarly, for elected disabled students, their time on the SWD committee is limited. The NUS Disability Officer, when compared with a charity such as *Skill*, has no research or support staff and this is a significant disadvantage. Thus, the NUS could be viewed as lacking expertise. Whilst this may be the case, it could nevertheless be argued that they provide a lone voice representing the interests of disabled students.

Moreover, the NUS Disability Officer at interview raised his concerns in relation to the presence of NUS representation in consultation processes and the genuineness of involvement:

I have come to the conclusion that we NUS are sitting there to actually say in some report that goes to a minister, students were consulted. We sit there, I wouldn't say we are consulted, at times I actually think we are treated with benign neutrality, benevolence. (21/01/04)

Given the thoughts above expressed by the NUS Disability Officer, and other opinions of several members of the NUS SWD Committee about their experiences of meaningful involvement, I believed it was necessary to provide a further and more detailed analysis of consultative processes. The DfES had at this time formed a working group and this included the involvement of NUS representation. This involvement, together with the high profile of those attending the working group, the timing of the exercise and their agreement to allow my attendance as an observer at a meeting held in June 2003, led to the initiative being used to exemplify, address and shed some light on the above response.

#### 4.3 Policy Initiatives and Disability Representation

The following observation, provides only one example of the interactions and negotiation in the discussion of policy and is, therefore, limited in scope. Still, it does provide an insight into the way power can work within the policy process.

In response to a review commissioned by the DfES, and produced by *Skill*, into Disabled Students' Allowance (DSA) funding, the DfES set up a Quality Assurance Group (QAG). DSAs were an income assessed allowance introduced in 1974/75 to provide disability-related support for students. In 1990/91 DSAs were no longer income assessed and were extended to cover three separate allowances for special equipment, non

medical help, and a general disabled student allowance. In 2000/01 DSAs were extended to cover part time students, Open University students and postgraduate students. During this period DSAs grew from 710 awards with an expenditure of £0.9m in 1990/91 to 29,451 awards in 2000/01 with an expenditure of £46m (Joseph: 2003). The purpose of the *Skill* review was to examine the DSA scheme and to make recommendations as to how the system could be improved to ensure efficiency for disabled students.

I tried to obtain a copy of the review from the DfES, but was informed that the full report had not been released because of '*confidentiality issues*' (DfES, representative: 29/03/04). Concerns over confidentiality may be just and true, but again this raises concerns over transparency of action by those involved. I was able to ascertain that as part of the review, questionnaires were sent to LEAs, disability officers and to disabled students (*Skill*, 2001). In my discussions with *Skill* (Policy Officer personal communiqué: 05/03/04) I was able to further establish that approximately eight students completed questionnaires, although they could not be specific about this number. As to the number of students approached, *Skill* no longer held this information. In comparison, 64 questionnaires were returned from HEIs. As a consequence, the review would most likely be focused on the experiences of LEAs, Disability Officers and Assessors, and potentially fail to consider the direct experiences of disabled students.

Membership of QAG consisted of DfES officials, representatives from LEAs, Assessment Centres, Disability Officers, one *Skill* representative and one NUS representative. The NUS representative, a disabled student, who

attended QAG submitted a report to the annual NUS Students with Disabilities Conference (2004), in which she expressed her concerns regarding the structure and membership of the group:

It is clear that many of the parties involved in these meetings have a vested interest in ensuring the system is reorganised in a manner which is favourable to themselves rather than best for students.

The NUS representative was outnumbered by those at the forefront of developing and implementing policy and provision and her position, as she believed, appeared weak. From her perspective the decisions being made largely furthered individual careers and interests, as opposed to reflecting the disabled student perspective.

In these examples, power appears to be exercised in a way, which again reinforced defined power relations and boundaries. This correspondingly reflected other consultative exercises, for example Shaping Our Lives (2003) and Simmons and Birchall (2005) and Hodge (2005). These research examples, as detailed in chapter two, revealed ways in which power operated in overriding participants' views and in ensuring discourse remained within confined parameters.

This was further supported by research observations in attending a QAG meeting held in June 2003. A paper had been tabled by the NUS representative on the need for greater representation of disabled people on QAG and, initially, the agenda item was omitted. The student was able to bring the attention of the group back to the item, but was told that membership would not be reviewed for a further 18 months. An emotive discussion ensued over the question of disability representation with

members of the group commenting that the true number of disabled people attending was unknown. This was because members did not have to declare a disability. Whilst this may have been a valid line of reasoning, the representation of disabled students still remained solely with the NUS and *Skill* representative, who were outnumbered. The debate that followed on regarding members of QAG declaring a disability, provided further revealing data: members discussed not having to declare a disability and their unwillingness to personally state whether or not they were disabled. Importantly, whilst they were personally reluctant, they would in their respective positions of employment, expect students to declare a disability and to discuss very personal details with them. Why did members feel so strongly over declaration? Was it because of potential stigma or embarrassment? This may partly be explained by some of the observations I made throughout the meeting. On a number of occasions, a certain level of stigma and embarrassment in the reactions of QAG members to the disabled student representative were apparent. For example, the loop system in operation failed several times and the student representative, who was hearing impaired, was unable to follow the meeting. Although the group knew the disabled student was unable to follow proceedings the Chair continued the meeting instead of adjourning. Alternatively, could the defensiveness of members have resulted because they realised that the disabled student was making a valid argument in the need for greater representation? If QAG members were required to declare a disability it might reveal that disabled representation was in fact minimal.

A further example of the lack of effectiveness of student representation in the meeting, related to the appointment of teams by QAG to audit Assessment Centres and Assessors. The audit teams were to be drawn from the various interest groups – Assessment Centre Managers, Disability Officers and LEA support staff. The student representative put forward a case for the inclusion of a disabled student representative. QAG initially argued against this, but eventually conceded that out of a team of 12, one place could be offered. However, at a future QAG meeting (27/02/04), when the disabled student representative was not attending, QAG members backtracked and expressed their apprehension regarding the appointment of disabled people on audit teams.

QAG has concerns about the assessment process itself. The auditors will be recruited and appointed to assess a centre and to view how that centre operates against set criteria. Within this audit process, there will be absolutely no way for auditors themselves to speak out on an individual basis against what has happened to them and to input into the process what their experiences have been (*Skill* Policy Officer personal communiqué: 27/02/04).

Whilst recognising the apprehension of QAG members, could it not also be argued that Assessment Centre Managers, Disability Officers and LEA support staff all bring to the audit process a particular stance based on their working experiences of DSA? The application process would surely ensure that the candidates appointed reflected, as far as possible, an objective position. The same process would have been applicable in the appointment of disabled candidates. Additionally, the training offered to auditors could also have worked towards eliminating some of QAG's anxieties in relation to the appointment of a disabled student or individual.

It appears that NUS involvement was viewed as 'tokenistic' as the NUS Disability Officer commented in a personal communiqué '*they want us there but don't listen and take on board the student viewpoint*' (25/03/04). There was a strong feeling of being manipulated and let down:

If we don't get our, the student, point across at these meetings they win, they close ranks and cover up the cracks in the system, because it is their system, they control. ...They are approaching it from an administration and what's best for assessors/LEAs prospect, their own interests. As opposed to this is a system for disabled students and what's best for the students (NUS Disability Officer Interview: 21/01/04).

The difference in meaningful consultation and tokenistic involvement was apparent and it would seem probable the failure to include the views of disabled people would be detrimental to how disability was viewed and the response in policy, as asserted by Drake (1992), French (1994a) and Oliver (1993). Such failure is likely to continue to reflect and support policy based on care, concern and compensation as opposed to equality and rights.<sup>23</sup> Whilst research has identified the benefits stemming from consultation in challenging dominant beliefs held by professionals (for example, Felton and Stickley 2004; Khoo et al., 2004; Molyneux and Irvine 2004; Humphreys 2005), these benefits are unlikely to happen unless those with power recognise the potential inequalities that exist within these processes.

#### 4.4 The Views of the Case Study Student Sample

As part of the case study University, the views of disabled students were sought via the student questionnaire and interview process as to a number of issues relevant to this chapter, for example: the effectiveness of disability legislation and how far legislation will combat discrimination; whether the

---

<sup>23</sup> Supported by evidence in chapter seven when disabled students discuss the preconceptions of those providing DSA support.

students personally felt they had experienced discrimination within higher education; student opinion as to becoming involved in the development of University disability policy and provision and whether they personally would wish to become involved; views as to the benefits of consultation, together with concerns over participation; and the role of the Student Union in representing their standpoint. These issues are complex and warrant a detailed discussion and, for this reason, will be focused on in chapter nine, which presents the findings relating to the students' perspective.

Furthermore, it was also important to ensure that the focus of this chapter did not detract from the relationship that has existed in the development of disability legislation and policy, between politicians, policy makers, business and industry, those representing disabled people, and disabled people themselves. Therefore, the views of disabled students participating in this study will be returned to and examined in the context of the student's perspective.

#### 4.5 Summary

At the heart of this chapter are issues based on power relationships – those who hold power, those prepared to relinquish power, and those seeking to equalise power. This is reflected in each section of the chapter, the first in relation to the competing tensions in the development of legislation that existed within politics, public services, industry and in organisations 'of' and 'for' disabled people; the second concerned the power dimensions with regard to higher education between government, the DRC, educational authorities and representational bodies, and those organisations representing



disabled people; the third examined the relationship between vested interests in policy developments.

As argued, the Conservative Government's original stance of persuasion did not prove effective and successive Labour Governments sought more stringent legislation. The approach of persuasion was largely linked to raising disability awareness, which reflected the ideology of meeting welfare needs, as opposed to an equality and rights approach as advocated by Bynoe, Oliver and Barnes (1990).

The examples of representation within this chapter illustrated those who can be included and excluded within consultative processes. In relation to the development of disability legislation, the government largely consulted with those who reflected their own stance of persuasion within the legislative framework, i.e. the traditional charities. In addition, the government appeared to favour the arguments presented by those, who were more likely, to hold powerful positions in society. Similarly, the consultation exercise in relation to the SENDA codes of practice provided evidence as to the lack of representation by disabled people.

As discussed, disabled people were largely excluded within consultative processes. This exclusion has more recently been recognised by government, who have taken legislative steps to ensure greater inclusion in participation and consultation processes for disabled people. Although as illustrated, the example of round table policy discussions held by QAG, demonstrates the potential gulf that has continued to exist between the

various interest groups in recent years, as claimed by the NUS Disability Officer at interview (21/01/04).

In the next chapter, I examine the development of disability policy and provision within higher education and evaluate the impact generated from the way disability is perceived by policy makers and higher education providers. Central to this discussion are competing issues relating to the distribution of power between politicians, higher education providers and disabled students. Thereafter, chapter six presents a statistical analysis of data ascertaining the level of representation by disabled students in the higher education system.

## **Chapter Five**

### **Disability Policy and the Widening Participation Agenda**

Three recurrent questions are fundamental to the discussion on disability policy and widening participation. Firstly, how is disability perceived by policy makers and higher education providers, and is it understood in terms of oppression as with other groups experiencing inequality of access? Secondly, how is policy and funding prioritised by policy makers and within higher educational institutions and what is the potential impact of this on disabled students? Thirdly, how is power distributed among politicians, higher education providers and disabled students and what sort of consequences are likely to arise? The following chapter aims to address these questions in order to determine the likely effect within policy and provision on equality and inclusion for disabled students.

Prior to the 1990s, disability policy and provision within higher education had almost been non-existent, hence the first section of the chapter considers the impact of three major policy developments on disability policy and provision within higher education: the establishment of funding councils and the different approaches of Wales, Scotland, England and Northern Ireland; the National Committee of Inquiry (1997) and the extensive recommendations that followed; and the provision of legislation in the form of the Special Education Needs and Disability Act (2001). How these early policies developed provide an insight into how disability was perceived by policy makers and higher education providers. For example, whether the

dominant response was one based on meeting special needs or that of equality and rights. Furthermore, analysis provides the opportunity to explore the competing tensions that existed during this time and to determine how this affected policy objectives and priorities of policy and funding.

The second section considers the widening participation agenda in Wales in light of devolution and examines the effect of this on disabled students accessing higher education in Wales. Again three recurrent themes are evident; firstly, how disability is perceived, for example whether disability fits into a widening participation policy based on equality or whether disability is seen as a separate issue based on welfare; secondly, the priority of policy and funding and the likely consequences for disabled students studying in Wales; and thirdly, the inequalities that potentially exist in policy developments and how far initiatives have been implemented to create greater equality. To assist in the analysis, empirical data from the students participating in the case study research, are introduced in relation to 'Accessing Welsh Higher Education' at section 5.2.2.

The final section analyses these three recurrent themes of perceptions, priorities and power, in relation to the higher education sector in Wales. The adoption of policies within HEIs provides an indicator regarding the way disability is perceived amongst staff, commitment of HEIs in implementing disability support, and the redressing of any imbalance of power. These findings are drawn from the questionnaires returned by eight of the thirteen Welsh institutions.

## 5.1 Development of Disability Policy and Provision

The past four decades have witnessed a radical change in higher education, from an elite system for the privileged few, to a mass system providing greater access for many. During the 1960s two influential reports were published, the first from the Anderson Committee (1960) and the second from Robbins (1963), both supporting the principle of higher education expansion. The number of entrants began to rise and between 1963 and 1968 the number had increased by a third from 40,875 to 61,201 (Blackburn and Jarman 1993) and by 2002/03 the number had increased nine fold to 361,475 (HESA). Initially, research on inequalities of access to higher education concentrated on social class. Gradually other groups experiencing inequalities of access began to be recognised, with research widening to reflect gender, ethnicity and geographical location. However, as Hurst (1995) and Riddell et al., (2004) have suggested, the participation rate of disabled students has often been omitted from such an analysis (e.g. Paterson 1997; Archer et al., 2003; Hayton and Paczuska 2002).

Participation of disabled students was almost non-existent until the 1970s and it was not until the 1990s that policy and provision began to be developed to support disabled students. Evidence provided by Barnes (1991), in a major review of discriminatory policy and provision within the UK, demonstrated that the majority of HEIs were inaccessible to disabled students and were unwilling to provide additional support systems.

A further study by Leicester and Lovell (1994) into equal opportunity practices in HEIs also found a lack of awareness and understanding of

disability. Leicester and Lovell asserted that evidence suggested disability was not understood in terms of oppression as with other groups experiencing inequality within HEIs:

The discourse used was of care and concern rather than of discrimination and rights. In other words, there was a lack of a general recognition of disability as a form of oppression, with structural and curricular implications for each department's practice in its provision for *all* students. Rather, disability tends to be seen only in terms of meeting 'special needs' (Leicester and Lovell 1994: 47).

Oppression in this context relates to the unjust exercise of power in society by one social group over another and the negative outcomes experienced as a consequence.<sup>24</sup> So whilst the authors provided evidence that gender and ethnicity were recognised in these terms, disability was not. As Oliver (1990) asserted, it is only when disability is defined in terms of social oppression that the dominant view will move away from the idea of compensating individuals as tragic victims to recognising the barriers created by society. Thompson (1998: 78) further asserts that oppression is one of the main outcomes of discrimination. If disability is not viewed in these terms, then the actions of policy makers and higher education providers may not be interpreted as discriminatory. This has significant implications in the analysis of past, present and proposed policy and provision for disabled students, with recurring questions as to the influence of perceptions of disability in the development of policy and provision. The analysis of major initiatives in section 5.1.1. addresses the dominant response by policy makers and academics from the 1990s onwards.

---

<sup>24</sup> The concept of oppression is discussed in chapter two at 2.4.

### 5.1.1 Major Initiatives from the Early 1990s Onwards

Three major policy developments during the 1990s would shape the experiences of disabled students in higher education: the establishment of national funding councils, the National Committee of Enquiry and the legislative initiatives that followed. It is these developments that are now reviewed in determining the policy objectives and priorities of policy impacting on the experiences of disabled students during this period.

#### (i) National Funding Councils

The profile of disability issues increased in the early 1990s, initially owing to the request placed by the then Secretary of State for Education on the newly established funding councils, in England (HEFCE), Scotland (SHEFC) and Wales (HEFCW) to have some regard to disabled students as part of their duties (Hurst 1996: 133). This was subsequently made a statutory duty (Disability Discrimination Act 1995) and funding councils were then required to demonstrate that they had considered the needs of disabled students in '*exercising their functions*'. For example, funding councils would be required to consider the implications for disabled students with regard to funding decisions and quality assessment (Cooper and Corlett 1996: 148). Funding councils were also requested to improve the participation of under-represented groups which included disabled students.

Early approaches by the funding councils differed from each other and in order to understand the prioritising of policy and funding in Wales it is necessary to review these developments. In England, an Advisory Group

on Access and Participation was set up by HEFCE and as a result of their recommendations, £3 million was set aside in 1993/94 for special initiatives in widening access for disabled students (HEFCE 1995). Institutions were invited to bid for funds and 38 projects were supported. Notably, those institutions that received funding were mainly those already developing better access for disabled students. These tended to be the new universities, as opposed to pre-1992 universities.

The new universities were attracting students from under-represented groups and as Corbett (1996b) argued, developing a greater level of expertise in providing support to disabled students. It is probable that the increased numbers initially resulted from policy aimed at enticing disabled students to enrol, but significantly during this period disability support within these universities developed extensively. This may have been influenced by the difference in academic culture between pre and post 1992 universities, with the emphasis on vocational knowledge and transferable skills in post 1992 higher education and the perceived appropriateness or inappropriateness of disabled people studying a variety of courses.<sup>25</sup> These early initiatives by HEFCE provided examples of good practice, but also highlighted the enormous disparity between institutions in the quality of provision available to disabled students.

In Scotland, SHEFC instigated an audit of policies and provision throughout the sector and as a result introduced a staffing initiative (1994/97). A National Co-ordinator was appointed to oversee developments

---

<sup>25</sup> Analysis of subject of study and choice of course by disabled students, is presented in the following chapter at 6.4.



within the sector and disability co-ordinators were funded in each of the institutions. Funding of £2 million was also made available to institutions and this was distributed relatively equally throughout the system. The effect, as Cooper and Corlett (1996) contended, was that institutions began to work together, to share ideas and approaches, and those institutions that had previously had no systematic approach began to develop policies.

In Wales, HEFCW (1993) followed a different approach to the HEFCE and SHEFC strategies and this was likely to have a negative impact on provision for disabled students. Initially, HEFCW allocated £2 million in 1993/94 to the academic infrastructure and this was distributed to HEIs on a pro rata basis. HEFCW suggested a number of broad ways this allocation could be utilised, one of which was *'to improve the access to or experience of higher education for students with special needs'* (HEFCW 1993: 1). Markedly, only a third of institutions made use of this funding for disability provision (Cooper and Corlett 1996). As a result, in 1994/95 HEFCW (1994a) made directly available £127,962 for special initiatives in relation to disabled students and seven institutions were awarded funding. However, in 1995/96 HEFCW (1994b) returned to the academic infrastructure model and although £1.5 million was allocated, funding was not directly earmarked for disability provision and, consequently, HEIs could utilise the funding in other directions.

Although the funding approaches differed between the funding councils, valuable progress was made by both HEFCE and SHEFC. The approach by HEFCE encouraged diversity across projects, whereas the SHEFC approach

provided a more homogeneous outcome, particularly through the staffing initiative. Provision in Wales seemed to lack the level of impact as seen in England and Scotland and this is particularly evident when considering the role of the National Disability Teams (NDTs) in Scotland and England and recent funding allocations.

Firstly, in relation to the NDTs, the key role provided by the National Co-ordinator in Scotland was recognised by HEFCE, which established an equivalent eEquip team in 1997 to co-ordinate provision and practice in England. The NDTs stemmed from these early initiatives and provided extensive support across the sector aimed at improving disability provision and policy. In England this included, for example, the monitoring of projects funded by the funding councils, providing advice and information, resource centre data and holding a national conference for staff working in the HE sector.<sup>26</sup> Remarkably, in Wales, no disability co-ordination role was established. In 2005, almost a decade later, HEFCW (2005a) began a process of consultation regarding the appointment of a co-ordination service for HEIs in Wales. Prior to this consultation, *Skill*, the National Bureau for Students with Disabilities, appointed a development worker for Wales, to provide information and influence Welsh policy. This role, however, stemmed from a charity as opposed to the independent roles established in Scotland and England. Historically the dominant views of the traditional charities, as previously detailed and claimed by Campbell and Oliver (1996), Drake (1996b) and Oliver (1990, 1996), have focused on a welfare approach

---

<sup>26</sup> In England the NDT was disbanded in 2005 with the HE Academy, the Equality Challenge Unit and the new Action on Access Team taking on responsibility for disability support within an increasingly inclusive focus on the widening participation agenda.

as opposed to a rights based approach. Thus, this was likely to have significant implications in the response towards disability policy as French (1994a), Drake (1996b) and Oliver (1993) have asserted. In addition, in Scotland and England, the two Directors appointed to the NDTs were both disabled people. This, arguably, put the voice of disabled people at the forefront in discussions with HEIs and policymakers in England and Scotland, whereas in Wales, the focus was likely to rely on views stemming from a traditional charity perspective.

Secondly, the funding policy by councils changed towards the end of the 1990s, with England promoting the concept of '*base-level provision*'<sup>27</sup> across HEIs (HEFCE/HEFCW 1999) and with Scotland encouraging greater diversity across funded projects. It would seem that interest by HEFCW declined within this period. This was evident for example, in relation to funding and policy support where provision in Wales fell behind that provided in England and Scotland. This is further evident when comparing recent funding allocations in England, Scotland and Wales. All three councils now provide '*premium funding*'. This is calculated on the number of full time students in receipt of the Disabled Students' Allowance (DSA) as recorded by the Higher Education Statistics Agency (HESA). The allocation in England for 2006/07 represented £13 million (HEFCE 2006/08) and is calculated on the proportion of students that each institution recruits in receipt of DSA (HEFCE 2005). The allocation in Scotland and Wales is calculated on the number, as opposed to the proportion, of students in receipt of DSA within

---

<sup>27</sup> Base-level provision is defined as '*the minimum level of support that HEI should provide. It is not the same as best practice and is open to quality improvement and expansion*' (HEFCE/HEFCW 1999: 1).

each institution. In Scotland, the disabled student premium represented £634 per eligible student for 2006/07, totalling £2.3 million, this premium was enhanced by 5.7 per cent on the 2005/06 allocation (SHEFC 2006). In Wales, the premium was maintained at £200 per eligible student, totalling £600,000, for 2006/07 (HEFCW 2006). The HEFCW allocation for disability support, through recurrent funding, had traditionally been set at £500,000 and this increase would be subject to monitoring by HEFCW. The funding in Wales is substantially lower than that of England and Scotland. This would seem to convey the message to HEIs that disability provision in Wales is not perceived as such a high priority as in other parts of the UK. The reasons why this considerable discrepancy between Wales, and Scotland and England arose are likely to be reflected in the priorities set within each region's policy at that time. As the discussion within this chapter develops, it will also become clearer on the competing tensions that exist between those who hold power and those who do not and the impact of this in the development of policy and provision.

The higher education sectors in England and Scotland have both experienced substantial investment for disability provision since the early 1990s. Significantly, in Wales, this did not occur until 2004 (HEFCW 2004; 2005) when capital funding was announced (£2.6 million in each of 2004/05 and 2005/06). This funding was in response to the statutory obligations on higher education institutions to comply with the Disability Discrimination Act (DDA) (1995) and its extension, the Special Educational Needs and Disability Act (SENDA) (2001). Arguably, it is the concern over legislative compliance,

that appears, to have eventually secured funding in Wales for disability policy and provision.<sup>28</sup>

Widening access for disabled students is now firmly on the funding councils' agendas in Wales, Scotland, England and Northern Ireland and the financial incentives offered to institutions, although less so in Wales, can be seen as an inducement to recruiting students. Whether these financial incentives will in the long term be sufficient to entice elite institutions into recruiting disabled students remains to be seen. Furthermore, with funding based on the number of students in receipt of DSA it is possible that HEIs could look more favourably at those disabled students in receipt of this allowance. As a consequence, inequalities within the sector may be experienced by those students who are not in receipt of DSA as they could well be viewed as a less lucrative, and potentially more costly, option for institutions. Finally, premium funding is not ring fenced and HEIs are not audited as to its use. It is, therefore, possible that funding intended to support disabled students could be inappropriately used.

Having considered the different approaches by the funding councils towards disability policy and provision, the importance and influence in policy stemming from the National Committee of Inquiry (NCIHE 1997a) will now be addressed.

---

<sup>28</sup> As reasoned in the previous chapter, persuasion to change did not bring about change for disabled people, and it has been largely through the introduction of legislation that policy has been introduced to secure the rights of disabled people.

(ii) National Committee of Inquiry 1997

The second major impact in the development of policy towards disabled students arose from the recommendations of The National Committee of Inquiry (NCIHE 1997a), chaired by Sir Ron Dearing. This was the first major review of higher education since the Robbins Committee in 1963. As with the Robbins Committee, disabled students were once again omitted from the Committee's terms of reference. Importantly, pressure from *Skill*, together with evidence stemming from the HEFCE special initiatives, ensured that disability issues were on the agenda.

The under-representation of disabled students was acknowledged by the Committee in the Dearing Report, but the Committee also noted the difficulty in evaluating the extent of this under-representation because of the lack of statistical data available (NCIHE 1997a: paragraph 7.14). It is significant that the Dearing Committee (NCIHE 1997b: 5.1), as discussed by Hurst (1999), initially adopted a social model approach in recognising institutional barriers:

The 'normalisation' of disability implies that universities should be encouraged to generate a culture and environment where disability is not regarded as a problem. Students with disabilities rarely need special or exceptional treatment but they do need considerate and fair treatment. Institutions should therefore work towards:

- *disability awareness* – a recognition of the structural, organisational, relational and financial consequences of establishing barrier-free access, where 'barrier-free' should take the meaning adopted by the Open University of providing a learning environment which is open to students regardless of disability and circumstance;

- *disability sensitivity* – a recognition that ‘disability’ as a concept covers a multitude of different cases and special needs; that students with disabilities have already demonstrated fitness to achieve in higher education; and that students with disabilities, despite their ability to negotiate the world in which they find themselves, will from time to time need intervention and support.

Disappointingly, as commented by Hurst (1999), the social model approach dissipates as the report progresses and a more medical approach is adopted. For example, the Committee considered designating certain institutions as ‘centres of excellence’ for supporting students with various impairments (paragraph 5.7). In this instance, a particular HEI might encourage applications from people with a mobility impairment and concentrate resources on wheelchair access, or another HEI might encourage applications from people with a hearing impairment and concentrate resources on hearing loops and interpreters. Such an approach could, arguably, reduce costs and provide a greater level of expertise in supporting students within a particular impairment category. Therefore, rather than institutions trying, and potentially failing, to provide support across a range of diverse needs, support would be streamlined by certain institutions. Significantly, the focus is no longer about changing barriers for all students, but on meeting the needs of a group of students with a particular impairment. Baroness Farrington raised this specific issue in the House of Lords, and argued that in developing different facilities at different universities this would limit choices and opportunities for disabled students:

That is fine for students who are able to leave home and students of standard entry age. However, an increasing percentage of students are mature students or students who have physical problems which do not allow them to leave home. Therefore, it is important that all higher education institutions are adapted as quickly as possible (Hansard 1995, Baroness Farrington of Ribbleton, quoted in Hurst 1995 [electronic source]).

This represents a philosophy not based on inclusion, but based on the exclusion of some students on the basis of impairment. Another example, in the adoption of a medical model approach by the Dearing Committee, as noted by Hurst (1999), related to the Disabled Students' Allowance (DSA) with the Committee recommending a fixed allowance payable to students per specific impairment (paragraph 5.12). With this example, the Committee failed to recognise individual factors within the experience of disability. This position was not unique. Indeed as the students interviewed as part of the case study made known, they often felt that because they had certain impairments they were automatically categorised as requiring a set list of support. As a consequence, students felt that there was a failure to listen to their own experiences of disability.<sup>29</sup> This as Oliver (1996) has claimed is representative of a medical approach which fails to take into account wider aspects of disability.

The Dearing Report, and Report Six, discussed compliance with the Disability Discrimination Act (1995) (DDA). The DDA did not provide legal protection for disabled students in higher education at that time. Part IV of the Act did, however, require that institutions publish disability statements specifying policy, provision and future plans for disabled students. This had been opposed by the vice-chancellors, who argued in a CVCP briefing paper, that the proposals:

...will not further the aspirations of those wishing to improve the situation for disabled students. It is a diversion which will do nothing for disabled students, but could undermine and damage universities' autonomy (CVCP 1995; quoted in Hurst 1995: electronic source).

---

<sup>29</sup> To be discussed further in chapter seven relating to case study policy and provision.



The government had proposed that funding councils should:

Have regard for the needs of disabled students in its allocation of funding and that ...the conditions subject to which a council makes grants, loans, or other payments ... to the governing body of an institution shall require the governing body to publish disability statements at such intervals as may be specified (quoted in Hurst 1995: electronic source).

A major concern, as Hurst (1995) contended, was the fear of loss of academic freedom by the universities. This was because the Further and Higher Education Act (1992) had previously placed no conditions on grants affecting academic matters. The Dearing Committee noted that academic concerns over autonomy were central to the debate. It could be claimed that as a consequence, the Dearing Committee did not compel universities to comply, but only recommended that HEIs should endeavour to comply with the Act (paragraph 7.42). The Dearing Committee could have taken the opportunity and recommended extending the DDA to cover disabled students in higher education, but did not choose to do so. It would seem feasible, that this decision was influenced by those who held the most power: the vice-chancellors.

A number of substantial recommendations were, however, made by the Committee as a result of the evidence presented. This evidence included, as Hurst (1999: 68) outlined, the need for appropriate funding, commitment by senior management, development of policies and procedures within existing practices, flexibility and creativity within demands, long term planning, employment of specialist staff, staff development and links with local, regional, national and international networks. In addition, successful policies as Hurst (1999: 68) noted, were also based on *'the empowerment of the students, the availability of choices, and the recognition of the individual's*

*right to take decisions affecting her/his own life*'. The Committee suggested that institutions should include:

The incorporation of statements on disability policy in mission statements and strategic plans; references to policies and practice in handbooks/prospectuses; publishing statements of limitations and forthcoming improvements so that prospective students can learn what to anticipate, and what is currently possible for them; resource and estate management proposals to be inspected for disability sensitivity; staff training and support at all levels; the use of quality monitoring, corporate information systems and data capture systems to improve management knowledge of progress towards a disability-friendly environment; consistent and persistent management signals in support of policies and practice, and support for relevant staff engaged in work for students with disabilities; the regular use of student feedback (NCIHE 1997b: paragraph 5.15).

These suggestions were extensive and the recommendations were a positive step forward in the development of disability policy and provision within institutions. As a result, the newly established Quality Assurance Agency (QAA) published its *'Code of Practice for the Assurance of Academic Quality and Standards in Higher Education'* (QAA 1999) and incorporated a section relating to students with disabilities. This section contained a number of important principles underpinning good practice. Unfortunately, whilst the extensive guidelines and precepts were comprehensive, they were not legally enforceable. The guidelines were also only one of many measures against which the QAA assessed standards within institutions and, therefore, the quality of disability support could continue to vary across institutions.

The success of disability policies, as Hurst (1999) asserted, were based on empowering disabled students and involving students in decision-making processes. Disappointingly, the Committee did not go as far as including this in their recommendations, but did suggest regular use of student feedback. This suggestion was included in the QAA precepts, which stipulated that

institutions should consider *'incorporating the views of disabled students in development planning'*. This was a major step forward in recognising the value of student views. In practice, the QAA precepts were only recommendations and the decision as to whether students would be included in the development of planning would ultimately lie with institutions.

Another important recommendation of the Committee related to the extension of Disabled Students' Allowances (DSAs). These allowances were subject to means testing and available only to full time undergraduates. The Committee, recognising the importance of these allowances, recommended that they should no longer be subject to means testing (NCIHE 1997b: 5.13) and should be extended to support part time students (NCIHE 1997b: 5.10). The government responded positively and abolished means testing and, in addition, increased the amounts payable for DSA. By 2001, DSAs were extended to part time students, Open University students and postgraduates. It is important to acknowledge the responsiveness by government in accepting the proposals to extend DSA support made by the Dearing Committee. In extending DSA support, this enabled many disabled students who had previously been unable to study at a higher educational level, to do so. Although the government's response, as Hurst (1999: 79) suggests, may only have been partly influenced by the proposals by the Dearing Committee. This was because the government were already planning to introduce a payable contribution by students towards the costs of tuition and were concerned about the hostility this would meet.<sup>30</sup>

---

<sup>30</sup> Current higher education policy, tuition fees and the financial circumstances of disabled students, will be addressed in the next section of the chapter.

During the decade, major steps forward have taken place in the development of disability policy and provision. Significantly, however, these steps were not enforceable and the way in which institutions responded remained ultimately up to the individual institution. The lack of enforceable policy leads me to the third major and most important development in policy and provision towards disabled students, the Special Education Needs and Disability Act (2001).

(iii) Special Education Needs and Disability Act (2001)

The development of comprehensive recommendations and guidelines had not proved sufficiently adequate to protect disabled students in higher education. Persuasion to change proved ineffective and, ultimately, the DDA (1995) was amended. The amendment provided for the first time legislative protection for disabled students. A Code of Practice (a form of guidance attached to SENDA), was published for providers of post 16 education and related services (DRC: 2002).<sup>31</sup> This provided extensive guidelines on the duties of institutions within the legislative framework. Implementation of the new duties commenced September 2002 and from this date institutions were required to make '*reasonable adjustments*' and ensure disabled students did not receive '*less favourable treatment*' for a reason relating to their disability, without justification. These duties were anticipatory, which meant that institutions would now be required to plan in advance provision for disabled

---

<sup>31</sup> The consultative process behind the Code was detailed in the previous chapter at 4.2 'Special Educational Needs and Disability Act (SENDA) (2001) and Consultation'

students, and would no longer be able to respond in an ad hoc way to individual students.

In April 2005, the DDA was further amended to include a new duty on public bodies not to discriminate against disabled people and to promote equality of opportunity. In both these cases, institutions would now be required to be proactive, anticipate when discrimination might occur and plan to avoid it.<sup>32</sup> Similar legislation to the amended DDA (2005) had already been passed relating to race (Race Relations Amendment Act 2000), which prescribed that institutions were required to respond to the additional duties of eliminating unlawful discrimination and to promote equality of opportunity among ethnic groups. In addition, following European Legislation, anti-discrimination legislation for people with different sexual orientation (2003), people of different faiths (2003) and on the grounds of age (2006) had all been introduced in the UK. In 2006, The Equality Act established The Commission of Equality and Human Rights (CEHR), which would come into being in October 2007. Their purpose is to promote equality and tackle discrimination in relation to gender, gender reassignment, disability, sexual orientation, religion or belief, age and human rights (DTI 2006). It is evident that over this period the government increasingly focused on issues of equality and the elimination of discrimination. Furthermore campaigning organisations, such as the United Kingdom's Disabled People's Council (UKDPC) and the National Centre for Independent Living (NCIL), were

---

<sup>32</sup> Disability legislation had largely reflected a compromise and, consequently, legislation proved inadequate in the protection of disabled people. However, disability legislation increasingly began to be recognised within an equality framework following the recommendations of the Disability Rights Task Force (DRTF): see chapter four 4.1 'Legislative Developments and Competing Tensions'

arguably now in a position to be able to use comparative legislative examples when discussing equality and rights based approaches in relation to disability legislation with government and policy makers.

The first section of this chapter considered the increased recognition by government of the inequalities experienced by disabled students in accessing higher education. This provided an insight into the competing views held by policy makers, funders and higher education providers relating to how disability was perceived within the higher education sector at this time. In the next section, I build on this analysis and focus on policy and provision stemming from the Welsh Assembly Government.

## 5.2 Welsh Assembly Government

As a result of devolution in 1997, the way in which the Welsh Assembly Government (WAG) responds in the implementation of policy and provision is of central concern and, arguably, likely to impact on the experiences of disabled students in accessing higher education in Wales. The first issue to be examined relates to the devolution of student support stemming from the Higher Education Act (2004) and the approach to policy in Wales. The purpose being to determine the differences in policy response between Wales and England and to assess the possible impact this might have in relation to equality and inclusion for disabled students in Wales. The second issue considers access to Welsh HEIs and courses by disabled students and evaluates ways in which current policy may affect rates of inclusion. Finally, the third issue to be examined will review how far the Assembly recognises the validity of consultation by under-represented

groups, as this is likely to impact on the development of higher education policy and provision.

#### 5.2.1 The Welsh Response

In January 2003, the government published the White Paper '*The Future of Higher Education*' (DfES 2003b), which detailed its plans for reform and investment in higher education. This was followed by the publication of '*Widening Participation in Higher Education*' (DfES 2003c) which outlined the government's objective of achieving improved attainment, raised aspirations and increased applications and admissions. Subsequently, the Higher Education Act (2004) received royal assent. Under Part IV of the Act, the majority of functions relating to student support in Wales were transferred from Westminster to WAG and it is these differences in policy that I wish to address.

At the request of WAG, a high profile review was conducted into the devolved powers over student support by Rees (2005). As part of this review, widening participation and equality of opportunity were central to the issues discussed. The focus of the review surrounded variable fees (introduced under Part III of the Act), which allowed HEIs to charge student fees up to a maximum of £3000 in England and Wales. Recognition of the financial difficulties encountered by disabled students was highlighted, particularly regarding incompatibility between student support systems and disability allowances and benefits. This had been an area previously examined by Rees (2001) in the Independent Investigation Group on Student Hardship and Funding in Wales. The investigation (Rees 2001: 30) had

raised concerns with regard to (i) the difficulty of disabled students in obtaining work to supplement their income during their course of study and, therefore, the gap between income and living costs being greater than for other students, (ii) some disabled students having to take time off during their studies for health-related reasons and their eligibility for benefits being discretionary during these periods, as opposed to mandatory, (iii) disabled students who choose to live in university accommodation, which is often the most adapted and suitable, were not eligible for housing benefit and (iv) delays in receipt of Disabled Students' Allowances (DSAs) and the inconsistencies across Wales in the way DSA was allocated and administered. Although these anomalies between support systems and benefit systems were recognised by the Assembly, and a WAG review recommended by Rees (2001), the Assembly had felt unable to comply with this recommendation (Beauchamp-Pryor 2004: 105). This was because, as a WAG Policy Officer explained (*telephone conversation*, June 2003), Welsh benefit policy must comply with overall UK policy, and concerningly no further investigation was undertaken by WAG.

The Rees Review (2005: 1.4.15) considered that the Welsh HEIs response had been satisfactory in widening access and participation for under-represented groups and consequently, recommended that the monitoring of access in Wales should remain the responsibility of HEFCW who were already reviewing the access policies of HEIs. In England, however, this duty was to be conducted by a separate body, the Office for Fair Access (OFFA) who are a separate entity to the funding council. Such stringent monitoring was thought unnecessary in Wales and the Rees Group



supported the argument that HEIs required only a *'light touch'* in relation to monitoring. This was because the Rees Group wished to avoid unnecessary duplication of effort and waste of resources (Rees 2005: 5.4.5). It is concerning that Wales will not incur the rigorous monitoring to be experienced by the HEIs in England. In addition, it is also significant that membership of the Rees Group was dominated by professionals working within the higher education system and, therefore, it could be questionable as to who was most likely to benefit from the recommendations reached.

In England, the role and effectiveness of OFFA were still being debated (Harris 2004). The role of OFFA, as discussed by the newly appointed Director of Fair Access, was to support universities and colleges to broaden the pool of applications across higher education (Harris 2004). Significantly, there were to be no predetermined targets or benchmarks and as Harris discussed *'institutions will identify their own target groups and set their own goals and milestones, as they do already'*. This suggests that the government's stance on widening participation would continue to concentrate on social class, which is likely to result in the neglect of developing access for disabled students. This was also evident in the case study University, where the main aim of the widening participation team was on reaching students from low participation areas.<sup>33</sup>

Similarly, although WAG has stated that it aims to widen access to higher education and these aims have been considered in a series of policy documents (Rees 2001; WAG 2001; 2002), there has been a tendency for

---

<sup>33</sup> Detailed in chapter seven at 7.2 'A Welfare or Rights Approach – The Influence on Policy'

disability policy to be seen as a separate issue from that of widening participation. This would seem to support the finding of Leicester and Lovell (1994) that disability had, historically, not been viewed in the same context as other groups experiencing inequality for example, social class, gender and ethnicity. For instance the Ramsden Report (2002), commissioned by the Higher Education Funding Council for Wales and Higher Education Wales, failed to contain a single reference to disability in the section on widening participation. Discussions concentrated on attracting students from non-traditional backgrounds and referred to qualifications of entry, mature students, ethnicity and social class, but no reference was made to disabled students. The written evidence submitted by Higher Education Wales (HEW) (2001) to WAG relating to student hardship and funding also failed to include issues relating to disabled students. The evidence examined the conflict between tuition fees and widening access and reviewed this in relation to low income families and mature students, but did not consider the potential effect on disabled students.

HEW is the national council in Wales of Universities UK (formerly the Committee of Vice-Chancellors and Principals of the United Kingdom) and membership includes all the heads of HEIs in Wales. For such a prestigious Committee to overlook issues relating to disabled students in their deliberations provides a further indicator as to how disability is perceived, and even ignored, within the widening participation agenda. Defining disability in terms of impairment would arguably justify the policy response based on welfare and care, as opposed to recognising the inequality and lack of rights experienced by other groups targeted within widening participation

programmes. Notably, the Policy Review (WAG 2001) did recognise the importance of addressing the under-representation of disabled students and discussed issues relating to widening access and disability. Whilst this was a significant step forward, the Review unfortunately failed to consider the issue of disability within minority groups. For example, in discussions relating to ethnic minorities and widening participation, no mention was made of disabled students.<sup>34</sup> The importance of this is discussed, for example, by Millie Hill (quoted in Morris 1996) who claimed that the experience of disabled black people is often compounded by being both disabled and black in areas such as employment, housing and education. Oliver (1990: 73) refers to this as a '*double disadvantage*' and Drake (1999: 149) drawing on commentators (Agar 1990; Farleigh 1990) identifies the lack of specific disability policy and support for black and Asian disabled people. Consequently, Drake contends that this has led to black disabled people being excluded from the social, economic and political framework.

The Higher Education Act (2004) further specified that in England access plans should be submitted to OFFA, which had to include provision for promoting access and equality of opportunity. In Wales, however, the Act only requires HEIs to submit plans that relate to (i) the promotion of higher education, or (ii) the promotion of equality of opportunity. These plans were seen as more wide-ranging and viewed as '*fee plans*' in Wales, as opposed to '*access plans*' (Rees 2005: 5.4.4). Concern had been raised by the RNIB and *Skill* as to the counterpoising of the promotion of higher

---

<sup>34</sup>Statistical evidence presented in the next chapter at 6.7 'Gender, Ethnicity and Social Class', details the low number of disabled students from an ethnic minority entering higher education and inequalities of access are evident.

education against the promotion of equal opportunities and Baroness Sharp of Guildford had raised her apprehensions in the House of Lords (Hansard 2004a). It had been agreed that the wording in England would be changed from 'or' to 'and'. In relation to Wales, Lord Roberts of Conwy (Hansard 2004b) reasoned that HEIs felt '*threatened*' and quoted the Chairman of Higher Education Wales (HEW), Professor Anthony Chapman who claimed:

The Vice-Chancellors and Principals in Wales are concerned at the coincidence of several recent statements by the Welsh Assembly Government which taken together suggest an undermining of university autonomy, notwithstanding protestations to the contrary (quoted in Hansard 2004b: col. 1157).

Two issues appear to be central to the debate: first, the autonomy of universities and the fear among the HEIs in Wales of losing this autonomy; secondly, in the context of devolution the flexibility to implement policy as determined by WAG. This second issue was discussed by Baroness Ashton and Baroness Sharp who contended:

It is appropriate that this legislation should give it [National Assembly for Wales] the flexibility to determine policies suited to Welsh circumstances, following the precedent set by other post-devolution Bills (Hansard 2004c: Baroness Ashton of Upholland, col. 572).

My party, in particular, is concerned that Wales should be able to do its own thing and should not be dictated to by this Parliament (Hansard 2004d: Baroness Sharp of Guildford, col. 572).

As a result, the wording of The Higher Education Act (2004) remained unchanged in Wales and continued to raise concerns over the potential inequality for Welsh disabled students. Baroness Warwick (Hansard, 2004e: col. 1158) again highlighted the apprehension of the RNIB and *Skill* in relation to access for disabled students in Wales and maintained that in Wales the powers created by the Bill would not be used to promote access. Whilst the Baroness recognised the record on access to higher education

had been good in Wales, as in many HEIs in England, she expressed concerns that access could potentially be neglected as a priority in future Welsh policy.<sup>35</sup>

The Higher Education Act also reformed the system of student complaints. Prior to the Act most student complaints were dealt with through internal complaint procedures. For many students in the traditional or 'old' universities once internal procedures were exhausted, the only recourse for complainants lay with an appeal to the University's Visitor (the Crown or another eminent person). This Act restricted the authority of the Visitor and established the Office of the Independent Adjudication for Higher Education (OIA) for England and Wales. WAG was given the power to designate an independent provider for student complaints. The Assembly decided to adopt the OIA complaints scheme. This decision was seen as beneficial as it would provide a single system for reviewing complaints which would be *'fair, open and transparent'* (WAG 2004). The need for an impartial complaint procedure was recognised by the government and WAG,<sup>36</sup> who also identified the importance of complaints being resolved speedily.<sup>37</sup> Accordingly, the Disability Discrimination Act (1995) time limit for submission of court cases was also extended from six to eight months, in order to allow additional time for disabled students to pursue complaints through the OIA (DfES 2004: II 19(3)).

---

<sup>35</sup> Although Baroness Warwick does not stipulate whether she is referring specifically to disability access or all under-represented groups.

<sup>36</sup> Evidenced in this study and discussed in chapter seven at 7.4 'A Lack of Power – Feedback and Complaints' and chapter nine at 9.2.2 'Student Union Representation' - a number of students interviewed as part of the case study University, had made complaints to the University and had raised their concerns as to the way in which these complaints had been responded to.

<sup>37</sup> The students, participating in the case study research, who had made complaints had found the time periods involved to be lengthy and, in some cases, over twelve months.

The various strands of policy supporting disabled students appeared to be beginning to join up, and arguably, work towards ensuring that adequate recourse is available to redress issues relating to quality of provision. How effective these processes are in practice remains to be seen, but early indications stemming from the students interviewed, as part of the case study, do highlight concerns in relation to making a complaint.<sup>38</sup> Significantly, widening participation policy is not only about increasing student numbers, it also relates to the quality of student experience. Part of this process would seem to be the implementation of policy to safeguard disabled students when studying in higher education.

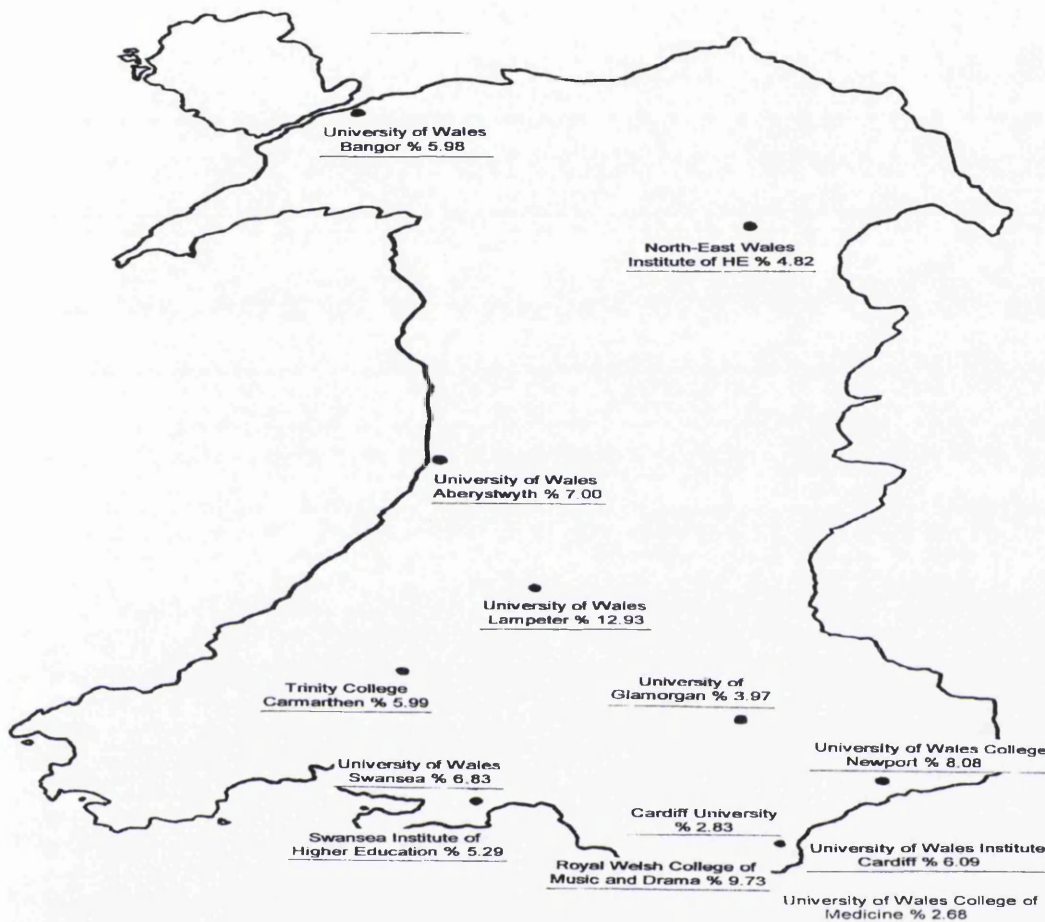
#### 5.2.2 Accessing Welsh Higher Education

At the time of writing, there were 13 HEIs in Wales and the following map (Figure 5.A) identifies the location of each HEI and the percentage of disabled students in each.

---

<sup>38</sup> Detailed in chapter seven at 7.4

Figure 5.A: Percentage of Disabled Students by Higher Education Institution in Wales 2001/02



(Source: Beauchamp-Pryor 2004: 106)

As can be seen, the percentage of disabled students attending the HEIs range from the University of Wales College of Medicine with 2.7 per cent to the University of Wales Lampeter at 12.9 per cent. These participation rates provide an indicator as to possible inequality of access between HEIs. There are a number of factors that are likely to influence the equality of access experienced by disabled applicants and students and it is these that I now discuss. Firstly, where a high or a low percentage rate has been experienced this is feasibly influenced by the HEIs overall strategy. For

instance, in the approach taken by senior management to disability policy and provision within their HEI, which would include for example, planning, marketing, admissions, student support and staff development.<sup>39</sup> This leads into the second point, regarding the success of widening access policies within HEIs. As previously discussed, these policies will in future be closely monitored by HEFCW and the responsibility for ensuring equality of access will form part of WAG's policy. However, the Assembly's policies are also likely to be influenced by HEW, who had sought to ensure the autonomy of HEIs in prioritising policy. As a consequence, the wide variation of inclusion rates could continue, with some HEIs providing a greater opportunity of access for disabled students than others.

Another point to be addressed relates to how funding policy currently stands. Those HEIs with low numbers of disabled students would receive limited funding for provision of disability support and those HEIs with high numbers would receive more extensive funding. This would have implications for future policy and provision in Wales for disabled students as it is likely to reduce the choice of disabled students as to the HEI they would wish to study at and course preference. This is because those universities who receive limited funding are less likely to use the available resources they have to fund disability provision. Consequently, disabled students are likely to experience continued inequality across the higher education sector.

A fourth point relates to changes in higher education policy and the way policy may limit the future choice for disabled students. In this study,

---

<sup>39</sup> These specific areas will be discussed in relation to the case study University in chapter seven.



disabled students discussed how a major factor in their choice of HEI was reflected in how close to home the HEI was. This was due to concerns over illness and the need for additional support. For example, Rebecca a student with Myalgic Encephalomyelitis (ME) commented on the survey questionnaire that '*[the University] was far enough away for me to have independence, but if I was ill, it was close enough for me to return home in an hour*'. The student questionnaires indicated that the location of the University was an important factor for almost half of the students (see Table 5.A). Whilst this did not appear to be significantly linked to impairment categories, notably for five of the six students with mobility difficulties this was a major factor.

**Table 5.A: Importance of University Location by Impairment Category**

Impairment	University Choice by Location	Total Number of Questionnaires Returned
Dyslexia	20	46
Blind/visually impaired	1	5
Deaf/hearing impaired	3	6
Wheelchair/mobility impaired difficulties	5	6
Mental Health difficulties	0	5
Unseen disability	7	20
Multiple disabilities	10	18
Disability not listed	2	10
<b>Total</b>	<b>48</b>	<b>116</b>

Similarly, almost half of the students interviewed indicated that the location of the University had been an important factor in choice. Whilst, it could be argued, that for non-disabled students location of their HEI choice may also be important, it was apparent that for disabled students being able to study near family support was a crucial factor. Other studies examining the experiences of disabled students have not discussed the specific issue of

HEI location.<sup>40</sup> The higher education Policy Review recognised that students were choosing to study closer to home in order to minimise costs (WAG: 2001: 89). However, the Review failed to consider the potential effect this may have on restricting the choice of institutions, courses and methods of study for disabled students. For example, if city universities receive a higher than average number of applications, competition for places could reduce the options for disabled applicants. Institutions could 'pick and choose' the most desirable candidates. Alternatively, rural institutions, such as Lampeter, may receive fewer applications and, therefore, target under-represented groups in recruitment drives in order to boost student numbers.

Potential inequality of access to certain types of courses is the final point. As can be seen in Figure 5.A there is a lower level of participation by disabled students at the College of Medicine (2.68%) compared to a higher level of participation (9.7%) at the College of Music and Drama.<sup>41</sup> These data seem to suggest that disabled students were more likely to apply and to be accepted onto certain types of courses.<sup>42</sup> Analysis of statistical data by Riddell et al., (2005) supported this view arguing for example, that a high proportion of students with dyslexia in England and Scotland were studying creative art and design courses and students with sensory impairments, mobility difficulties and mental health difficulties were more likely to be participating on combined courses.

---

<sup>40</sup> Although Fuller et al's., (2004) in depth study found that an important factor in student choice of HEI related to the level of disability support provided by the University and academic department, which will be returned to in the next chapter at 6.4 'Subject of Study'.

<sup>41</sup> Analysis of statistical data is presented at 6.4 in relation to course choice.

<sup>42</sup> As to why variances in participation rates on courses occur will be considered in the next chapter on statistical findings at 6.4.

### 5.2.3 Consultation by the Welsh Assembly Government:

The Welsh Assembly Government has increasingly recognised the validity of consultation and participation by under-represented groups. This was evident when the Assembly specifically advised the Independent Investigation Group on Student Hardship and Funding in Wales, to take evidence from the appropriate interest groups, such as those representing students, providers of education courses and representative bodies (Rees 2001: 3). The *'listen and learn'* approach to the consultation process was extensive and 1500 organisations and individuals were invited to present evidence. Arguably, however, the most powerful voices stemmed from the professional bodies, as was apparent, for example, in relation to the Assembly's Policy Review of Higher Education (WAG 2001). In this instance, the Disability Rights Commission (DRC), *Skill* and RNIB Cymru submitted evidence on behalf of disabled students to the Education and Lifelong Learning Committee. The Committee (WAG 2001:35) later commended the DRC, *Skill* and RNIB Cymru for *'eloquently'* explaining the *'needs'* of disabled students. Therefore, the voice representing disabled people once again appeared to be that of professional bodies and traditional charities and no organisations of disabled people seem to have been involved in the consultative process. This has important implications, as highlighted in earlier chapters and as discussed by French (1994a), Drake (1996a, 1996b), and Oliver (1990, 1993, 1996), in the way policy develops. As reasoned, the professional bodies and traditional charities have largely viewed disability in terms of impairment, with policy and provision based on compensation and care, as opposed to a stance based on equality and rights as argued for by

organisations of disabled people (for example, DAA; NCIL; UKDPC) and academics (for example, Oliver 1990, 1996; Barnes 1991; French 1994a; Campbell and Oliver 1996; Drake 1999). Hence, the focus on disability issues would largely reflect that of meeting individual needs.

The importance of participation was acknowledged by the House of Commons, Welsh Affairs Committee, in their report on *'The Empowerment of Children and Young People in Wales'* (2004). The terms of reference for this inquiry were wide ranging and included the effects of disability. Evidence was again submitted by a range of professional bodies and traditional charities, though the inquiry acknowledged that the report would be undermined if the views of young people were not canvassed. The importance of consultation and participation were also recognised by the Equality of Opportunity Committee, who conducted a policy review of *'Service Provision for Disabled Young People in Wales'* (WAG 2005). The Committee agreed to be guided and advised by a reference group of young disabled people across Wales through the review process. Although the Committee appeared to take positive steps, the majority of organisations contacted, consisted of traditional charities and professional organisations. It was, however, suggested by the Committee to these organisations that they might wish to consult directly with disabled young people, but the Committee did not make this mandatory, or even a recommendation.

It is evident that the value of participation and consultation by under-represented groups has increasingly been acknowledged within Welsh politics. Concerningly, however, the evidence also highlights the reliance by

policy makers on the views and values held by the traditional charities and professional organisations. Arnstein (1969) illustrated the degrees of involvement in participation and it is clear in the consultative examples considered, that the views of disabled people have largely been excluded from the participation process. This has important implications as to the value attached to the views of disabled people themselves and, arguably, underpins and maintains dominant perceptions in society based on compensation, care and concern.

The analysis so far has considered the impact of policy stemming from both UK and Welsh Assembly Government. The final section provides an indication as to the level of policy and provision to be found within Welsh HEIs.

### 5.3 Welsh Higher Education Sector

The overview of policy and provision to be found within Welsh HEIs is evaluated across six main areas.<sup>43</sup> I start by examining the size, role and employment of disabled people within disability teams, in order to ascertain the response by HEIs in Wales towards disability provision and, importantly, to gauge how far disabled people were being employed within disability support teams. The value of employing disabled people within disability teams will also be considered within this evaluation. The second area reviews HEI policy statements as these provide an indicator of the steps being taken by HEIs in Wales. Thirdly, and importantly, how disability is

---

<sup>43</sup> This information was compiled from the eight questionnaires returned from the thirteen HEIs. Refer to Appendix 'B' for a copy of the questionnaire.

defined within policy and provision is discussed and specifically related to staff development. Arguably, how disability is perceived in this context will influence a response based on meeting individual needs or one of equality and rights. The process of undertaking disability audits within HEIs is examined as the fourth main area and, in particular, as to how, and by whom, these audits are conducted, as this is likely to influence the response by the HEI. Student representation and feedback measures across HEIs form the fifth area of analysis and are discussed in evaluating how far HEIs are implementing policy to include the voice of disabled students in the development of disability policy and provision. The final area examined, concerns the response by HEIs to disability complaints. Analysing these data provide an indicator as to: how disability is largely perceived amongst HEI staff and how this is likely to influence issues of equality and inclusion; the commitment by HEIs in implementing disability support and the consequences for equality and inclusion; and the re-distribution of power within HEIs in challenging inequality and exclusion.

### 5.3.1 Disability Teams

The number of staff employed by HEIs to support disability provision varied considerably. This ranged from the employment of a part time co-ordinator at one HEI, to the employment of teams of support, including assistant disability officers, mental health co-ordinators, assessment and training officers, IT support officers and dyslexia tutors in another. It would be expected that those HEIs with a higher participation of disabled students would employ more staff, but this was found not to be the case. For example, at HEI 'A',

714 disabled students were registered, with only one person employed to co-ordinate provision. Similarly, HEI 'B' had 770 registered students and a single co-ordinator. This compared, for instance, with HEI 'C' with 510 registered students and a team of support, including a disability services manager, disability advisor and accessible curriculum development adviser. It could be argued that the size of a disability team does not necessarily reflect the quality of support, as this is likely to depend on how well disability teams work together and their relationships with both students and staff. Although I have little supportive evidence, and in other studies (see for example Riddell et al., 2005; Fuller et al., 2004) this has not been an area discussed, it would seem from my conversations with the Disability Officer based at HEI 'A', that even though she had no disability support team, a high level of support was available to students and staff, with no recent student complaints. I was able to compare these experiences with the Disability Officer based at the case study University, who whilst having an extensive team of support had a number of student complaints outstanding.

Returned questionnaires indicated that the role of disability staff included: providing advice and support for disabled applicants and students; assistance in organising assessments and liaising with LEAs; implementing support; mediation with academic departments; development of institutional policies and procedures; and staff development. A nominated disability contact within academic departments was also being encouraged and all HEIs reported that they were working towards this coverage.<sup>44</sup>

---

<sup>44</sup> The importance of disability contacts within departments is examined in relation to the case study University in chapter eight.

Employment of disabled people within disability support teams was also evident in five of the HEIs. The questionnaire asked whether the person completing the questionnaire or any member of the disability support staff had a disability (Question 9).<sup>45</sup> The questionnaire did not, however, ask the number of disabled people employed or in what capacity. This was due to concerns over sensitivity and whether questionnaires would be completed and returned.<sup>46</sup> This sensitivity was exemplified by the comments of one disability co-ordinator who was unwilling to provide details to question nine and wrote on the questionnaire '*not happy to answer this*'. Three of the five HEIs did voluntarily provide further details, with the disability co-ordinator at one HEI recording himself/herself as dyslexic, three support workers at another HEI recorded with one hearing impaired and two as dyslexic, and the third institution mentioned a visual impairment corrected with glasses.

The small number of disabled people appointed within disability structures was disappointing and disabilities were most likely to be unseen. However, it was encouraging to find that disabled people were being employed within disability support teams. Arguably, employing disabled people can begin to provide a positive image of disability within institutions. Also, for some disabled people it is often easier to discuss issues relating to disability with another disabled person, as evidenced in the research by Kitchen (2000) and Duckett and Pratt (2001).<sup>47</sup>

---

<sup>45</sup> Refer to Appendix 'B'

<sup>46</sup> As detailed in chapter three at 3.2.4 'Policy and Provision within Wales'.

<sup>47</sup> These two studies, as briefly mentioned in chapter three, focused on the views of disabled people within the research process and highlighted how disabled people felt disclosing information to non-disabled researchers.



### 5.3.2 HEI Policy Statements

Disability policy statements were produced by all eight HEIs, but the quality of information was again wide ranging. Where comprehensive statements were produced, these included information on equal opportunities, admissions, enrolments, confidentiality, examinations and assessments, complaints, audits, staff development, access, academic support, study support, library and information technology, and plans for the future. Not all HEIs produced statements to this standard, with one HEI producing a short paragraph of less than 150 words. Disability statements were available to students in various formats, such as large print and Braille, and on the internet. A colourful pocket version produced by HEI 'D' was particularly well structured and easy to read, as was the accessibility of the online version designed by HEI 'C', which proved to be of a high standard, clear and informative. The provision of policy statements is one indicator for disabled applicants and students in assessing the level of provision being offered by HEIs. As will become evident in the next chapter, when examining application and admission processes the level of provision being offered to disabled applicants is often a deciding factor in accepting a place at a HEI. The HEIs appeared to be making considerable progress in developing policy, although how accurately this information was reflected in provision would require further research.

### 5.3.3 Defining Disability

The definition of disability adopted by the HEIs varied, but most HEIs viewed disability in terms of the DDA definition.<sup>48</sup> The medical model was specifically referred to by one HEI and the social model by two HEIs. The model adopted is arguably, likely to influence the direction of policy and provision developed by the HEI. For example, this was evident in the Riddell et al., (2004: 112) study where the researchers identified the '*reluctance of staff to move beyond a focus on individual impairments*', as a consequence the response by institutions and staff was one largely based on a welfare or care approach.

Staff development courses on disability issues were provided in all HEIs, but based mainly on raising awareness, as opposed to issues of equality. This distinction is important, as disability awareness training (DAT) is associated with the medical model with training delivered in many cases by traditional charities, whereas disability equality training (DET) reflects a social model perspective with training often delivered by disabled people. The Disability Rights Commission (DRC) endorse equality training as a positive way to challenge entrenched attitudes. This has significant implications for the future of disability provision in Welsh HEIs in the way disability is perceived and the response in policy and provision.

---

<sup>48</sup> As detailed in chapter four at 4.1 'Legislative Developments and Competing Tensions', the definition reflects an individual or medical model view, which is likely to impact on equality and inclusion for disabled people. This is because the definition fails to incorporate barriers stemming from attitudinal, structural and institutional barriers.

#### 5.3.4 Disability Audits

Disability policy and access audits had been undertaken in each of the HEIs. Some of these audits were carried out by internal staff and others by external agencies, such as the Royal National Deaf Association (RNID) or *Skill*. The Disability Rights Commission (DRC) recommended the inclusion of disabled people on access working groups, but one HEI took this further and utilised the services of a disabled professional auditor. Contracting disabled professional auditors, as opposed to employing traditional charities or professional auditors, is likely to influence the direction of policy and focus on equality and inclusion.<sup>49</sup> Policy by the HEIs as to who carried out the audits, or on whether disabled people were included, varied considerably, but importantly, all reported taking steps to examine the level of provision in place. The importance of including the voice of disabled people in evaluating provision will be considered in detail when examining the response of the case study University in chapter seven.

#### 5.3.5 Student Feedback

Disabled student representatives had also begun to be included in HEI working groups and committees, in five of the HEIs. Feedback from disabled students was also being sought in one of three ways: four HEIs held regular meetings with students; two HEIs utilised questionnaires; three HEIs incorporated questions into general student satisfaction surveys or modular evaluation forms. One HEI had no feedback measures, but monitored

---

<sup>49</sup> An important issue to be returned to in relation to the case study University in chapter seven at 7.1 'Challenging Inequality and Oppression'.

targets. The value of seeking the views of disabled students appeared to be increasingly recognised by the HEIs, with issues being fed into welfare and support meetings. Guidelines by HEFCW (2003) recognised the importance of student feedback and required HEIs to actively demonstrate the ways in which student feedback was sought. These guidelines were in relation to all students and it is possible that some groups of students could be excluded in this process. From the above evidence, it appears that active measures were being taken to consult with disabled students, though the effectiveness and extensiveness may in reality be limited.

#### 5.3.6 Complaint Procedures

Disability complaint procedures existed in all HEIs and were mainly incorporated into standard complaint procedures. A separate policy for disability complaints existed in one of the HEIs with complaints being directed in the first instance to the Director of Planning, with an appeal process to the Pro-Vice-Chancellor (Administration). At another HEI the Disability Officer actively encouraged students to discuss concerns or complaints with her, as she often found she was able to successfully intervene on the student's behalf with individuals or departments.

#### 5.3.7 Overall

The evidence, from the HEI questionnaires, indicated that the level of support for students seemed to have improved in most universities. HEIs were now employing a range of disability staff to support disabled students. In addition, all HEIs had a disability statement and had begun to undertake policy and

access audits. Although disability was mainly understood in terms of a medical model definition, the social model was increasingly recognised in relation to issues of inclusivity and equality, suggesting that disability was beginning to be understood in terms of oppression, which as Leicester and Lovell (1994) had asserted HEIs had failed to do in the past. Disabled students were also increasingly invited to attend working groups and student feedback was actively sought at varying levels. However, when examining the case study University and the views of disabled students interviewed, it became apparent that whilst substantial progress was being made in the development of policy and provision, significant limitations continued to exist. For example, the case study University employed an extensive team of disability support staff, issued an informative disability statement, indicated that it had a well co-ordinated staff development programme, undertook internal audits and were aware of the need to ensure feedback from disabled students. On paper, the policies appeared to be thorough and supportive, but in practice, these policies were not achieving the quality of support as indicated.<sup>50</sup> Why these policies were not achieving this quality of support will be examined in later chapters, where I suggest that this is likely to be affected by the way in which disability is perceived institutionally and the need to recognise the validity of the views of disabled people directly.

---

<sup>50</sup> Addressed in chapter seven in relation to the case study University policy and practice.

## 5.4 Summary

The evidence presented in this chapter has documented the major initiatives that have taken place in tackling the historic inequalities of access to higher education experienced by disabled students.

As discussed, central to tackling inequality, is the way in which disability is perceived by politicians, policy makers and higher education providers. I started the chapter with evidence from Leicester and Lovell (1994) who claimed that disability had largely not been understood in terms of oppression within higher education, as with other groups experiencing inequality for example, gender, ethnicity and social class. This view was evident in policies detailed throughout the chapter, as exemplified for instance, in relation to widening participation policy, where disability was largely viewed as a separate issue by policy makers, funders, and higher education providers.

The struggle for power was also illustrated throughout the chapter and discussed in relation to government, WAG, policy makers, funders and higher education providers. This not only provided examples of the competing tensions that existed, but the differing responses between England and Wales and the potential inequalities that could arise as a consequence of devolution.

Benefits of consultation and participation have increasingly been recognised and this was evident when examining WAG and HEI policies. Policy was gradually being introduced to enable these processes, but in practice the views of disabled students remained largely unheard.

This chapter has illustrated that important steps forward in legislation, policy and provision were being made and were likely to have a significant impact on future policy. However, as will become evident in later chapters, the competing tensions on how disability is perceived and the response within policy, means that in reality the experiences of disabled students do not necessarily reflect the impact of improvements that policy makers might have anticipated.

The widening participation policies in relation to disabled students within higher education, with the main findings relating to how disability is perceived, competing tensions in developing policy and the power dynamics within, have been the focus of this chapter. The next chapter draws on a statistical analysis of Higher Educational Statistical Agency (HESA) data to ascertain the representation of disabled students in the higher education sector. This will begin to highlight likely areas of equality and inequality experienced by disabled students in applying and studying at a higher educational level. Thereafter chapters seven, eight and nine focus on policy and provision within the case study institution and the equality and inclusion experienced by disabled students.

## **Chapter Six**

### **How representative are disabled students in the higher education system?**

This chapter explores a range of statistical data in relation to the representation of disabled students in higher education, the purpose being to statistically identify those areas of policy and provision that result in inequality and a lack of inclusion for disabled students. The aim of this chapter is, therefore, to analyse the statistical representation of disabled students within the higher education system and to ascertain whether any inequality of access is evident. The importance of identifying statistical patterns of inequality is fundamental in ascertaining where disabled students are likely to experience and encounter exclusion. Whilst the focus of this chapter is based on a statistical analysis, qualitative data are also drawn upon from other research studies, together with data from the case study institution which forms part of this research study. Utilising the qualitative data assists in interpreting patterns identified in statistical data and in recognising those factors influencing inclusion. Moreover, identifying these factors will aid in the interpretation of data stemming from the case study institution's policies and provision and the experience of disabled students, which are the focus of the following three chapters.

Initially, I present data in relation to base level disability representation within higher education and also consider the problems in ascertaining the accuracy of data. For example, there are difficulties in estimating the number of disabled people in the general population and also in calculating the



percentage of people with learning disabilities in the general and student population. The remainder of the chapter examines statistical data in six main areas: higher education participation rates; Wales in context; subject of study; mode of study; student achievement; and gender, ethnicity and social class.

The analysis of higher education participation rates evaluates both the participation rate of disabled students in higher education over a ten year period and the increase in the total number of disabled students. In interpreting these data, it is important to consider the representation of students across impairment categories, and to determine whether some groups of students are better represented than others and, consequently, whether inequalities of access exist between disabled students based on impairment. Again, the accuracy of data regarding impairment and severity of disability is difficult to ascertain, because of the history of analysing data from a medical model perspective. This point will also be further examined, drawing on the evidence presented by Oliver (1996) and French (1994c). Analysis within higher education participation rates also considers the representation of disabled students by age group and graduate status and whether inequality exists on this basis.

This chapter turns to briefly compare participation rates in Wales, England, Scotland and Northern Ireland. The policy and provision implemented by government and each of the funding councils was reviewed in the previous chapter and evaluating statistical data will develop the discussion as to potential inequalities within the UK. I also aim to throw light

on inequalities of access by disabled students in examining data on subject of study, mode of study and student achievement. For example, analysis of course choice is likely to highlight those factors working to include or exclude disabled students and similarly understanding student choice of full time or part time study, provides a further indicator as to possible barriers facing disabled students, whilst the analysis of graduation results highlights the level of achievement of disabled students when compared with outcomes or results for all students. Finally, the representation of disabled students by gender, ethnicity and social class will be analysed. This is of particular importance, as some disabled students are likely to be 'a minority within a minority' and possibly experience greater inequalities in accessing higher education. This was highlighted in the previous chapter in the developing of widening participation policy in Wales. Moreover, as Morris (1996: 179) suggests, support for disabled people has predominantly focused on the experiences of white disabled people.

#### 6.1 Statistical Analysis of Base Level Representation of Disabled Students

The data presented in Tables 6.A and 6.B detail the apparent under-representation of disabled people in higher education.<sup>51</sup> For disabled students in the 18-65 age grouping, this under-representation is significant (see Table 6.A). This is because people without a disability are more than twice as likely to access higher education when compared with disabled people. However, the data are less significant for 18-24 year old disabled

---

<sup>51</sup> As discussed in chapter five at 5.1.1, this under-representation has increasingly been acknowledged over the last decade with additional funding, special initiatives by the funding councils, development of guidelines and legislative protection being implemented.

students, which indicate that disabled students are accessing higher education in a greater proportion (see Table 6.B).<sup>52</sup>

**Table 6.A: Percentage of Disabled Students in Higher Education 2004/05 (UK domiciled)**

	18-65 years
Population in the UK to nearest '000	36,094
Percentage of the population in the UK in HE*	5.45%
Total of disabled people to nearest '000 in the general population†	5,414
Percentage of disabled people in the UK in HE*	2.37%

(Source: derived from HESA 2004/05 data; National Statistics (2005); DRC (2003b); LFC (spring 2003))

\*Academic year 2004/05 HESA data for UK domiciled students

†Assuming the same participation rate, as in estimated total population, of 17 per cent, less two per cent for those with moderate/severe learning disabilities

**Table 6.B: Percentage of Disabled Students in Higher Education Aged 18-25 Years 2004/05 (UK domiciled)**

	18-25 years
Population in the UK to nearest '000	4,961
Percentage of the population in the UK in HE*	21%
Total of disabled people to nearest '000 in the general population†	397
Percentage of disabled people in the UK in HE*	18%

(Source: derived from HESA 2004/05 data; National Statistics (2005); DRC (2003b); LFC (spring 2003))

\*Academic year 2004/05 HESA data for UK domiciled students

†Assuming the same participation rate, as in estimated total population, of ten per cent, less two per cent for those with moderate/severe learning disabilities

The inclusion of Tables 6.A and 6.B are shown not only to provide the reader with an overview of the base level disability representation within

<sup>52</sup> Age, impairment and participation within higher education is considered later in the chapter at 6.2.

higher education, but also to address additional issues that need consideration when analysing data. Firstly, there is no single or core measure or estimate of disability. When ascertaining the number of disabled people in the population this will depend on the definition used and how the research was conducted. How disability is understood will vary and, consequently, one person may define themselves as disabled, whilst another with an identical impairment may not. Thus, as argued by Bajekal et al., (2004: 2) '*the multi-dimensional and dynamic nature of disability makes it inherently difficult to measure*'. Survey estimates of the number of disabled adults in Great Britain vary widely. For example, using a definition based on work-limiting disability (WLD), which defines disability by the respondent's perception of restriction or capacity to undertake paid work, the estimated number of disabled people within the population is 15 per cent (LFS Spring 2003). However, using a long-term disabled (LTD) definition, based on those with a work-limiting disability and those covered by the Disability Discrimination Act (DDA), the number of disabled people in the population increases to 19 per cent (LFS spring 2003). A small increase or decrease in the percentage of disabled people in the population would, therefore, considerably change these data.

Secondly, a deduction of two per cent was included in Tables 6.A and 6.B to reflect the level of learning disabilities within the general population. The incidence of moderate/high learning disability (people defined as needing significant help with daily living) is estimated between a third and half a per cent of the general population (DH 2005) and mild/moderate learning disability (people defined as able to live independently with support)

at 2.5 per cent (DH 2001c; DH 2005). Other data produced by the Labour Force Survey (DRC 2003b) indicates that the percentage of all disabled people with a learning disability is lower, at two per cent overall. Again, while these percentage differences in official estimates are small, they significantly affect the conclusions that we may draw about the under-representation of disabled students in higher education, or whether it exists to any significant degree. The adoption of one or another estimate might put the percentages of disabled students at university well below or above the line of equal representation.

The third point relates to how learning disability is defined and whether people with dyslexia, dyspraxia or dysphasia are in fact included within the category of 'mild learning disability' and, included as part of the two per cent deduction made from the overall participation rates of disabled people in higher education. Crucially, partly removing them from the statistics referred to in Tables 6.A and 6.B would indicate a significant further under-representation.

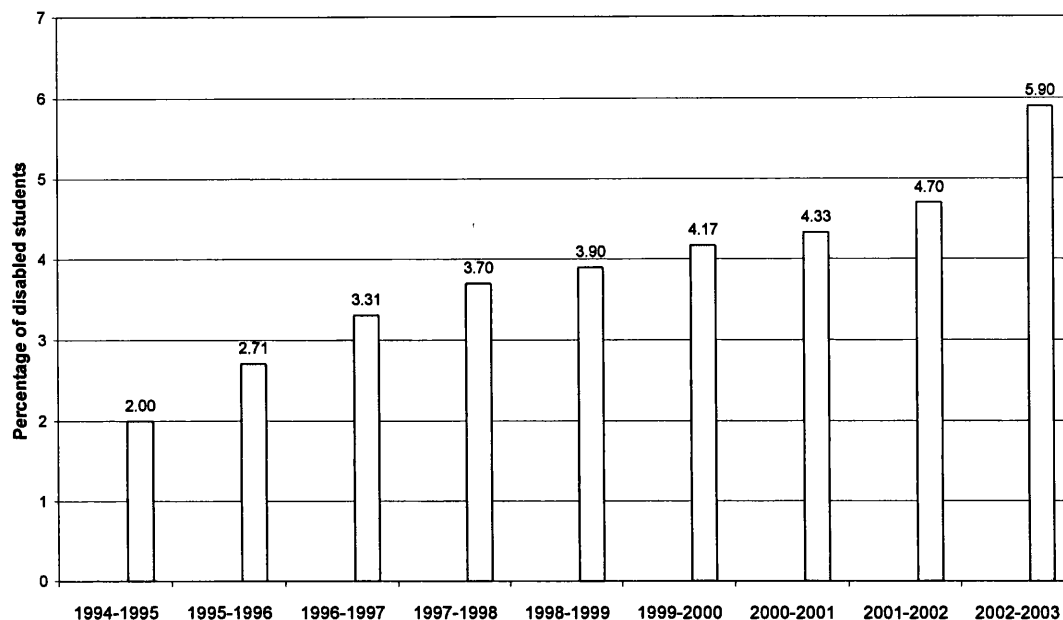
Despite the problematic nature of the statistical evidence, the data provide a starting point in discussing and evaluating the level of representation of disabled students. In the remainder of the chapter, I examine a wide range of statistical data exploring inclusion across a variety of areas and experiences in order to establish how far equality within policy and provision is achieved.

## 6.2 Higher Education Participation Rates

I began by examining the percentage increase of disabled students for all years of study and from all locations, e.g. UK domiciled and international.

The following figure (6.A) illustrates the inclusion rates, year on year.

**Figure 6.A: Percentage of Disabled HE Students (all years of study and from all locations e.g. UK domiciled and international) on UK HEI Programmes 1994-2003**



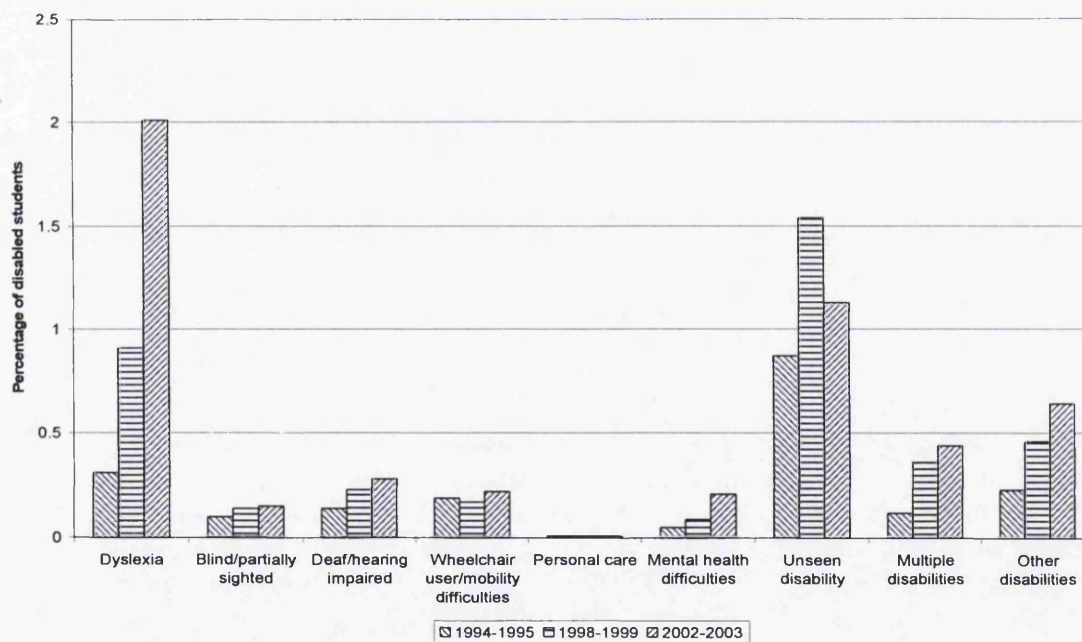
(Source: derived from HESA data)<sup>53</sup>

Between 1994 and 2002 there was a very significant increase in the numbers of disabled students attending universities. The total increased by more than three and a half times, from 31,395 to 110,770, whilst the proportion of disabled students in the university population more than doubled, from two to over five per cent. The increased participation of disabled students was arguably, a direct result of the policy initiatives

<sup>53</sup> HESA datasets were limited and mainly supplied up to and including 2002/03.

introduced during this period.<sup>54</sup> However, increased participation rates were not equally distributed across all categories of impairment (see Figure 6.B). Some categories of impairment experienced much higher participation rates than others. For example, there was more than a six-fold increase in the proportion of dyslexic students in the student population between 1994/95 (0.3 per cent) and 2002/03 (2 per cent) It is almost certain that a substantial element of this apparent increase resulted from an increase in disclosure of disability, which was a result of entitlement to Disabled Students' Allowance (DSA) support, rather than all of the increase reflecting increasing participation rates.

Figure 6.B: Percentage of Disabled HE Students by Impairment Category (all years of study and from all locations e.g. UK domiciled and international) on UK HEI Programmes 1994/95 and 2002/03

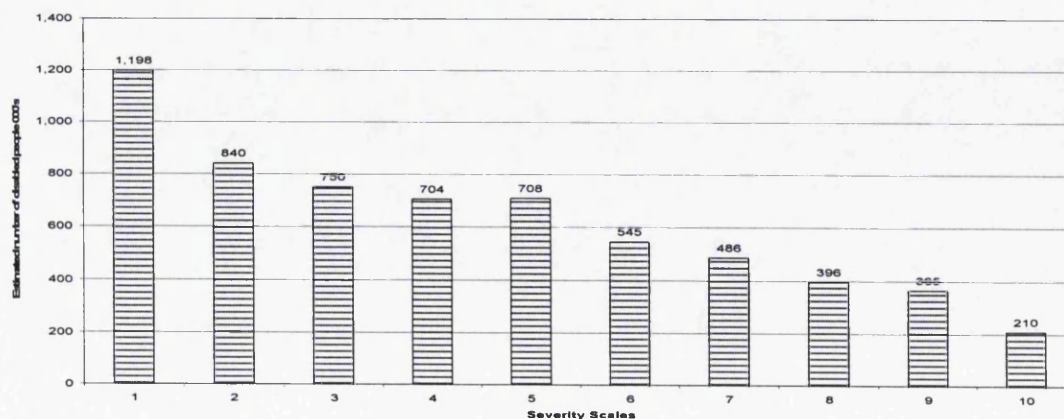


(Source: derived from HESA data)

<sup>54</sup> Detailed in the previous chapter, section 5.1.1 'Major Initiatives from the Early 1990s Onwards'

In 2002/03 dyslexic students and students with an unseen disability represented over half of disabled students. Similarly, at the case study University 63 per cent of disabled students were within these two categories. Whilst this seems to suggest that universities appear to be favouring the admission of some impairment groups over others, students with a greater severity of impairment experience a much lower representation in the population and are, therefore, likely to be significantly less in number than those with less severe disabilities. The correlation between severity of impairment and prevalence within the population was researched by Martin et al., (1988), as part of a study undertaken for the Office of Population Censuses and Surveys (OPCS). The researchers devised a severity scale of disability across 13 areas (based on those defined by the World Health Organisation's (WHO) International Classification of Impairments, Disabilities and Handicaps (ICIDH)). People with disabilities were allocated to one of ten severity categories. Category (1) represented the least severe and category (10) the most severe. Figure 6.C illustrates that the greater the severity of disability, the lower the representation is within the disability category.

Figure 6.C: Estimate of the Number of Disabled Adults in the General Population by Severity Scale (000's)



(Source: Martin et al., 1988: 3.2)



Whilst these data provide an indication of severity of disability within the general population, the research methods employed by the OPCS were disputed by some disabled people and commentators such as Oliver (1996: 140). Oliver questioned the way in which the OPCS calculation of severity of disability was conceptualised on the basis of how limited an individual was in the performance of everyday activities. The research was based within a medical model paradigm, with the focus on individual impairment.<sup>55</sup> This stance, for example, was reflected in the way the authors represented the comparison of severity of specific limitations. For instance, it was suggested that it was more disabling to be unable to bend down and pick something up, than to fail to recognise a friend across a room (Martin et al., 1988: 13). These definitions do seem rather confusing and it could be argued that this is a matter of redefining the definitions as opposed to writing them off completely. However, basing the research solely from a medical perspective fails to consider the barriers stemming from attitudes, the environment and organisational structures.

In the OPCS study, a panel of professionals were appointed by the researchers, which included doctors from different specialities, physiotherapists, occupational therapists, psychologists, those experienced in disability research including staff from OPCS and DHSS involved with the surveys, those caring for disabled people and representatives from voluntary organisations concerned with disability (Martin et al., 1988: 11, 50). Significantly, disabled people were also included in the panel, although the

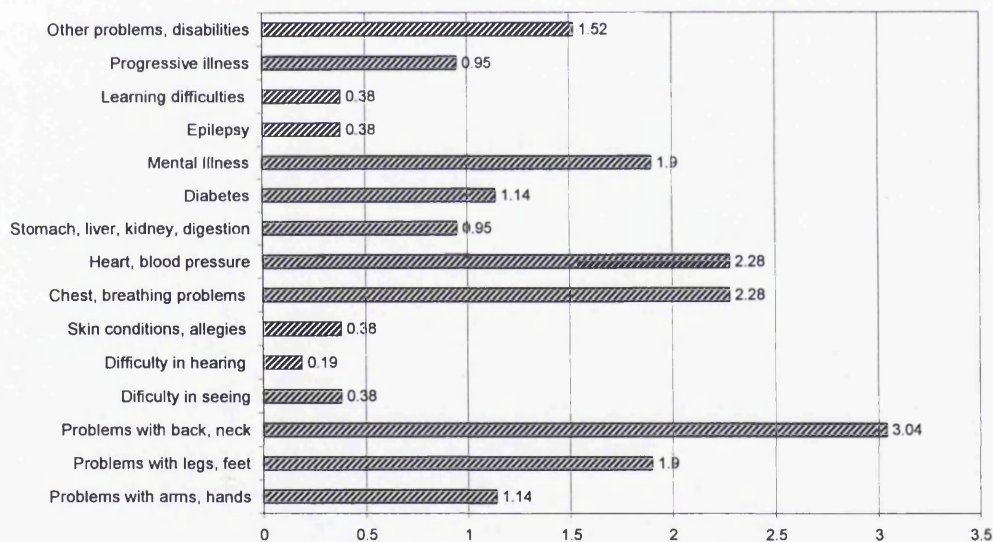
---

<sup>55</sup> Such a perspective, arguably fails to recognise the perspective of disabled people themselves in terms of social restriction or oppression, as argued in chapter two at 2.4 'Oppression and Disability'

number was unspecified and little is known as to how meaningful their involvement was within this process or whether their presence mainly reflected a paper exercise in noting disabled people participated. Despite the concerns regarding validity of the OPCS data, they illustrate the less severe the disability the higher the representation is within the population.

Figure 6.C showed a breakdown of disability within the general population across a severity scale, whilst in the following Figure 6.D, an analysis is shown by impairment category across the age categories 16-59 (women) and 16-64 (men) is provided.

Figure 6.D: Percentage of Impairment within the General Population 2004



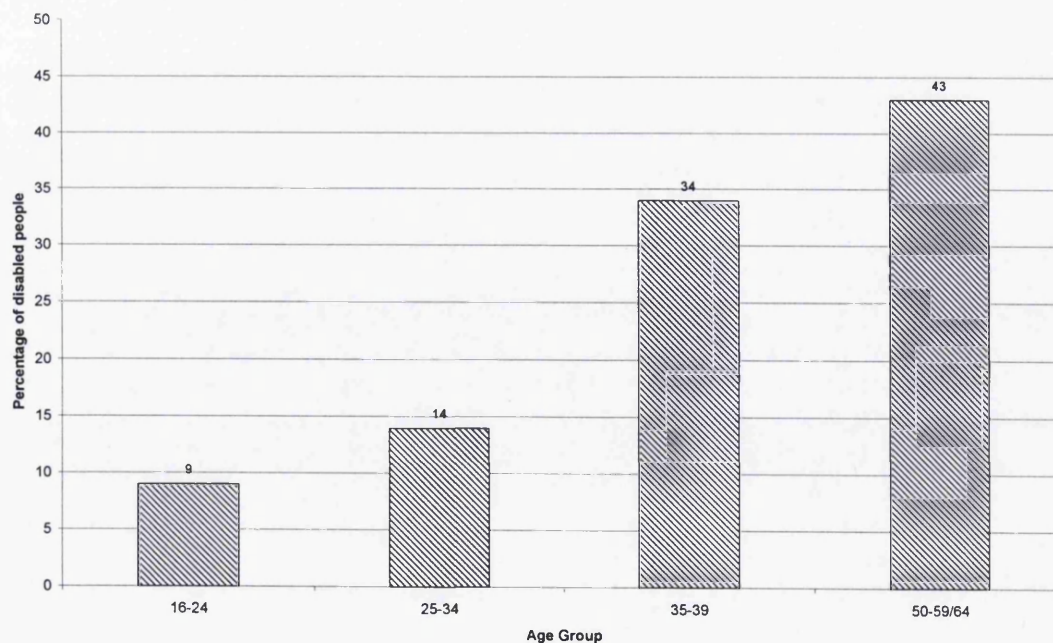
(Source: Data derived from Labour Force Survey 2004)

Comparison of data in Figure 6.D (percentage of impairment within the general population) with data presented in Figure 6.B (participation rates in higher education by impairment category) highlights the under-representation of some groups of disabled people in higher education, for example, students with mental health difficulties. However, in interpreting these data two issues

need to be considered: firstly, the way the researchers defined each category of impairment within Figures 6.B and 6.D and the potential differences between, for instance Figure 6.D which includes additional categories such as 'progressive illness' and 'chest and breathing problems' - people with these disabilities may be included in different categories in Figure 6.B; secondly, the majority of students studying in higher education are between the ages of 18-25 and the data in Figure 6.D are skewed in relation to older age ranges. Despite these weakness in these data, they provide evidence of inequality of access for some disabled students.

Disability increases with age, with under one in ten of the 16-24 age range and over 40 per cent of 50-59 (female) 50-64 (male) having a long term disability (see Figure 6.E).

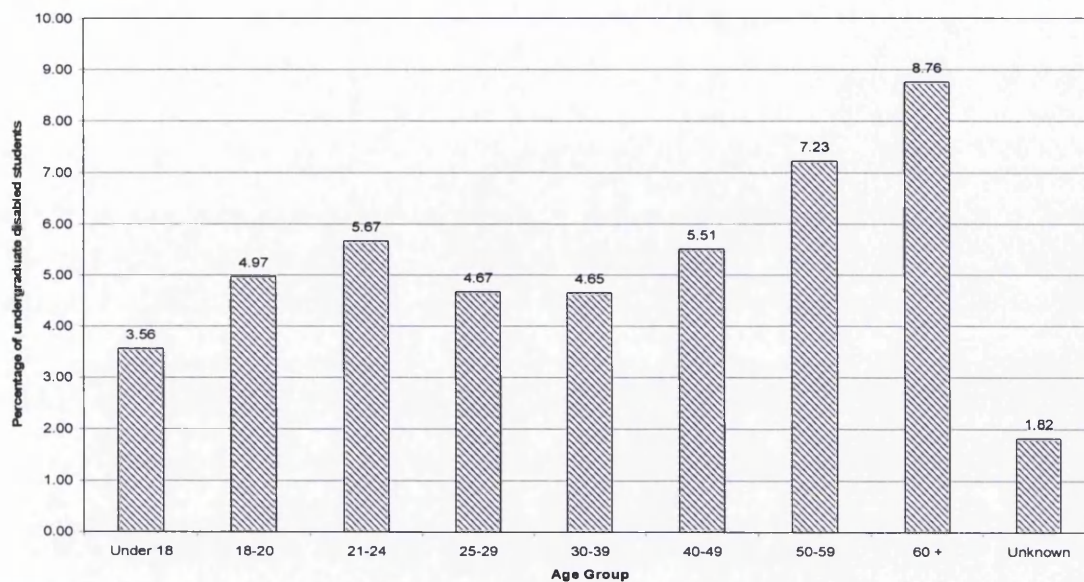
Figure 6.E: Percentage of Disabled People, with a Long Term Disability, within the General Population by Age Group



(Source: data derived from Labour Force Survey 2004)

The percentage of disabled people within each age group was compared with the data for all students. These data indicated that age groups closely mirrored the percentage of disabled people, although increasing in higher age groups. For example, almost 40 per cent of all students were in the age range of 18-20 and similarly almost 40 per cent of all disabled students were in this range. Whilst these data indicate a close relationship between all students and disabled students by age categories, Figures 6.F (undergraduates) and 6.G (postgraduates) illustrate the percentage rates within each category by disabled students. These data suggest that disabled students are under-represented in higher education. For example, disabled undergraduates in the age group 24 and under, represent less than five per cent of all students in this age group, compared to eight per cent in the general population. According to the statistics provided by HESA this under-representation extends throughout all age groups with the most noticeable under-representation being in the age group 50-59 where disabled undergraduates represent seven per cent of all students in this age range, but equates to over 40 per cent of the general population. Therefore, inequalities of access to higher education for disabled students increase by age.

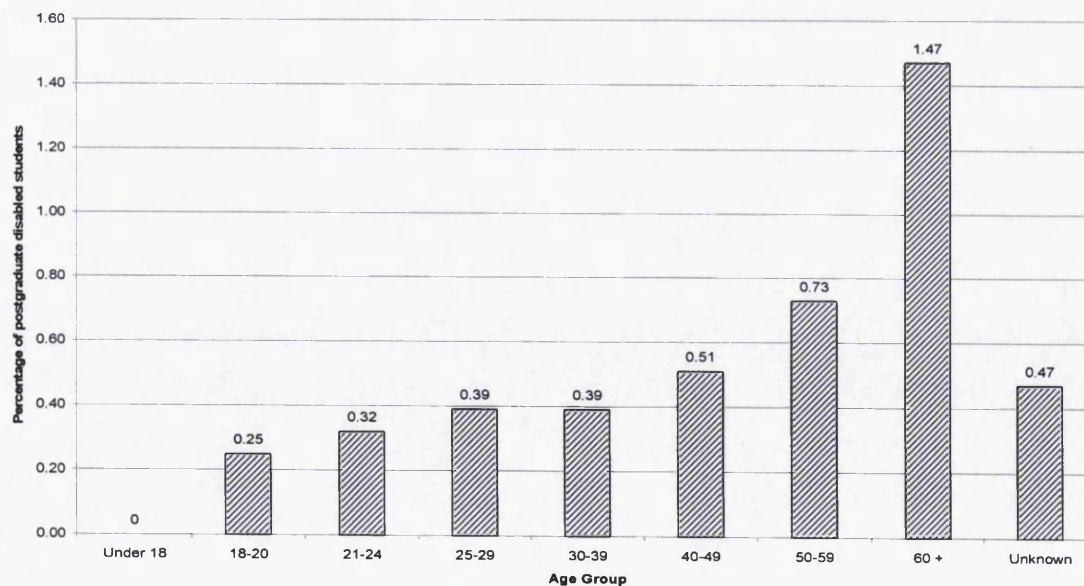
**Figure 6.F: Percentage of Undergraduate Disabled Students by Age Range 2001/02 (all years of study and from all locations e.g. UK domiciled and international)**



(Source: Data derived from HESA statistics 2001/02)

Figure 6.G also provides evidence of the under-representation of postgraduate students across all age groups as detailed below:

**Figure 6.G: Percentage of Postgraduate Disabled Students by Age Range 2001/02 (all years of study and from all locations e.g. UK domiciled and international)**



(Source: Data derived from HESA statistics 2001/02)

The absence of Disabled Students' Allowance (DSA) for postgraduate students, prior to April 2001, is likely to be a contributory factor to this under-representation. Statistical data provided by HESA were limited to 2001/02 and, therefore, it was not possible to examine data for later years. Utilising qualitative data based on the experiences of disabled students within the case study institution, together with other higher education research studies, evidence indicates that there are likely to be other reasons for the lower representation rate, which could relate to the experiences of disabled students whilst studying as undergraduates. Although other studies have discussed the barriers encountered by all students, for example Hall and Healey (2004) and Riddell et al., (2005), research had not considered the implications stemming from the experiences of undergraduates moving into postgraduate study. However, as with Hall and Healey (2004) whose data were based on English HEIs, and Riddell et al., (2005) whose focus was on Scottish and English institutions, disabled students participating in the case study University, provided evidence on the difficulties experienced in relation to studying as a disabled undergraduate in Wales. Thus, the experiences of disabled students at the case study were not unrepresentative of the experiences of other students elsewhere in the UK. At the case study institution, 22 of the 23 students who were interviewed were able to provide examples of barriers encountered in studying at an undergraduate level, for example in the variation of support provided by lecturers across academic departments.<sup>56</sup> Lee, a visually impaired student, exemplified this in relation

---

<sup>56</sup> An analysis of student experience within academic departments is provided in chapter eight.

to receiving copies of lecture handouts:

I have to say in [department 26] they are good, [Department 25] are very hit and miss, it's an individual lecture thing. I do think maybe departments as a whole need to have more tighter control on the lecturers (Interview: 3/11/03).

Therefore, it could be argued, that some students may decide not to undertake postgraduate courses because of the inequality and lack of inclusion experienced as an undergraduate. Nevertheless, although students encountered barriers at an undergraduate level this did not seem to deter all disabled students from postgraduate study. As part of this research study, I interviewed eight postgraduate students, six of whom had previously studied at the case study University as undergraduates, the seventh had studied as an undergraduate at an English HEI, and the eighth was a mature student mainly based at home. However, significantly, the seven who had previously studied as undergraduates all highlighted the continuation of barriers at a postgraduate level, and for Christine, a visually impaired student, the additional pressures would eventually lead to her leaving her MA course.

Christine had found studying as an undergraduate difficult, commenting:

How I managed to get a degree at all I can't believe. If everything had gone smoothly, as smoothly as it does for everybody else, I probably would have done a lot better than I did (Interview: 09/06/03).

As a postgraduate Christine's difficulties continued, in particularly securing enlarged copies of overheads and lecture handouts:

Verbally they are very supportive, but practically nothing ever happened. I think people just don't think (Interview: 09/06/03).

These are important issues, which will become increasingly evident when evaluating academic support in later chapters.<sup>57</sup> Although the experiences discussed by these students at interview were largely negative, it is notable that the case study University attracted almost 4.5 per cent disabled postgraduates compared with the Welsh average of 3.2 per cent and UK average 2.9 per cent. Student responses suggest, however, that whilst the participation rate remained higher, the experiences of students may not have reflected that of equality and inclusion.

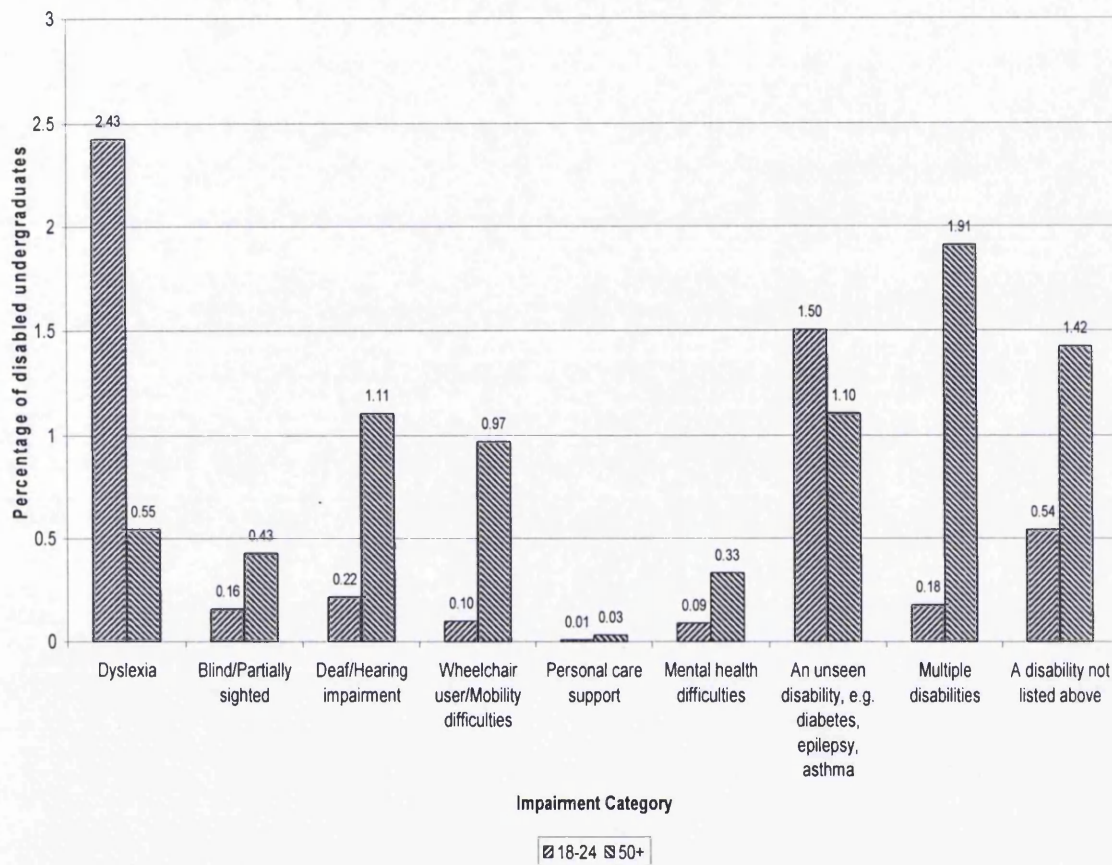
The final area of analysis, the significance of age, is illustrated in the comparison of data by impairment category for students in the age groups 18-24 and over 50 (see Figure 6.H). These data indicate that students in the age range 18-24 are almost five times as likely to have dyslexia, compared with students aged over 50, and to have lower participation rates in the remaining impairment categories, with the exception of 'unseen disability'. This suggests that access to higher education for disabled students in the age group 18-24 is less representative across impairment categories than students over 50, with disabled students over 50 experiencing a wider representation across impairment categories.

---

<sup>57</sup> In Lee's and Christine's example the importance of receiving copies of overheads and handouts, in a suitable format, prior or during lectures, would mean they would be able to follow the lecture on the same basis as other students.



Figure 6.H: Percentage of Disabled Undergraduate Students, by Impairment Category, in Age Ranges 18-24 and Over 50, 2001/02 (all years of study and from all locations e.g. UK domiciled and international)



(Source: Data derived from HESA statistics 2001/02)

The statistical analysis across higher education participation rates provided evidence on the increased number of disabled students accessing higher education. However, the analysis also provided evidence demonstrating the inequalities experienced by some disabled students based on categories of impairment and age. Further findings were introduced, from the students interviewed as part of the case study, reflecting on their experiences as undergraduates and postgraduates. This began to identify the barriers as viewed by disabled students.

### 6.3 Wales in Context

In this next section, statistical data are examined in relation to the participation rates of disabled students in Welsh higher education, in order to provide a comparison with the remainder of the UK. This is of importance in evaluating how successful disability policy and provision is particularly within Wales.

As Table 6.C shows, Wales slightly exceeds the participation rates for both disabled undergraduate and postgraduate students, whereas the proportion of disabled students in England, Scotland and Northern Ireland are slightly below the line of equal representation, with the exception of disabled postgraduate students in Northern Ireland.

Table 6.C: Percentage of all UK Postgraduate and Undergraduate Students by Location 2001/02 (all years of study and from all locations e.g. UK domiciled and international)

Location	Postgraduate all students %	Postgraduate all disabled students %	Undergraduate all students %	Undergraduate all disabled students %
Wales	4.60	5.13	5.68	6.64
England	83.50	83.11	82.57	82.00
Scotland	9.49	9.03	9.43	9.31
Northern Ireland	2.41	2.72	2.32	2.05
Total all students	100.00	100.00	100.00	100.00

(Source: data derived from HESA statistics 2001/02)

A comparison of participation rates for disabled students within each location also indicates that Wales attracts the highest percentage of

undergraduate students and closely follows Northern Ireland on the number of postgraduate students. (see Table 6.D).

Table 6.D: Percentage of Disabled Postgraduate and Undergraduate Students Compared with the Student Population within each Location 2001/02 (all years of study and from all locations e.g. UK domiciled and international)

Location	Postgraduate disabled students %	Undergraduate disabled students %
Wales	3.17	6.13
England	2.83	5.20
Scotland	2.71	5.17
Northern Ireland	3.22	4.62

(Source: data derived from HESA statistics 2001/02)

As discussed in the previous chapter (5.1.1.1 'National Funding Councils'), different approaches in the response to policy and provision for disabled students have been followed by the three national funding councils for England and Northern Ireland (HEFCE), Scotland (SHEFC) and Wales (HEFCW). Arguably, Wales lacked the same level of development as in the other constituent countries of the UK and, therefore, the higher participation rates in Wales are surprising. It is difficult to ascertain why this may be the case and it could be argued that the increased participation rates provide evidence as to the success of widening participation policies in Wales. Analysing student experience within this context is, therefore, important as increased participation rates may not on their own necessarily indicate an inclusive environment for students. In chapter one, the lack of research in relation to the experiences of disabled students studying in Wales was highlighted and the purpose of this study was to partly address this lack of data.

#### 6.4 Subject of Study

Statistics in relation to disabled students' choice of subject of study can indicate whether student choice mirrors, or differs significantly, from those of non-disabled students. Data are likely to highlight levels of equality or inequality, which may be working to include or exclude disabled students from a variety of subject areas.<sup>58</sup>

For the purpose of this study, analysis of the top twenty subject choices across three groups of students (i) all students (ii) dyslexic/unseen disability, and (iii) remaining impairment categories/visible disability, was undertaken. Using these three groups, a comparison of the least popular courses was also made, but these data were less reliable as a result of the low level of take-up by disabled students and for this reason these data have not been included in this study.<sup>59</sup> Restricting the analysis to the favourite groupings appeared to be the most reasonable option to adopt, illustrating the similarities and differences experienced within these three groups.

The top twenty course choices for dyslexic students and students with an unseen disability, closely mirrored those choices made by non-disabled students, with the highest proportion of dyslexic students and students with

---

<sup>58</sup> HESA provided data of the participation rates of all disabled students across 161 subjects of study for 2001/02 in England, Wales, Scotland and Northern Ireland. Appendix 'N' provides definitions as to how the subject areas were arrived at and Appendix 'O' includes a list of all subject areas.

<sup>59</sup> Less than 100 students with an unseen disability were enrolled across 122 courses and the total of students was less than 50 across 100 of these courses. Similarly for students with a visible disability, 141 courses had less than 50 students in the combined total and 102 of these courses had less than 20 students in total.

an unseen disability, qualifying in 17 of the 20 most popular courses. Notably, three courses that students with an unseen disability were least likely to qualify in were Economics (L1), Clinical medicine (A3), and Accountancy (N4), but these students were more likely to qualify in Music (W3), Drama (W4) and Fine art (W1). Similarly, students representing the remaining impairment categories, chose 16 of the 20 most popular courses chosen by non-disabled students and as with students with an unseen disability, were also less likely to study Economics (L1) and Clinical medicine (A3). In addition, students with a visible disability were less likely to qualify in Biological sciences (C9) and Mechanical engineering (H3). These students were also more likely than non-disabled students to qualify in Drama (W4), Fine art (W1), Biology (C1) and Environmental science and Other Physical Science (F9). However, when compared as a percentage of non-disabled students, it is notable that students with a visible disability represented less than two per cent of students in 16 of the 20 most popular subject areas.

Disabled students are attracted to similar choices in course subject when compared with the choices made by non-disabled students. Whilst the most popular courses for non-disabled students also attracted the highest number of disabled students, participation rates remain largely under-represented (see Appendix 'O') for students with a visible disability. However, notably for students with an unseen disability, participation rates were higher with 19 of the most popular courses exceeding two per cent of students from this group. This again might suggest that certain subject areas appear to be favouring the admission of some disabled students over others.

Analysing the data solely on percentage of participation rates could also prove misleading due to the low number in some subject areas in students attending. For example, 24 students qualified in Ceramics and Glasses (J3) and four of these students were from group (ii) dyslexic/unseen disability, representing almost 17 per cent of all students on this course. However, despite these problematic issues, these data do provide an indication on the similarities and differences in the experiences of non-disabled and disabled students.

Similarities in popularity of choice of some courses between students with an unseen or visible disability were evident and also differed to the choices of non-disabled students. As mentioned above, all disabled students were less likely to choose Economics and Clinical Medicine, and were more likely to choose Drama and Fine Art. Students with an unseen disability were however, more likely to choose Music and students with a visible disability more likely to choose, Biology, Environmental Science and Other Physical Science. Notably, whilst other research findings are limited, Riddell et al., (2005) had also importantly identified that a significant association exists between impairment and subject studied, with disabled students more likely to study arts, social science and business subjects and a high proportion of dyslexic students studying art and design, thus strengthening these findings of the analysis of HESA data. Whilst no firm conclusions can be drawn from these data, they do raise questions as to inequalities that may be experienced by disabled students accessing courses. For instance, why are disabled students not choosing to study Economics, Clinical Medicine and Accountancy and instead choosing to study Drama and Fine Art? Could

such explanations relate to discriminative policies in the application and admission phase, or reflect concerns by disabled students as to possible barriers in studying certain subjects, or indeed a combination of both?

Although no firm conclusions can be made, evidence does indicate inequalities may well exist for disabled students applying and studying in certain subject areas. Of the studies undertaken examining student experience, few have discussed inequalities in choice of study. However, more recently, Fuller et al., (2004) and Hopkins (2006: DSA Conference) began to identify factors influencing choice of course. For example, Fuller et al., (2004) found that one in eight of their student sample were influenced in their course choice by disability factors and, in particular, a quarter of all dyslexic students chose their subject of study partly on this basis. The authors highlighted concerns relating to potential barriers in learning and assessment, for instance in relation to written work and examinations. Whilst in some instances these options are likely to reflect personal choice, the researchers argue choices are likely to stem from concerns over being disadvantaged in the way the course is taught. Hopkins (2006: DSA Conference) provides supportive data arguing that for some students the way in which a subject is taught will impact on choice. This Hopkins (2006) detailed in relation to the experiences of Chloe a hearing impaired student:

I often found myself choosing my modules on things like whether most of it was delivered in this lecture theatre or whether there were many plays to go and watch rather than my own personal interests. ... it didn't really look like they had given much thought to the fact that one of the students was deaf. In my second year I avoided modules that involved going to the theatre which is a shame because now (especially after my own experience of teacher training) I can see lots of ways that I could have been included more in certain activities (Chloe).

Importantly, as demonstrated by Chloe's experiences, understanding the factors that influence the choices made by disabled students are central to identifying those barriers likely to influence inclusion and equality, supporting the argument for greater consultation in identifying such barriers.

The case study research indicated a number of factors on the reasons why students made their choice of department and subject of study and these were likely to mirror that of the majority of students. The student questionnaire indicated that students were most likely to choose their course of study because they were interested in the subject (53.9%), future career prospects (8.7%), previous employment (6.15%) and previous study (5.2%). However, students also chose their departments and courses based on a number of other factors relating to their disability. The most significant of these factors related to the level of support offered by the department at the time of interview. This was particularly observable with students studying in departments 23 and 25,<sup>60</sup> who had been impressed with the approach of the departments. For example, Sophie commented:

That was one reason why I chose to come to the University, as [Department 23] were very friendly, and I thought if I got a problem I can approach these people (First Interview: 11/03/03).

Sophie had attended interviews at several other universities, but had felt concerned over the support being offered:

...other universities that I had gone to, ...the departments weren't interested (First Interview: 11/03/03).

Thus, the admission process can be central in securing equality and inclusion for disabled students. Whilst the admission policy at the case study

---

<sup>60</sup>Academic departments were anonymised as part of the study as detailed in chapter three at 3.2.5. (iii).



institution, instructed admission tutors to reach a decision regarding an applicant, irrespective of any information relating to disability or ill health, it was apparent that negative responses from admissions tutors had been received in the past concerning disabled applicants, as the senior manager from the Disability Office commented:

I've had that [department negativity] many times, many, many, times, when I've rung up an Admissions tutor in the department and said that we've got this visually impaired, or hearing impaired, or mobility impaired student coming in, and that they are going to need x, y, z from the department [pause] tick, tick, tick, and their response "oh we *don't want anything to do with that*", many, many, times (Interview: 18/11/03).

The views of staff are, therefore, likely to influence the admission of disabled students onto a variety of courses. Significantly, these findings were not isolated incidents, as Riddell et al., (2005: 75) in their analysis of Scottish and English institutions had also identified similar inequality within admission processes. This suggests that the underpinning ideology is not being challenged and that dominant views relating to disability continue to persist.

Many factors are likely to influence whether disabled students apply and are accepted on to a variety of courses, but another important issue remains and that is the perception of disabled students themselves on the suitability of studying a particular course. Almost half of the students interviewed as part of the case study, expressed doubts as to the aptness of studying a particular subject area. For example, Rachel a dyslexic student, studying in Department 26 argued:

I was looking at [subject 'A'], then I started looking at [subject 'B']. Actually, thinking it was more field work based, more practical based, so I thought it would probably be better for me. In respect I'm spatial and being good with my hands and stuff so I thought it would be a better course [sic] (Interview: 25/03/03).

A further example, related to Stephen also a dyslexic student, studying in Department 32. Stephen at interview revealed similar thoughts to Rachel commenting:

It's a subject that lends itself more to students with dyslexia or similar problems, as opposed to say [Department 21], where I am sure the department's attitude would be very different, because it is not really appropriate to the problem if you have difficulty reading vast quantities of text ... But yes I think our department lends itself quite happily towards that [sic] (Interview: 20/03/03).

The following Table (6.E) compares the percentage of disabled students by impairment category for Departments 21 and 32. Both Departments had a higher percentage of disabled students when compared with the average across all departments. However, as Stephen suggested, dyslexic students were more likely to be studying in Department 32 and less likely to be studying Department 21. In addition, Department 21 was more likely to support students with a range of impairments as evidenced below:

Table 6.E: Comparison of Participation Rates by Impairment Categories for Students Enrolled in Department 21 and Department 32

	Department 21 %	Department 32 %
Total Percentage of Disabled Students	5.18	5.40
Dyslexia	0.52	3.73
Blind/Partially Sighted	0.26	0.10
Deaf/Hearing Impaired	0.52	0.29
Wheel chair/Mobility	0.26	0.00
Personal Care	0.00	0.00
Mental Health	0.26	0.00
Unseen Disability	1.04	0.69
Multiple Disabilities	0.78	0.00
Disability not listed	1.55	0.59

(Source: Data derived from the case study University's database at October 2002)

As mentioned above, the Disability Office had encountered negative attitudes by admission tutors in a number of departments towards disabled students.

Given that the above figures also indicate inequality of access, it is likely that

preconceptions by academic staff in relation to various impairments exist. Furthermore, this concurs with findings identified earlier in this section that disabled students were more likely to be accepted onto certain courses of study, such as music, drama and fine art.

At the case study institution there were a few exceptions, where disabled students were determined to study a particular course. I interviewed one such student, Christine, who had been very keen to study in Department 24, but had eventually changed degree schemes. Although many students are likely to struggle with their courses in level one, and quite a few students probably choose to change degree schemes, for Christine the lack of disability provision was instrumental in this decision. As a visually impaired student the lack of support from her lecturers in the provision of copies of overheads and enlarged lecture notes meant, as Christine commented, that she was *'unable to follow'* the lectures. For Christine changing degree schemes was arguably not about choice, but about being able to manage her studies. In Christine's words this amounted to *'discrimination'* as she argued *'you could say discrimination you know, I had to move department'* (09/06/03).

The evidence appears to indicate that where students were aware of potential barriers in studying at a higher educational level and, consequently, where they thought they were unlikely to receive support in their subject of choice, they chose alternative courses. Therefore, understanding how far

these barriers result from the students own perceptions of disability,<sup>61</sup> the attitude and actions of departmental staff or institutional policy and provision is central to issues of equality and inclusion. In chapter two, I drew the attention of the reader to theories of oppression and power and the way dominant views become established as 'fact'. Whilst recognising the way in which disability is perceived by disabled students is complex, in this instance it could be argued that the appropriateness or inappropriateness of studying certain subjects is transferred from those who hold the greatest influence.

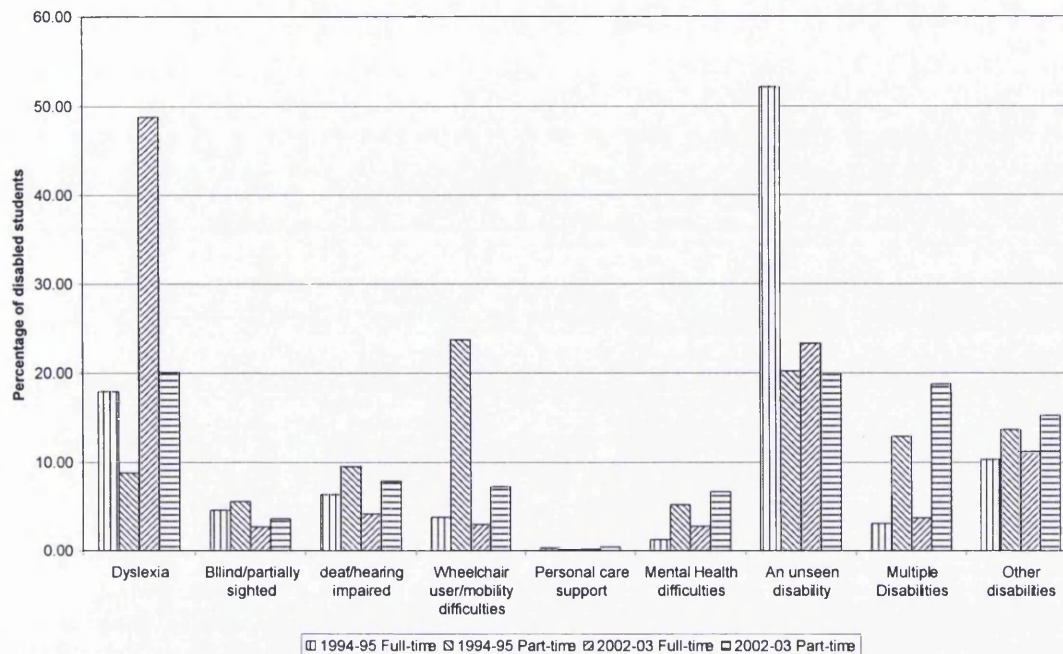
### 6.5 Mode of Study

Analysis of data in relation to mode of study for disabled students provides a further indicator as to equality and inclusion that was experienced. Evidence presented to the Dearing Committee (NCIHE 1997b) revealed that disabled students were more likely to study part time. Initially this seemed to contradict the findings stemming from HESA data calculations, which indicated that in 1994/95, 27 per cent of all disabled students studied part time and this compared to 31 per cent for non-disabled students. By 2002/03 this had increased to 33 per cent for disabled students studying part time and 40 per cent for non-disabled students. However, when part time was compared with full time study across impairment categories (see Figure 6.1), the reason for the low part time percentage became clear. A high number of dyslexic students and students with unseen disabilities study full time. Larger numbers of students in each of the remaining impairment categories for 2002/03, opted for part time study.

---

<sup>61</sup> To be returned to when discussing the views of disabled students at interview, in later chapters at 8.4 'The Meaning of Disability' and 9.2.1 'Disability Representation'

Figure 6.I: Comparison of Full Time and Part Time Disabled Students by Impairment Category, 1994/95 and 2002/03 (all years of study and from all locations, e.g. UK domiciled and International)



(Source: data derived from HESA statistics)

Analysis of the case study data indicated that there was 78 per cent full time and 22 per cent part time students at the University. Among disabled students the corresponding proportions were very similar: 77 per cent and 19 per cent (the remainder were unknown). However, the apparent similarity between disabled and non-disabled students in proportions studying full time and part time is again accounted for by a much higher rate of full time study among students with dyslexia (see Table 6.F below). When all other disabled students are considered, the rate of part time study among them is much higher than in the general student population.

Table 6.F: Mode of Study by Impairment Category (Case Study University)

Disability	Full Time	Part Time	Missing Data	Total
Dyslexia	202	11	7	220
Blind/partially sighted	14	4	1	19
Deaf/hearing impaired	18	11	0	29
Wheelchair/mobility	22	13	0	35
Personal care	0	1	0	1
Mental health difficulties	8	3	4	15
Unseen disabilities	58	26	5	89
Multiple disabilities	9	8	1	18
Disability not listed	47	14	4	65
Total	387	91	22	491

(Source: Data derived from the case study University's database at October 2002)

Two students interviewed whilst studying part time in Department 17 at the case study institution supported these data. David and Lucy, revealed that full time study had not been an option. For example, David due to ill health often had to miss lectures, and as he explained there were times when he was very unwell:

I've missed four lectures, two weeks running, because I couldn't make it. Last week I came back and I shouldn't have really. I was so drugged up, if I hadn't written it down, I wouldn't have known what it was about. I wasn't even sure if I had been there at all, that's how bad it was. But this week I am a lot better again (Second Interview David: 04/12/03).

Being able to study part time, together with the support and understanding of his Department, enabled David to participate in further study.

As with all students, it is important that disabled students are able to opt for the preferred mode of study and not have to pursue one or the other because of the organisation of departments, courses or support. For example, Juliet enrolled as a full time undergraduate in Department 30, but found it difficult to cope with the clustering of lectures, as these were organised into three hourly sessions. For six weeks Juliet tried to manage,

but then felt forced to transfer to part time study. According to Preece (1995), flexibility in approach is about equal opportunities. Preece analysed the educational experiences of 44 physically disabled adults in the North West of England, eight of whom were higher education students. In her study Preece (1995: 98) discusses the example of timetabling of subjects and argues that equality of opportunity is not about having to follow the same timescale as other students, but being allowed the same learning opportunities. How wide spread these type of experiences are within other HEIs is difficult to ascertain as again little research has been undertaken in this area. Importantly, under Part IV of the DDA re-organising the timetable would have been viewed as a '*reasonable adjustment*' for Juliet, as opposed to her having to transfer to part time.

Importantly, *all* of the students interviewed felt under pressure managing and coping with full time study. For example, Dawn had to familiarise herself with her new equipment, organise readers and notetakers, and ensure course material was forwarded to the Resource Unit for taping or transcribing into Braille. With these types of additional pressure, full time study for the students was accompanied with considerable anxiety. Such pressures were like a double burden, additional to the usual pressures that all students have to deal with when adjusting to higher education. These experiences were not unrepresentative of disabled students more generally. For instance, both Magnus (2006) at a Norwegian University and Riddell et al., (2005) in England and Scotland, identified similar findings. As Riddell et al., (2005: 113) discussed:

Disabled students are required to address, negotiate and resolve a number of difficulties themselves. This places considerable extra demands on disabled students.

Arguably then, department flexibility and understanding are important and influential in how students cope with study, whether full time or part time.

The statistical data relating to mode of study, identified the likely inequalities experienced by disabled students based on impairment category. Qualitative analysis of the students interviewed, as part of the case study, provided the opportunity to explore further possible barriers to full time study. The analysis and discussion now turns to the achievement of disabled students within higher education, as arguably classification results provide an indicator as to the effectiveness of policy and provision. However, as will become clear, the data proved conflicting.

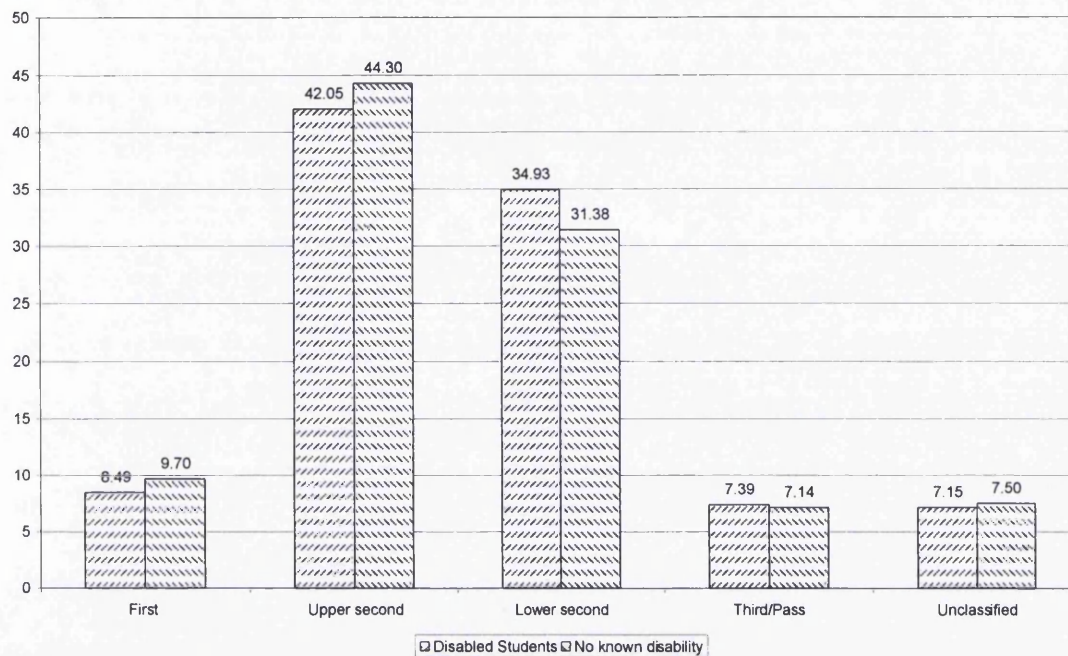
## 6.6 Student Achievement

Degree classes of graduates provide an indicator as to the level of achievement by disabled students. Figure 6.J compares the degree classifications of disabled graduates with those who have no known disability for 2001/02. These results indicate that disabled students are less likely to achieve a first or upper second and are more likely to attain a lower second or third/pass than students with no known disability. Although, it could be argued that the difference in classification marks is minimal. Therefore, further analysis across more recent data would be required to establish whether any significant difference between disabled and non-disabled graduates exists. It is important to note, that the separation between those



graduates who achieve first and upper second class degrees and remaining degree classifications, is increasingly seen as a significant dividing line.

**Figure 6.J: First Degree Graduates by Classification of Degree 2001/2002**  
(from all locations e.g. UK domiciled and international)



(Source: data derived from HESA statistics 2001/02)

It could be argued that these results indicate that policy and provision was supporting disabled students, but this did not concur with other research for example Riddell et al., (2005) or Hall and Healey (2004), who discuss the difficulties experienced by disabled students, or the case study analysis and data derived from students at interview. For instance, at the case study the evidence stemming from the students interviewed indicated that disabled students largely lacked support within the higher education system. However, it was other factors relating to personal ambition and motivation to succeed, persistence and strength, the support of family and close friends and previous educational support and encouragement that were influential in students accessing higher education and in how they managed and coped. Likewise, Magnus (2006) in her study of higher education in Norway, found

evidence that disabled students put their studies first. However, although there are many similarities in the experiences of students interviewed, ultimately their experiences are unique to their own situations. An example of personal determination in managing study and illness is provided by David, a second year part time student, who had a spinal injury. One of David's main concerns was to meet the 70 per cent attendance required for his course, as he expressed at interview:

I've missed quite a few lectures. I've been concerned about getting to the 70 per cent attendance, because sometimes, I mean my back swells up so badly that I can't move at all (First Interview: 25/03/03).

Despite David struggling to attend lectures, David was adamant that he wanted to do well in his degree arguing:

I wouldn't be doing this if I didn't think I could do it, and I want to do it. I really want to do it for myself (First Interview: 25/03/03).

Whilst research has focused on the barriers experienced by disabled students (Hall and Tinklin 1998; Borland and James 1999; Hall and Healey 2004; Riddell et al., 2005), there is an absence of discussion concerning the classification marks achieved by disabled graduates when compared with their non-disabled peers. There is, however, a wide range of theoretical discussion indicating that factors relating to family support, parental involvement, friendships, educational experience and personal ambition are often attributable to student attainment. The role of the family and parental involvement<sup>62</sup> has increasingly been recognised as having a positive effect

---

<sup>62</sup> Parental involvement is defined by Desforges and Abouchaar (2003: Brief No.433) as 'including good parenting in the home, including the provision of a secure and stable environment, intellectual stimulation, parent-child discussion, good models of constructive social and educational values and high aspirations relating to personal fulfilment and good citizenship; contact with schools to share information; participation in school events; participation in the work of the school; and participation in school governance'.

on student achievement (see for example, Parsons, Adler and Kaezala 1982; Epstein 1987, 1991; Fehrmann, Keith and Reimers 1987; Keith 1991; Christenson et al., 1992; Smith and Hausafus 1998; Fan and Chen 2001; Schmidt and Padilla 2003). This recognition has been made within government policy and was first set out in the 1997 White Paper, '*Excellence in Schools*', which recognised the importance of providing parents with information, giving parents a voice and encouraging parental partnerships with schools. Epstein (1987) identifies the role of family encouragement and the involvement by parents in their child's educational experiences as pivotal to student attainment and aspiration. This, Epstein claims, can be more influential than student ability and socio-economic status. Similarly, in a study by Schmidt and Padilla (2003) investigating the relationship between self-esteem<sup>63</sup> and family challenge,<sup>64</sup> both factors were linked to achievement. The authors discuss a significant correlation between family challenge and self-esteem, academic grades and extracurricular involvement and argued:

It appears that when families provide challenge and encouragement, these efforts are internalized by children, and help them develop self-confidence and positive images of themselves and their abilities, as evidenced by their greater levels of self-esteem (Schmidt and Padilla 2003: 43).

These findings were similarly supported by the experiences revealed by students participating in the case study research. For example, Sophie (First Interview: 11/03/03) had always experienced a high level of encouragement from her parents and had been determined to get into higher education.

---

<sup>63</sup> Defined as a person's feelings of worth about himself or herself.

<sup>64</sup> Refers to the stimulation, discipline and training received by the child.

Likewise, James a PhD candidate, also felt it was parental support that enabled him to achieve his goal of getting into university:

My Head of school in particular, said that because I was in a wheelchair that there was absolutely no way that I was going to be useful ever in society. ...My GCSEs weren't bad, I got them all through sheer damn hardworking determination and not being able to give in ...My parents have always been very supportive of me and they have always encouraged me to have the courage of my convictions, which is a very vital thing (First Interview: 13/03/03).

There is also a wide range of theoretical discussion in the race relation literature when comparing the majority with various ethnic minority academic achievement. Clark in his classic study, *'Family Life and School Achievement: Why Poor Black Children Succeed or Fail'* (1983), found a correlation between parents' expectations, which distinguished high achievers from low achievers. However, the research stemming from the Schmidt and Padilla (2003) study found differences in the relationship between self-esteem and academic achievement by race and ethnicity. In this study whilst American Black adolescents reported highest levels of self-esteem, they also reported the lowest grades in school.<sup>65</sup> Although these findings appear conflicting, the authors suggest that researchers who study race (Laar 2000; Osborne 1995) have found this to be fairly common. Parekh (1983), however, has argued that it would be a *'fallacy'* to focus on any single factor in explaining the achievement gap between students from ethnic minorities. Many factors will be influential, including strongly associated differences linked to social class and gender (Gillborn 2000) and this, arguably, will be similar for disabled students.<sup>66</sup>

---

<sup>65</sup> This conflicts with Schmidt and Padilla's previous finding of a significant correlation between family challenge and self-esteem and academic achievement.

<sup>66</sup> To be discussed in relation to disability later in the chapter at 6.7.

Moreover, both the Swann Report (Swann 1985) and the Stephen Lawrence Inquiry (Macpherson 1999) detailed evidence as to the effects of discrimination in the education system. Therefore, it could be argued, that whilst higher than expected academic achievement occurs among certain ethnic minority groups, for instance British Asian, this does not mean that they have had little or no problems of overt institutional racism<sup>67</sup> to contend with. Similar arguments could also be made in relation to the experiences of disabled students in higher education.

Whilst legislative protection, policy and provision for disabled students has radically changed, during the period of this research inconsistencies in support remained within the case study University.<sup>68</sup> For example, in the provision of support by academic departments, as exemplified in the experiences of the majority of students interviewed and as revealed by Sophie:

With [department 24], I made them aware that I was a disabled student and they email all the notes to me and they are great, the departmental secretary is very approachable and if I've got a problem I go straight to see her with it. In the other departments though I don't get any support at all (First Interview: 11/03/03).

Inconsistencies in support were also reflected in the studies of other researchers (Preece 1995; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Holloway 2001; Hall and Healey 2004; Riddell

---

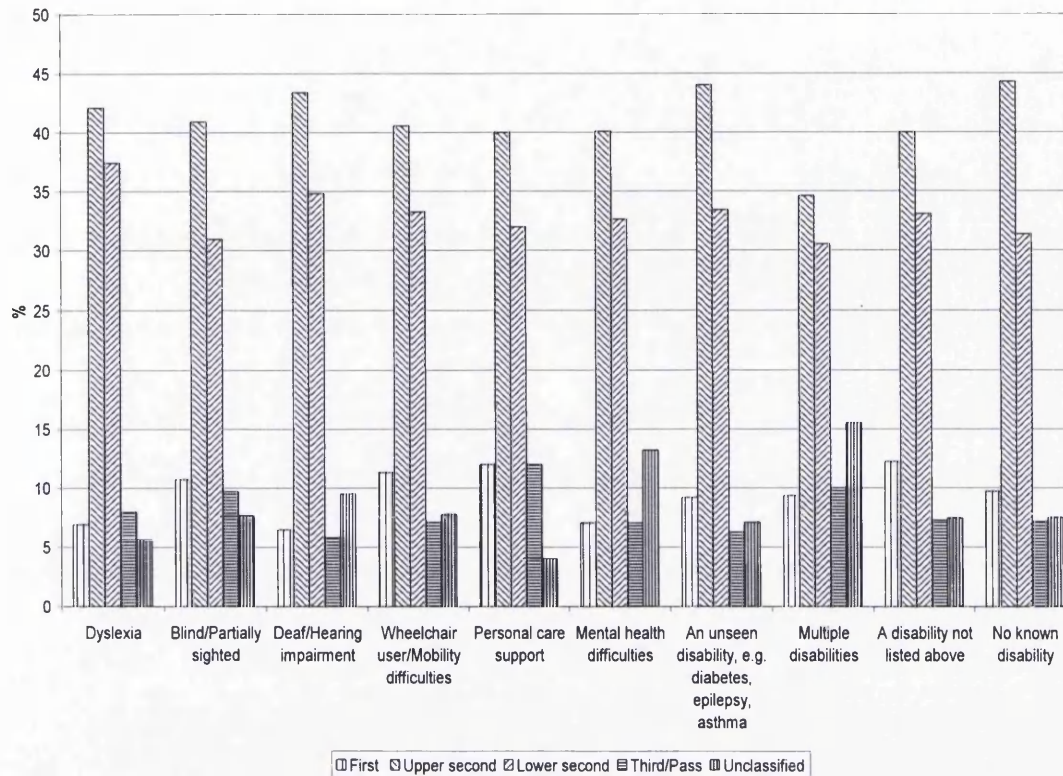
<sup>67</sup> Defined as '*...those established laws, customs, and practices which systematically reflect and produce racial inequities in [American] society. If racist consequences accrue to institutional laws, customs, or practices, the institution is racist whether or not the individuals maintaining those practices have racist intentions. Institutional racism can be either overt or covert (corresponding to de jure and de facto, respectively) and either intentional or unintentional.*' (Jones 1972: 131)

<sup>68</sup> Evidenced in chapter seven and eight, relating to University policy and academic department policy and provision.

et al., 2005), thus supporting and confirming the findings of the case study data. However, whilst some disabled students may encounter institutional discrimination, arguably their academic achievement is likely to reflect a combination of other factors.

Having considered the classification of results between disabled and non-disabled graduates and the implications stemming from these results, the classification marks were further examined across impairment categories (see Figure 6.K). Whilst analysis indicated that proportionately more non-disabled graduates achieved first class degrees than disabled graduates, it was those graduates who had dyslexia, a deaf/hearing impairment or a mental health difficulty that were less likely to achieve a first class degree. As far as upper second class degree classifications were concerned, graduates across all categories of impairment obtained lower results than non-disabled graduates. Disabled graduates were also more likely to attain a lower second, with the exception of graduates with a blind/visual impairment or multiple disabilities. The difference in results for third/pass and unclassified results were minimal. However, graduates requiring personal care support were almost twice as likely to obtain a third/pass when compared to non-disabled graduates, and disabled students who experienced mental health difficulties or multiple disabilities were also twice as likely to have an unclassified result compared to students with no known disability. These findings provide evidence as to the inequality experienced by disabled graduates based on impairment category.

**Figure 6.K: First Degree Graduates by Classification of Degree 2001/02 by Impairment Category (from all locations e.g. UK domiciled and international)**



(Source: data derived from HESA statistics 2001/02)

Dyslexic students interviewed as part of the case study, discussed how their examination results were significantly lower than course related assessments. Arguably, these concerns were reflected in the analysis of HESA data, which indicated that dyslexic graduates achieved a lower number of first and upper second passes and a significantly higher number of lower second class passes than graduates with no known disability. Natalie, a second year Masters student in Department 32, exemplified the way in which dyslexic students felt disadvantaged by the examination system. In Natalie's second year of undergraduate studies, she failed her examinations and re-sat, narrowly passing. In her final year, however, Natalie's results improved, but this she felt was largely because results were

based on course work assessment. Natalie attended a viva and was asked why her examination and course work assessment results were so different, as she explained:

When I got called for viva, the man that gave me the viva was saying "well how can your marks have gone up so much? What happened? How can you put in a dissertation that is B grade, upper 2.1? You nearly failed last year and to be doing so well this year. I knew students are supposed to go up a bit but not this much?" (Interview: 12/03/03).

Stephen discussed his experiences, which reflected Natalie's:

It [dyslexia] shows up quite clearly in my exam results, in that in all of my practical subjects I have got higher marks, and also subjects that I can work on in my own pace. Predominantly course work based subjects I get higher marks in as well. ...dyslexics don't respond well to the style of examinations used (Interview: 20/03/03).

Students at interview felt they were being unfairly disadvantaged by the examination system and this was reflected in the HESA analysis with dyslexic graduates achieving lower results than graduates with no known disability.

However, concerns within the case study University existed regarding whether examination adjustments implemented for disabled students were giving an unfair advantage. This view, for example, appeared to be evident in the policies developed by the University's working party established in 2002/03 to develop a policy for dealing with students with extenuating circumstances and/or special needs in relation to assessments and examinations. The approach of the working party, reflected in the terms of reference adopted, were clearly *'to ensure a consistent approach and equal compensation throughout the University and to guard against the possibility that disabilities are not over compensated'* (L5863.IHH). Ensuring that academic standards are maintained were obviously a priority of the working



party and as part of this process all students were required to be assessed against an academic benchmark. Nevertheless, implicitly linked to the meaning of 'compensation' is a medicalised view of disability and not an equalising of opportunity as reflected in the social model. This is because, as discussed in chapter two, disability is viewed as stemming from an individual's impairment and requires compensation and not understood as resulting from organisational, structural or attitudinal barriers (Barnes 1991; Oliver 1990, 1996). As French (1994a: 11) asserted '*the visually-impaired person is not disabled by lack of sight but by lack of Braille, cluttered pavements and stereotypical ideas about blindness*'. Providing the blind student with a reader to assist with examinations was, therefore, largely seen in terms of compensation and not in terms of removing barriers and equalising opportunity. Student interviews had provided evidence that disabled students were anxious not to receive support above that of meeting access requirements. Those students who discussed examination support wanted to sit their examinations and assessments on the same basis as other students, but recognised that without certain adjustments they would be disadvantaged in this process. Disabled students were not seeking 'compensation' but an equalising of opportunity. For example, Rebecca a first year undergraduate, who had viral arthritis, revealed at interview how she liked '*to be independent and not to be reliant*', although recognising she needed additional support (First Interview: 13/03/03). When sitting examinations Rebecca received an extra 25 per cent in time, which gave her the opportunity necessary to leave her desk, stretch and walk around. Without this extra time Rebecca would have been disadvantaged in sitting

examinations. Rebecca was not seeking compensation, but sought an equalising of opportunity as within a social model perspective.

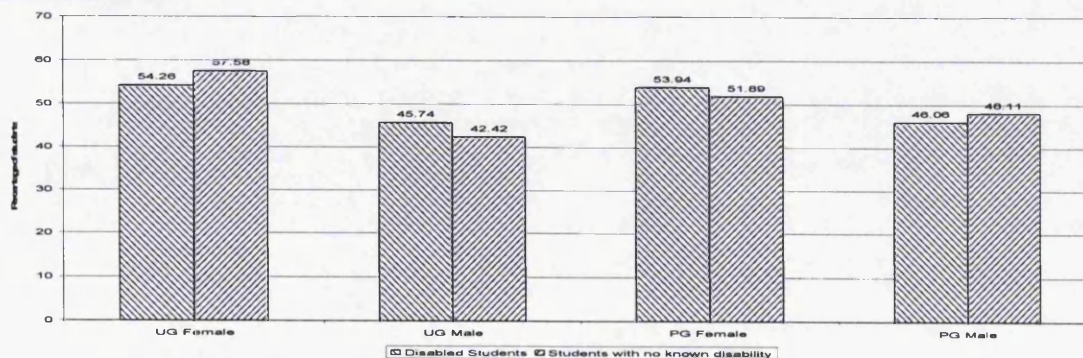
Analysis of graduate achievement provided thought provoking data as to the classification results of disabled graduates. While, some may argue that these results suggest that policy and provision is positively supporting disabled students or even that disabled students are over-compensated, other factors were also identified which offered explanations relating to family support, educational experience and personal ambition. In the final part of the chapter wider social inequalities within disability are analysed, questioning the impact of gender, ethnicity and social class within the experience of disability and access to higher education.

#### 6.7 Gender, Ethnicity and Social Class

The following section analyses data in relation to gender, ethnicity and social class, in order to explore wider social inequalities that may exist for disabled people. As detailed in Figure 6.L disabled students were least likely to be male, representing 46 per cent of disabled students. This closely reflected the percentage of 42 per cent for non-disabled male students. Similarly, at the case study University, 47 per cent of disabled students were male, with 40 per cent of non-disabled students being male. When these data were examined in detail across impairment categories (Figure 6.M), the findings indicated that students were most likely to be female in the majority of categories. This is to be expected due to the larger number of disabled female students. The exception is dyslexia, which contained the largest group of male students (see Figures 6.L and 6.M) and this fact was also

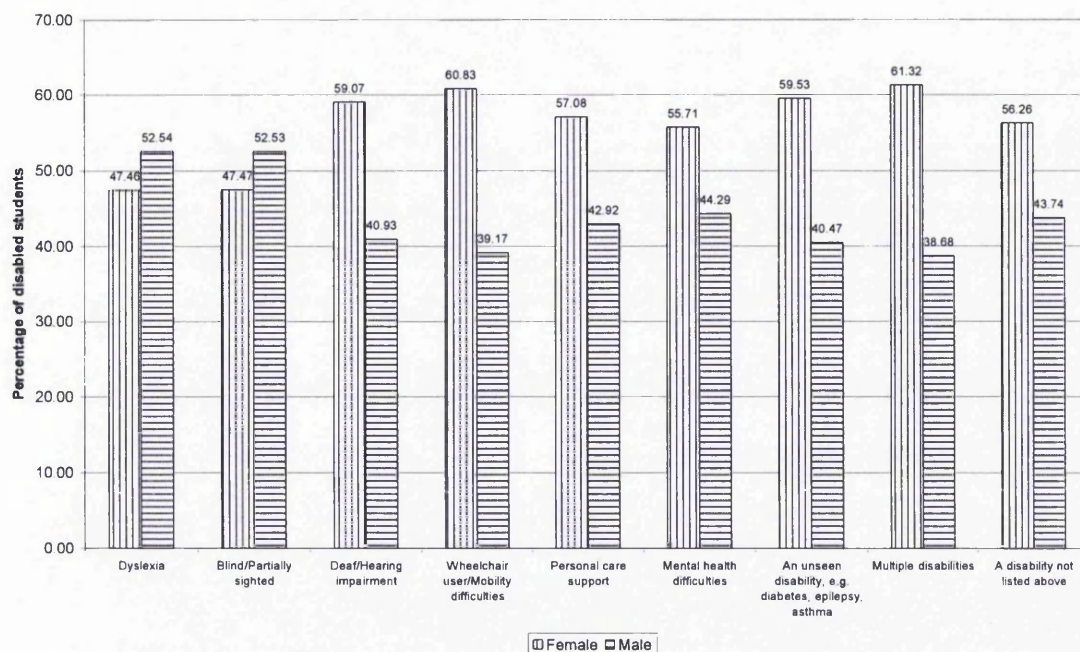
evident at the case study University (see Figure 6.O). Riddell et al.'s (2005) analysis of first year, full time, UK domiciled undergraduates for Scotland and England, also provides evidence as to the high number of dyslexic male students and, therefore, this finding appears consistent. Importantly, the difference between the number of male (53 per cent) and female (47 per cent) dyslexic students is exacerbated when the gender divide between male (46 per cent) and female (54 per cent) disabled students is brought into the equation. I was unable to compare male and female dyslexic students' degree classifications and to ascertain whether there was any gender difference between male and female dyslexic students, or whether any difference existed between dyslexic and non-dyslexic students of the same sex, this was due to a lack of available data. These findings may have provided an interesting comparison. However, it is worth noting that recent research has indicated that men and women are equally affected by dyslexia in the general population (Dyslexia Institute: 2005) and, therefore, does not help to explain why there are larger numbers of registered male dyslexic students.

Figure 6.L: Disabled Undergraduate and Postgraduate Students by Gender 2001/02 (all years of study and from all locations e.g. UK domiciled and international)



(Source: data derived from HESA statistics 2001/02)

**Figure 6.M: Undergraduate and Postgraduate Students by Gender and Totalled by Impairment Category 2001/02 (all years of study and from all locations e.g. UK domiciled and international)**

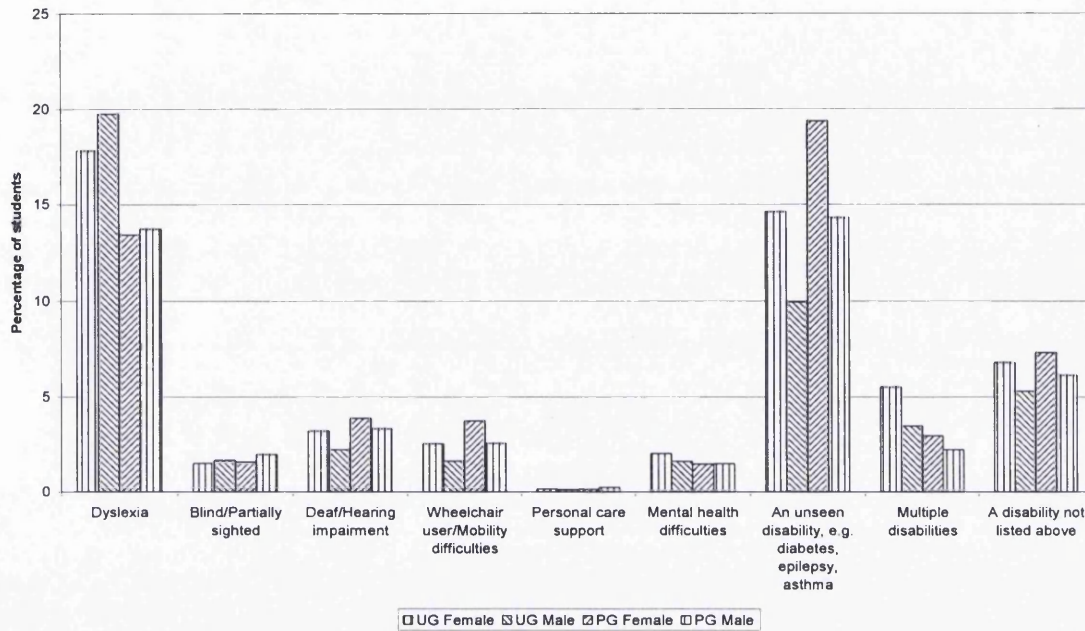


(Source: data derived from HESA statistics 2001/02)

A significant association between gender and impairment was evident in the analysis (see Figures 6.M, 6.N and 6.O). Whilst it could be anticipated that most impairment categories would reflect the larger number of disabled female students, it was notable that in a number of categories for female undergraduates, for example, wheelchair users/mobility difficulties, unseen disability and multiple disabilities were significantly higher than would be expected (60 per cent and over). The Riddell et al., (2004; 2005) analysis suggests that statistical data may be linked to the disclosure of particular types of impairment and identity adopted. For instance, this could be linked to cultural perceptions of identity, in that it is more acceptable, or less acceptable, for men or women to study with a particular impairment, or to declare impairment. This may also provide an explanation for the large

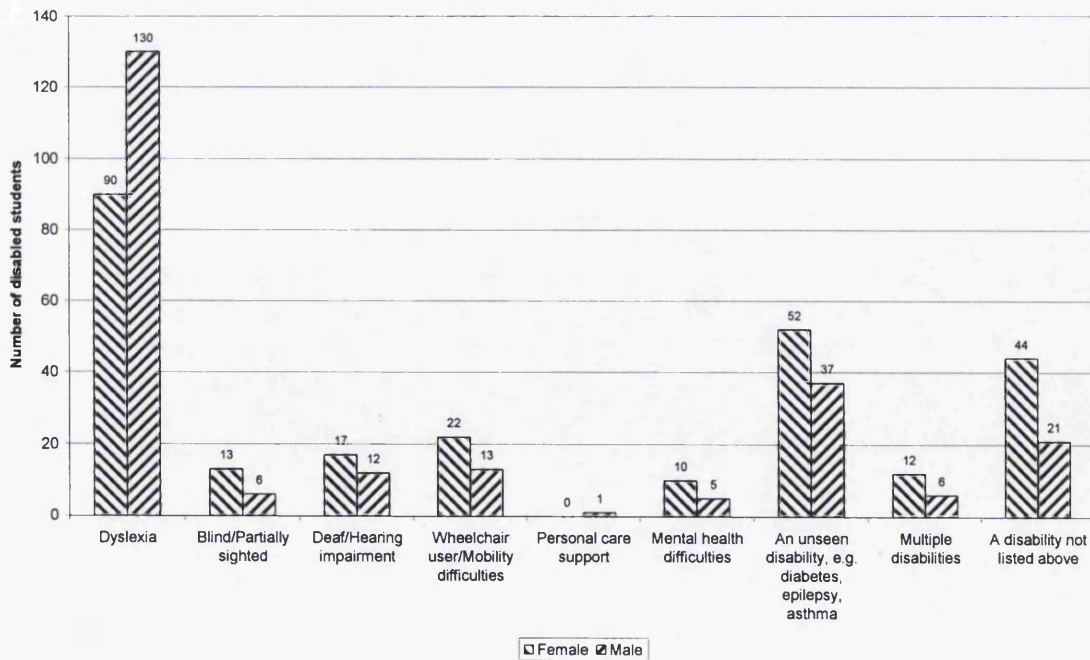
number of male dyslexic students. However, further research and more detailed analysis would be required to further investigate these differences.

**Figure 6.N: Undergraduate and Postgraduate Students by Gender and Impairment Categories 2001/02**



(Source: data derived from HESA statistics 2001/02)

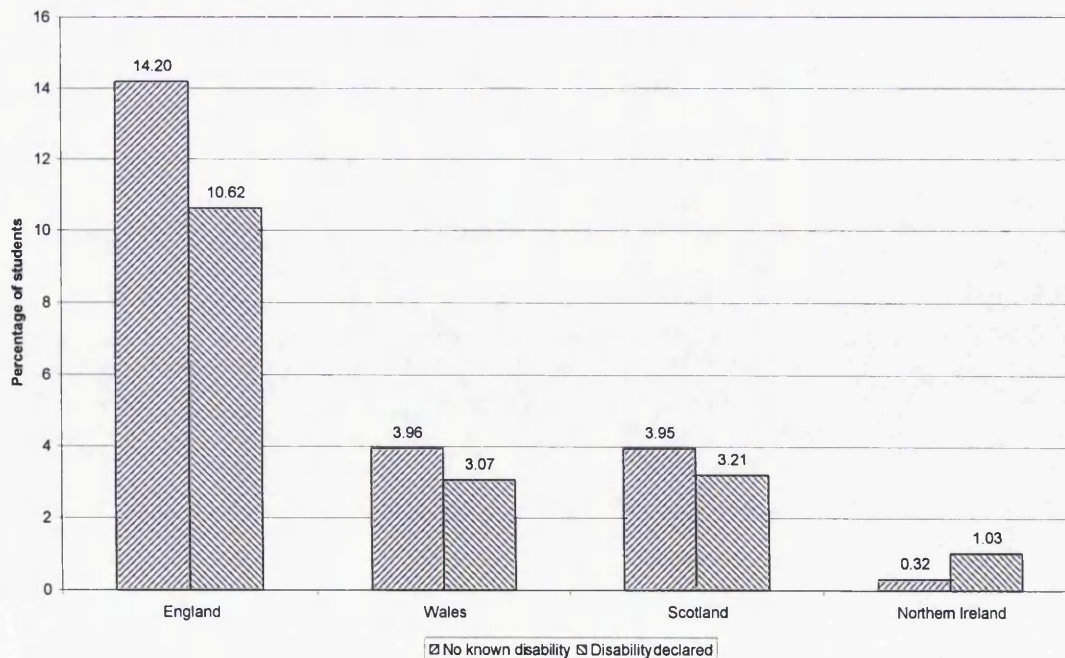
**Figure 6.O: Case Study University Total Number of Disabled Students by Gender and Impairment Category**



(Source: data derived from the case study University database at October 2002)

HESA statistical data for ethnicity are difficult to draw conclusions from, owing to the low numbers involved. For example, disabled students from an ethnic minority represent less than half a per cent of all UK domiciled students studying in the UK. A comparison based on ethnicity between (a) ethnic minority students with no known disability in the student population and (b) ethnic minority disabled students within the disabled student population were made for England, Wales, Scotland and Northern Ireland and is shown in Figure 6.P. These data indicate that disabled students were less likely than non-disabled students to come from minority ethnic groups in England, Wales and Scotland. There was, however, no marked difference in the percentage comparison in Wales and Scotland. In Northern Ireland, the situation was reversed with the percentage of disabled minority ethnic students higher than for ethnic students with no known disability.

Figure 6.P: Disability Status and Ethnicity for England, Wales, Scotland and Northern Ireland (all years of study and UK domiciled students)



(Source: data derived from HESA statistics 2001/02)

Disabled students from an ethnic minority were more likely to be included in England. These findings are likely to be affected by the concentration of ethnic minority families in parts of the UK. Preece (1999) has noted the high proportion (40 per cent) of minority ethnic students (disabled and non-disabled) located in London. Preece further highlighted that the majority of ethnic minority students were predominantly attending new universities. A combination of institutional, family and individual factors are likely to influence these findings. With regard to the first, institutional factors, Bird (1996) and Duffield (1996; quoted in Preece 1999) both discuss the existence of unwitting discriminatory practices within HE institutions. For example, in relation to the admissions stages, HEIs are more likely to accept students who do not re-sit their examinations and prefer those students with 'A' levels as opposed to mature or Access course students. In the past, as claimed by Preece (1999), minority ethnic students largely entered higher education via these latter routes as a consequence of previously poor educational experiences. Preece (1999: 199) states further that for many students, once accepted into higher education, they are critical of the '*ethnocentric curriculum*' and '*ambience of university lifestyles*'. Riddell et al., (2004) have also identified the way in which institutions recruit students to predominantly reflect the characteristics of that institution. In widening participation, Allen (1997) has argued that challenging these institutional barriers is likely to prove difficult, although race relation legislation (Race Relations Amendment Act 2000) now requires institutions to be proactive in ensuring discriminatory practices are removed and, more recently, proactive

legislation has also been introduced to challenge institutional barriers in relation to disability (Disability Discrimination Act 2005).

In relation to the second factor, family influence, Basit (1997) has identified the affect of community pressures within the family, and on the individual, to conform to cultural and religious values. These are likely to reflect in the educational choices arrived at by parents and children. Limited research is available on the experiences of disabled ethnic minority children within families (Chamba et al., 1999; Hussain et al., 2002). Nevertheless, the Chamba et al., (1999) study of South Asian families highlighted, that whilst parents of disabled children have tried to ensure that their children receive the best opportunities, children themselves discussed the low expectations generally held by parents and within the community. As argued previously in this chapter, the role of the family appears to be very important in the progression of disabled students into higher education. Consequently, further research would be required to assess the influence of culture and religion within families and the community, as to the educational experiences of disabled children from an ethnic minority.

The third aspect relates to that of individual reasons, which are likely to influence the concentration of ethnic minority students in particular HE institutions. Allen (1997) provides evidence on the reluctance by minority ethnic students to apply to institutions who have low numbers of ethnic minority students or staff. As Reay et al., (2001) suggest, being surrounded by students from the same ethnic minority provides a reassurance to students. This is also likely to be influential in the choices of disabled ethnic



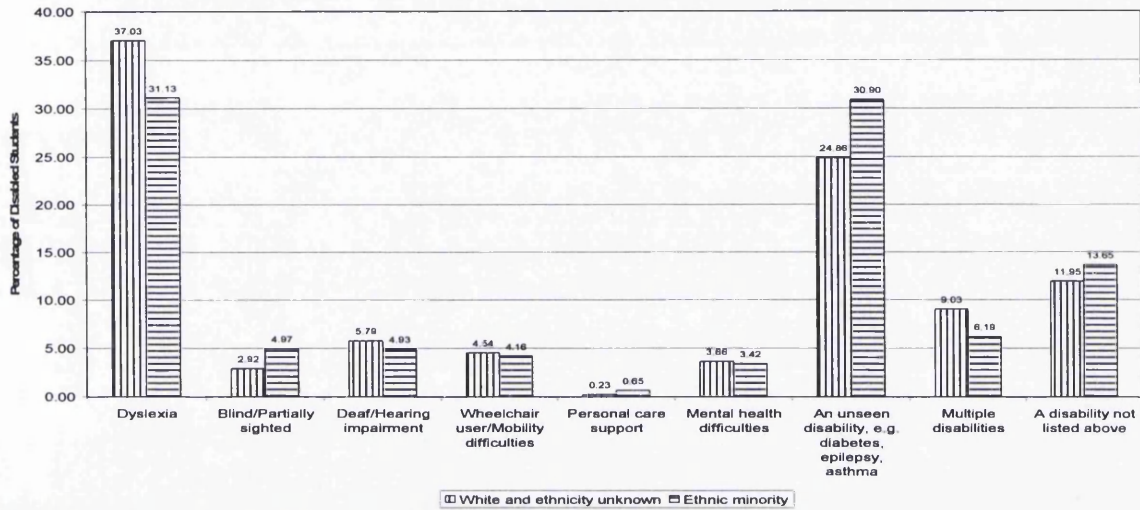
minority students, who also have the added factor of choosing institutions that are able to provide the levels of disability support as required. Again, those institutions who have a history of providing disability support are likely to be the new universities (Corbett 1996b).

Understanding the reasons behind the choices made by disabled ethnic minority students provides some indication as to where inequalities and lack of inclusion may exist. This has important implications in the development of policy and provision within the higher education sector and in ensuring equality and inclusion not only for a minority group, but also for a minority within a minority. As will become evident in the remaining chapters of this thesis, which analyse the case study institution's policies and provision, together with student views, it is arguably through policies of consultation, control and choice that the most appropriate policy and provision can be implemented.

Further analysis of data by impairment category (Figure 6.Q) between (a) disabled students who are white and ethnicity unknown and (b) disabled students from a known ethnic minority, provide additional indicators as to potential areas of inequality. Importantly, whilst the impairment categories largely mirror the experiences of both groupings, the data in relation to dyslexia and unseen disabilities is reversed with disabled students from a known ethnic minority less likely to be dyslexic and more likely than white and ethnicity unknown disabled students to have an unseen disability. This may be accounted for by a number of factors. For example, admission policies may inadvertently favour some disabled minority ethnic students over

others, or alternatively or as well as, there maybe a greater cultural acceptance in declaring certain types of impairments. Therefore, the awareness and understanding of such reasons is significant in the development of policy.

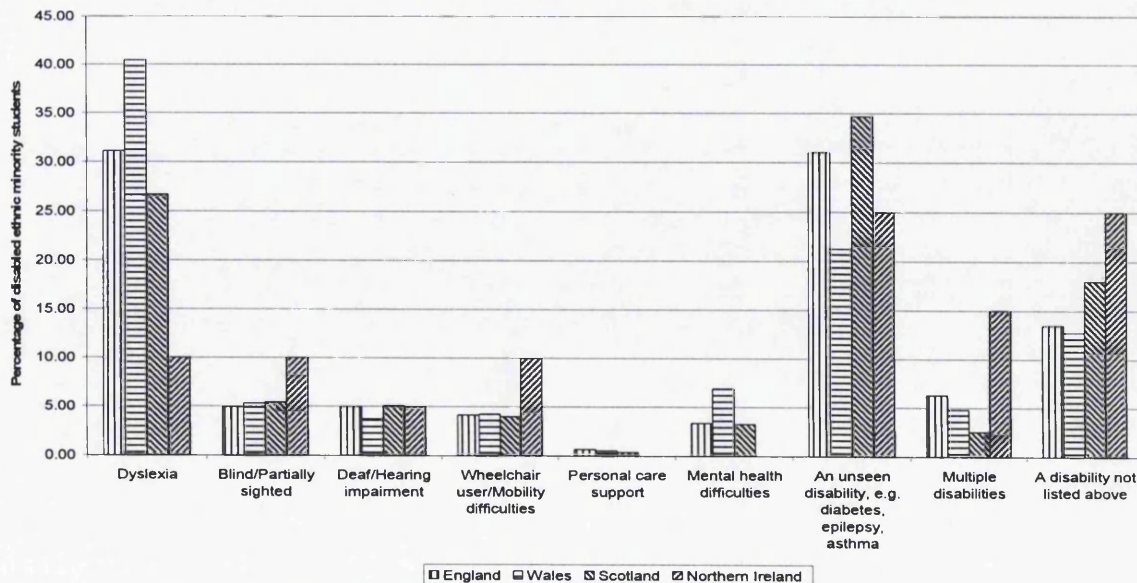
**Figure 6.Q: Impairment Category and Ethnicity for UK Domiciled Disabled Students 2001/02**



(Source: data derived from HESA statistics 2001/02)

Data were further analysed across England, Scotland, Wales and Northern Ireland (see Figure 6.R).

**Figure 6.R: Percentage of Disabled Ethnic Minority Students by Impairment Categories for England, Scotland, Wales and Northern Ireland 2001/02**



(Source: data derived from HESA statistics 2001/02)

These data indicate, when compared with Figure 6.P, that in Wales ethnic minority students are more likely to be recorded as dyslexic and less likely to have an unseen disability, mirroring the results for disabled white and unknown ethnicity groupings. As previously argued, it is difficult to ascertain why these differences are apparent. In Northern Ireland the inclusion of disabled ethnic minority students are largely more representative across impairment categories, but this may be a consequence of the low number (20) of students recorded. These data would change considerably with the addition of one or two more students.

At the case study University, four per cent of disabled students were from an ethnic minority, which compared favourably with the overall Welsh average of three per cent. However, this equated to 18 students and represented 0.2 per cent of the total number of students enrolled at the University. I was able to interview two disabled ethnic minority students, both postgraduates in their final year of study: Natalie in Department 32 and Paul in Department 28. Both students discussed, what they believed, to be a double discrimination based on ethnicity and disability. In addition, Natalie felt this was further compounded by being female, as she noted on her returned questionnaire:

I sometimes think that as a mixed race disabled female, I am only wanted on campus etc., to make the University equality figures look good (Natalie questionnaire response).

Natalie and Paul both revealed various incidents of what they considered to be racial discrimination and provided interesting data from the view of a disabled ethnic student, as Paul contends:

From my perspective, way of thinking, I don't know if I can substantiate this, but the treatment I received from the accommodation team and the disability team, I feel as if I am being treated differently because of my colour. I would like to hear from other disabled students, to see if their experience tallies with what I've gone through, I might be wrong (Interview: 03/06/03).

It is important to recognise that whilst these views begin to provide an insight into the experiences of disabled students from an ethnic minority, these accounts are limited. However, the lack of data in this area has been recognised by Soorenian (2006) who is currently researching the experiences of international disabled students studying in the UK.

No HESA data had been supplied in relation to social class. However, other research (Riddell et al., 2004), had indicated that the social class profile of disabled students reflects that of non-disabled students in England and Scotland, including a similarly disproportionate number of middle class disabled students in the pre 1992 universities.

Whilst the social class of disabled students closely mirrors that of non-disabled students, the inequalities of gender and ethnicity remain more marked for disabled students. Therefore, although the statistics within this section have identified increases in the number of disabled students attending higher education, wider social inequalities do not appear to have been challenged.

## 6.8 Summary

The statistical data reviewed in this chapter showed that disabled students are accessing higher education in increasing numbers. However, not all groups of disabled students experienced equality of access, with some

groups achieving much lower rates of inclusion than others, for example, inequalities within impairment categories, by age, gender and ethnicity.

In relation to impairment, students with an unseen disability represented over half of all disabled students and even though data will be influenced by the actual number of disabled people within each impairment category in the general population, there appeared to be a favouring of some disabled students over others in the admissions process. This was supported by data relating to choice of course, indicating that there were barriers to disabled students enrolling on certain courses and that this was likely to be influenced by the visibility of the disability.

Despite inequalities, degree classifications provided encouraging data, indicating a minimal difference overall between the classification results of disabled and non-disabled graduates. This is likely to stem from a combination of factors, including the development of policy and provision for disabled students. However, further analysis of classification results identified inequality experienced by disabled graduates based on impairment categorisation, which suggests that this has remained unaddressed. Additionally, wider social inequalities also continue to be experienced within disability, as demonstrated by the data in relation to gender and ethnicity, which do not appear to have been challenged.

The statistical data within this chapter provided a useful starting point in examining the equality and inclusion of disabled students in higher education and in identifying areas of policy that result in inequality and lack of inclusion. Whilst some qualitative data has been utilised in discussing the statistical

analysis, it is in the next three chapters that I am able to provide an in depth analysis concentrating on the case study University's policy, provision and the outcome for disabled students. Chapter seven, therefore, begins by focusing on the implementation of policy and provision within the case study University and the likely factors that influence levels of equality and inclusion. Following this analysis, chapter eight evaluates academic department policy and provision in the context of overall University policy, considering ways in which equality and inclusion could be facilitated. Finally, chapter nine turns to those aspects highlighted by disabled students which impact on the feeling of inequality and exclusion.

**A Framework for the Equality and Inclusion of  
Disabled Students In Higher Education**

**Volume 1: Perceptions, Priorities and Power**

**Volume 2: The Case Study**

**KAREN BEAUCHAMP-PRYOR**

Submitted to the University of Wales in fulfilment of the regulations for the  
Degree of Doctor of Philosophy (Social Policy)



**Swansea University  
Prifysgol Abertawe**

2007

Volume 2 of 2



## Contents

### Volume 2: The Case Study

	Page
Chapter 7: The University's Approach to Equality and Inclusion	212
7.1 Challenging Inequality and Oppression	213
7.2 A Welfare or Rights Approach	221
- The Influence on Policy	.
7.3 Promoting Equality	226
- The Benefit of Consultation	.
7.4 A Lack of Power	232
- Feedback and Complaints	.
7.5 Dependency or Independency	238
- Consultation, Choice and Control	.
7.6 Oppressive Practices	244
7.7 An Inclusive Approach	255
7.8 Summary	258
Chapter 8: Academic Departmental Understanding	260
8.1 An Overview	262
8.2 Policy, Provision and Practice	264
8.3 Implementing Inclusive Practices	277
8.4 The Meaning of Disability	287
8.5 Summary	300
Chapter 9: Student Experience	303
9.1 The Past and the Present	307
9.2 Towards Equality and Inclusion	330
9.3 Summary	349
Chapter 10: Conclusion	352
10.1 Understanding Disability Inequality and Exclusion in Higher Education	352
10.2 A Framework for the Future	366
10.3 Concluding Remarks	372
Appendices	375
Bibliography	438



**VOLUME TWO**

**THE CASE STUDY**

## Chapter Seven

### The University's Approach to Equality and Inclusion

In previous chapters I have referred to the findings of Leicester and Lovell (1994) who argued that disability was not understood in the same terms of oppression as other groups experiencing inequality within higher educational institutions, such as gender and race. Fundamentally, if as Oliver (1990, 1996), Barnes (1991), Finkelstein (1993) and Drake (1999) suggest disability is widely viewed within society in the context of meeting needs with inability stemming from an individual's impairment, then disabled people are unlikely to be understood as a group experiencing inequality and oppression. In this study, it was important to determine, as Leicester and Lovell (1994: 47) had contended, whether disability was viewed in the context of '*care and concern*' as opposed to '*discrimination and rights*' within the case study institution. This is because the way disability is perceived is likely to significantly impact on policy and practice and influence the direction towards either a welfare or rights agenda, resulting in varying degrees of dependency and independency for disabled students. This chapter focuses on the University's approach, discussing and providing examples with regard to how far equality and inclusion for disabled students has, or could be, achieved. The significance of consultation is also evidently central to creating inclusive policy, provision and practice and how far this effects the experience of students is explored in relation to independency and inclusion. Furthermore, it would seem feasible that where policy reflects a welfare perception of care, concern and

compensation, then disabled students are less likely to be consulted and, as a result, lack control and choice.

I begin by comparing the response of senior management towards ensuring legislative compliance by University staff with both disability and race legislation. This emphasises the different strategic approach based not only on the strength of legislation, but also on differing responses reflecting welfare and rights. The chapter then turns to competing approaches in policy; promoting equality and the benefits of consultation and participation; the lack of power that can be experienced by disabled students; and issues surrounding dependency and independency. Finally the chapter considers examples of policy and practice, resulting in oppressive and inclusive practices.

### 7.1 Challenging Inequality and Oppression

During the research period the University was responding to the requirements of both the Special Educational Needs and Disability Act (SENDA) (2001), which amended the Disability Discrimination Act (DDA) (1995), and the Race Relations Amendment Act (RR(A)A) (2000). This provided a comparative analysis relating to the strategic approach of the University in meeting equality concerns.

The University, in response to the RR(A)A, set up in December 2002 a Race Equality Working Group (REWG) and appointed an Equal Opportunities Officer to undertake this work. An extensive policy for promoting race equality was produced and fully integrated into the

University's strategic plan. An impact assessment of institutional policies was also completed. Significantly, the University did not take this opportunity to review the impact on other areas of inequality, such as disability, whilst assessing and monitoring these policies. This opportunity was overlooked and I raised this point with a senior member of staff responsible for equality issues, who whilst recognising the benefit of exploring all equality issues, felt that because legislation at that time did not require the University to comply in this way, that the focus should remain on race issues, as evidenced in the following quote:

...you have to comply with legislation of course, ...but the Race Relations Amendment Act goes one step further and says not only will you have to comply, which of course you have to do, but you will also actively make progress in particular areas, and I think that's why it has set it apart, for me, to other equality legislation, because we have to actively work towards promoting race relations (Interview: 28/10/03).

Importantly, whilst disability legislation had been introduced and HEIs were legally accountable for ensuring that discrimination did not occur within their institution (DfEE 2001: s28R(5)), these duties did not go as far as promoting equality. Prior to 2005, disability legislation was based on protecting individuals from discrimination and not based on equality. Arguably, without legislative pressure public bodies would be unlikely to use limited resources evaluating and implementing equality policy and accordingly, the approach of the University probably reflected any other public body. During the research period, it would seem feasible that disability was not understood in terms of oppression and inequality within the case study institution and more likely to be understood in the context of welfare.

This will become clearer later in the chapter when I analyse examples of policy and provision.

The action taken by senior management towards ensuring departments and staff were aware of their obligations under disability and race legislation, further illustrated the differing policy responses. The University appointed throughout departments existing members of staff as equal opportunity advisers (EOAs) during 2003. Their initial role was aimed at race relations, but plans were being discussed to extend their role to cover other areas of inequality. However, it would not be until 2006 that the University seriously began to consider extending the role of EOAs to cover disability issues in 2007. This was probably due as a direct result of the disability equality duty (DED).

Equal Opportunity Advisers received extensive training in the provisions of the RR(A)A and were required to disseminate the information that they had acquired throughout their departments. This training was seen as essential in ensuring that all staff were aware of their individual and organisational responsibilities. A training programme was not implemented in relation to disability until 2005. Significantly, even though disability was not perceived as an equality issue, the University was however already legally accountable for the actions of its employees (DfEE 2001: s58). As the law stood, if an employee discriminated against a disabled person or student during the course of employment, not only would the employee be held personally liable (DfEE 2001: s57), but the institution could also be held responsible:

... in legal proceedings against a responsible body based on the actions of an employee. ...It is not a defence for the responsible body simply to show that the action took place without its knowledge or approval (DRC 2002a: 2.10).

In order to ensure that all staff were responding to legislative requirements, the Disability Rights Commission (DRC) (2002b) had recommended that training should be seen as a high priority within institutions and available to all staff. Senior management were aware that training across the University was necessary to ensure staff complied with the DDA and their responsibilities. This knowledge was confirmed by the discussions of senior management who had considered contracting out disability training and sought tenders in 2002. However, this approach, as explained by the Disability Office representative at interview (18/11/03), was viewed to be too expensive and unrealistic in terms of delivery and it was decided to appoint a Disability Awareness Officer instead. Yet, no appointment was made for three years and by 2005 the University had decided to revert to the idea of employing an outside contractor to conduct training. The cost implications do appear to be an influential factor for the lack of response and compliance by the University. Imrie (1997: 295) has contended that whilst disability is viewed '*as an individual and largely private concern*' then disability will be viewed in terms of cost implications for society, which as '*a potential burden ...should not be borne by employers, developers or investors*'. Defining disability in terms of impairment means that disability is something to be cured or overcome by the individual rather than resulting from social or environmental practices and, consequently as Imrie asserts, waives senior management of their responsibilities. The minimal

compliance, or non compliance, was also likely to be apparent in the actions of other HEIs and the way business and industry had generally complied with the DDA (1995).<sup>69</sup>

Arguably, the apathy that existed within senior management was also reflected in the attitudes of University staff. This was evident in the numbers of staff attending training sessions. Four workshop sessions were planned between May 2002 and September 2003 (Staff Development Office 15/11/03) and attendance was minimal with eight participants at the first session, 16 at the second, 15 at the third and the fourth was cancelled. The numbers attending demonstrate the indifference amongst staff and senior management towards disability training.

Training was also based on raising awareness of disability issues as opposed to achieving equality. It is important to recognise the difference in aims between raising awareness and focusing on equality. The first can be viewed within a medical/welfare context of meeting individual needs, based on care and concern, and the second in a social context of recognising the disabling barriers that create inequality, based on discrimination and rights as asserted by Oliver (1990, 1996), Barnes (1991) and Drake (1999). Simply raising awareness of the needs of students with particular impairments will arguably not challenge the lack of inclusion experienced by disabled students as a result of institutional, environmental and attitudinal barriers.

The decision reached by senior management to employ a Training Officer to raise awareness, fits in with the University's historic programme of

---

<sup>69</sup> Detailed in chapter four at 4.1 'Legislative Developments and Competing Tensions'.

involving specialised agencies/traditional charities in delivering training e.g. RNIB and RNID and *Skill*, the National Bureau for Students with Disabilities. Charities traditionally focused on an individualised and medical view of disability and as Drake (1996a: 155) claims, the lack of an authoritative voice by disabled people within traditional charities has meant that the aims and objectives of the traditional charity will primarily replicate those of the non-disabled members. The values of whom, as Gramsci (Femia: 1988) concept of '*hegemony*' contends, reflects and maintains the interests of those in control. Consequently the focus remains on a welfare led agenda as opposed to recognising the inequality and oppressive practices experienced by disabled people.

The title and role of the Disability Awareness Training Officer was raised with a senior member of staff from the Disability Office. This member of staff was aware of the debate between raising awareness and attaining equality, but explained that the title had been deliberately chosen '*to strengthen the impact*' of training (Interview: 18/11/03). It was felt that training based on equality would deter staff from attending. This is possible, as staff may feel that their time would be better utilised learning about impairments and the effects of impairment, as opposed to considering the barriers which disable people. The spokesperson from the Disability Office also felt that many people would claim that in raising this debate I was '*splitting hairs, rather than changing the meaning*' (18/11/03), but this was a contradiction in argument. Arguably, if there was a significant difference in meaning this would support the explanation regarding why staff would be deterred from training, or if the difference was minimal, the term adopted would be inconsequential. The use



of language reinforces inequalities as asserted by Spender (1990), Beresford and Croft (1993) and Thompson (1998) and, therefore, this debate is not so much about '*splitting hairs*', but about whether it is culturally acceptable within the University to start discussing issues of equality in relation to disabled students.

When I raised the issue of challenging underpinning staff attitudes, with the Disability Office representative, concern was expressed that staff needed to be treated sensitively:

When we put over things about disability, you've got to put it over in a way that isn't going to put people's backs up, because if in any way you offend or annoy anybody, ...then you have hit a brick wall and then you have to spend a lot of time repairing that. So we really have to be incredibly sensitive in handling people with kid gloves (Interview: 18/11/03).

Whilst the apprehension of this senior member of staff is recognised, the DRC guidelines suggest a different approach in challenging underlying attitudes, which they assert are often based on prejudice or previous negative experiences and for this reason the DRC (2002b) recommend training based on equality. This type of training would embrace exploring what is meant by disability, the history of disability and the disability movement, and developing ways of working inclusively.

Interestingly, by 2005 the response of the University had begun to change considerably. The training programme implemented was extensive with the appointment of a contracted Disability Equality Trainer, who was disabled. Disability rights issues became part of the training agenda and it was apparent that disability was now starting to be discussed in terms of equality. The impact from which could feasibly prove significant in the long

term in challenging the deeply ingrained institutional culture within higher education that Riddell et al., (2005) identified in relation to universities, institutions and colleges in Scotland and England and evident in this study. The authors claimed that even though policies were being instigated, in practice disabled students continued to encounter discrimination:

Institutions were aware of their legal obligations and had policies in place and there was clear evidence that they were anxious not to openly flout the law, resulting in cases being brought to court. However, discrimination may take more subtle forms ... changes in deeply ingrained aspects of institutional culture ... were much less susceptible to change (Riddell et. al., 2005: 155).

Such discrimination was revealed in the discussions of students interviewed as part of the case study and although this mainly related to their experiences within academic departments, that are analysed in the next chapter, students referred to a range of incidents across administrative departments. One such example related to Marcie in 2003, when she had experienced difficulties finding a dedicated disabled car parking space near the examination block. She had been forced to park her car in an area where parking was forbidden and even though she displayed her disabled car parking badge a member of the Estate staff verbally threatened to clamp her vehicle. I queried this with the Senior Manager of the Estates Department and was told that this was not University policy, but that staff as *'human beings will make their own decisions and their own rules'* (Interview: 28/11/03). This quote is concerning, as although the actions of the member of staff may not be consistent with University policy, it is the University that is ultimately responsible for the actions of staff, a point which does not seem to have been recognised by the Senior Manager. This underlines the

importance of training and a co-ordinated strategy within overall University policy.

Challenging underlying attitudes is a top down process requiring senior management endorsement and this was clearly visible in relation to race at the case study institution, but not disability. This I would assert reflected Leicester and Lovell's (1994) belief that disability was not viewed in the context of inequality, but in welfare terms of care, concern and compensation, which in the next section will be clearer in relation to the University's widening participation policy.

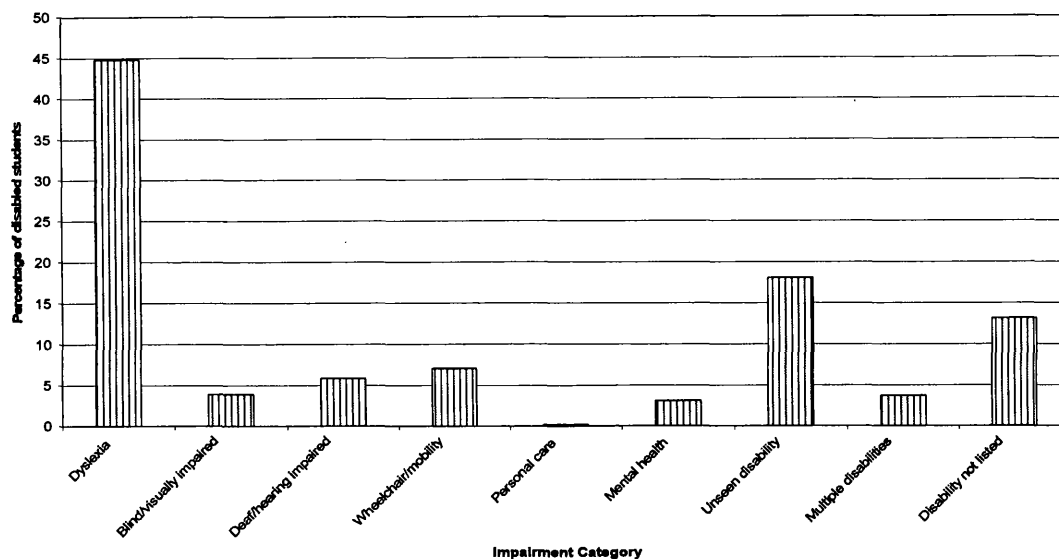
## 7.2 A Welfare or Rights Approach – The Influence on Policy

The way in which disability is perceived is likely to influence the direction of policy. If disability is viewed in the context of welfare then the outcome will largely represent care, concern and compensation as opposed to challenging inequality, oppression and exclusion. This was identified in the example of widening participation policy at the University where a difference in approach in policy towards disabled students was apparent, when compared with other groups of under-represented students experiencing inequality.

The University regarded itself as one of the best institutions in Wales in terms of attracting disabled students and this was revealed in a number of interviews conducted with senior management. For instance, a senior manager in the Planning Department commented in relation to disability statistics for the University *'I think we come up looking very well on those'* (Interview: 11/11/03) and the spokesperson on widening participation claimed

'we are regarded as one of the best Universities in terms of disability' (Interview: 07/11/03). The number of disabled students (registered as having a disability with the Disability Office) at the University in 2002/03 represented almost five per cent of students. Students with dyslexia or an unseen disability comprised over 60 per cent of disabled students and the more visible the disability the less visible the student appeared within the overall student population as illustrated in Figure 7.A.<sup>70</sup>

**Figure 7.A: Total Number of Undergraduate and Postgraduate Disabled Students by Impairment**



There were no specific recruitment plans for targeting disabled people at the University and the recruitment of disabled students had been left to the Disability Office. Evidence, as discussed in chapter five, indicated that disability was often not included as part of the widening participation agenda within higher educational institutions and viewed as a separate area of policy. This was also evident at the case study where disability was seen as a

<sup>70</sup> This reflected the detailed statistical analysis contained in the previous chapter, which concluded that the more visible the disability the less represented students were within higher educational institutions.

specific area requiring the expertise of the Disability Office. This was exemplified by the senior manager in Planning who explained the way in which the widening access strategy for the University was drawn up for submission to HEFCW (Higher Education Funding Council) '*Widening access and disability ...but the Disability Officer supplied the disability part of it. That's the two things together [sic]*' (Interview: 11/11/03). Similarly, a spokesperson on widening participation commented '*historically widening participation means social class, ethnic minorities – disability will be looked after by the Disability Office*' (Interview: 07/11/03). Whilst acknowledging the expertise of the Disability Office there continues to be a failure to recognise disability in the same terms as other groups experiencing inequality. Such a divide in approach underpins the ideology of care and concern as opposed to equality and inclusion.

The University's widening participation programme was mainly aimed at targeting young people from deprived backgrounds. Aspiration raising programmes were targeting under-represented students, but with no specific target for disability. No figures were available as to the number of disabled students that may be involved within these programmes and the widening participation spokesperson at interview could not recall any disabled students. As the member of staff commented in relation to policy:

This is all targeted at under-represented students, and if I am honest I think that probably means those from deprived backgrounds financially. I wouldn't say there is anything specifically targeted at disabled students (Interview: 07/11/03).

Other higher education institutional aspiration raising programmes similarly divided disability from other disadvantaged groups as evidenced in

the findings of the National Disability Team (NDT) and *Skill's Interim Report on 'Aspiration raising and transition of disabled students from Further Education to Higher Education'* (2004). Whilst disability is viewed in a welfare context then the actions of those involved within widening participation programmes will be unlikely to be perceived as discriminatory.

The low expectations of young disabled people aged 16-24 were highlighted by the Disability Rights Commission (DRC) survey '*Young Disabled People*' (2003c). Concerns of being precluded from higher education because of impairment, fear of lack of support and a lack of encouragement by schools was apparent. The students interviewed as part of this study also discussed these issues, together with a range of experiences in relation to the encouragement received through schools and colleges.<sup>71</sup> Significantly, these issues did not appear to be included within the University's widening participation programme.

As part of the Aspiration-raising Programme the University had recruited 200 undergraduates to work as tutors and mentors. The purpose was to provide positive role models within higher education. I enquired whether any disabled students had been appointed to assist in these programmes and was told '*no*', with the reason being that '*disabled students didn't apply*' (Widening Participation Interview: 07/11/03). The same reason was given for the absence of disabled student guides on pre-enrolment open and visit days. Furthermore, in 2005 the University advertised for postgraduate students to assist in representing the University at a number of higher

---

<sup>71</sup> Referred to in chapter six at 6.4 and 6.6 in analysing statistical representation, and in further in depth in chapter nine at 9.1.2.

education conventions around the UK, which were aimed at sixth forms and colleges. Notably, the wording of the recruitment advertisements may well have deterred some disabled applicants from applying, as applicants were required to have *'a certain degree of stamina to carry a portable display stand and literature, and answer enquiries throughout a busy working day'* (Personnel Department: 2005). It is understandable that the University would require students to be able to undertake a range of duties, but in order for disabled students to become more visible in these outreach programmes, recognition of potential barriers would need to be addressed. The lack of visibility of disabled students will plausibly reinforce the view that higher education is not accessible or as inclusive to everyone and reflect the underpinning institutional culture that Riddell et. al., (2005) refers to. Those students chosen to represent the University as visibly 'fit' and 'able' reveals a divide as Albrecht and Levy (1981: 14) contend, in the *'biases, self-interests and moral evaluations of those in a position to influence policy'*.

Widening participation policy within the University, at the time of interviewing, clearly perceived disability in terms of care and concern requiring the expertise of those specialised in the field. Arguably, the failure to incorporate disability within the equality scheme at the University, was likely to significantly influence the directions of such policies, together with the lack of University wide training. Another fundamental factor relates to the inclusion of disabled people in the way policy, provision and practice is developed and implemented. In the next section the benefit of consultation in promoting equality and inclusion throughout policy for disabled students is considered.

### 7.3 Promoting Equality – The Benefit of Consultation

The DED (DDA 2005) requires institutions to actively consult with disabled people in the process of developing policy, but at the time of writing (August 2007) little consultation existed, or had existed, across the University in relation to disability. This lack of consultation was evident in the recent development of the University's Disability Equality Scheme in 2006/07.

Whilst the DES stated:

Student input into the initial plan arose from one to one discussion with students, Disability Forum priorities and direct comments and requests from students. The ongoing structural direct inclusion of disabled students in the continual development of the plan is seen as a primary importance.

Worryingly, no records had been kept by the Disability Office relating to how many students were interviewed or the number of direct comments and requests that were received from students. Furthermore, this consultation was undertaken by Disability Office staff, as opposed to Equal Opportunity staff, and although the University may reason that it is disability staff who have regular contact with students, this continues to correspond to a welfare approach in policy. It is also concerning and questionable as to how willing students would be in commenting on policy and provision with those directly involved in their support. In addition, the consultation held through the Disability Forum also appears questionable, as no records were available regarding when meetings were held, the number of students attending or decisions reached – to my knowledge no such meetings were held. It would seem that although on paper the Disability Equality Scheme stipulated that disabled students were consulted, in reality consultation was non-existent.



With regard to the effectiveness of future consultation and participation, this will largely depend on the willingness of the University to listen and respond to the views of disabled people. Despite this disappointing response, the following detailed example of consultation in relation to access issues, highlights the benefits of consultation in promoting equality and inclusion for disabled students.

### 7.3.1 Estates Department – An Example of Consultation

In response to legislative requirements the DRC had recommended that institutions should conduct an access audit of provision to assess and plan for improvements (DRC 2002c). This subject had been discussed at the University, but it would take until 2005 to be completed, probably as access issues were not seen as a high priority during that time, reflecting overall Welsh policy.<sup>72</sup> The DRC further recommended that institutions should employ a professional access consultant in the audit process. Initially, the University decided to conduct an in-house audit to be completed by the Disability Office, but following excessive delays external consultants were finally appointed. The consultants were from a long established architectural company and not professional access auditors. Whilst architects are aware of how buildings should comply with legislation, it could be argued that that they may lack an understanding of the impact of disabling barriers across a range of impairments. For example, it was evident in a building survey at the University of Liverpool that even though people may believe they have an awareness of disabled people's needs, little is understood in practice.

---

<sup>72</sup> The policy and funding response in Wales was reviewed in chapter five at 5.1.1 (i) 'National Funding Councils'.

Beforehand, all felt they had a good awareness of disabled people's needs, but it wasn't until they had to encounter the difficulties themselves, and had spoken to disabled students that they understood what this meant in practice. Everything took much longer, often because the wheelchair route involved a detour or lack of adequate signs meant doubling back on routes. ...If our environment is inclusive, nobody should have to allow extra time. It was the built environment that disabled them not any impairments (Chard and Couch 1998: 621).

Furthermore, respondents in Imrie and Kumar's (1998) research on disability and access in the built environment also discussed the contrasting perceptions of disabled people and those of planners and building control officers. One respondent who commented on what was perceived to be a '*fully accessible*' building highlighted the difference in perspective:

...I think it's the perception of what's accessible and what isn't. People in many cases haven't taken carpets into consideration, they don't consider doors, but the doors here swing the wrong way and the traction between my wheels and the carpet make me stick and stop – this is hardly accessibility (Imrie and Kumar 1998: 367).

As Imrie (1997) asserts this fails to consider the complexity of access requirements.

DRC estate guidelines (2002c) suggested the setting up of an access working group to include estate staff, senior management and disabled representatives to provide a strategic overview. When I questioned the setting up of such group with the Estates Department representative it was felt that this approach would not be appropriate:

I wouldn't want to get into the position of having a working party for this and a working party for that, a working party for something else and unfortunately, that's where things head when this sort of issue is raised and to my mind that's the wrong way because it is very reactive and very focused on one specific issue (Interview: 28/11/03).

The difficulty here seems to be linked to the importance associated with the '*one specific issue*': disability. If disability is viewed as an equality issue and as central to inclusion then it would seem feasible that the knowledge

stemming from a working group would prove invaluable. The Estate's senior manager may also have felt that his professional expertise was being challenged, as Mayer and Timms (1970: 15) research suggested when the voice of service users begin to be included professionals can feel vulnerable. However, French (1994b) has documented the unequal relationship that exists between disabled people and professionals who French maintains hold most of the power. As French (1994b: 103) contends '*traditionally, professional workers have defined, planned and delivered the services, while disabled people have been passive recipients with little if any opportunity to exercise control*'. The research by Imrie and Kumar (1998) also highlighted the 'expert' status asserted by professional planners and building control officers and the attitude of the '*professional knows best*'.

Nevertheless, with the appointment of external architects the Disability Office were requested to input directly into the audit process and to facilitate a consultation process with disabled students in 2005. All students, regardless of disability, were emailed information regarding two meetings to be held where they could discuss their thoughts and views with the consultants. Although these meetings were scheduled at different times to try and ensure maximum participation, I was informed by a senior member of staff representing Student Support Services (personal communiqué: 21/02/06) that only two disabled students attended. Whilst attempts seem to have been made to include student views, the response from disabled students was disappointing and a number of factors may have influenced this. To understand this more fully it is useful to compare the way in which the Student Union (SU) assessed their facilities. The SU took a different

approach and employed dedicated disability access consultants, who in turn asked disabled students to assist in the audit. The consultants and students were able to work together and successfully draw attention to a range of disabling barriers. It is difficult to ascertain why disabled students were more willing to get involved with the SU access audit and not the University's audit, but during the interview process almost all the students (19) raised their concerns over how genuine University consultation would be.<sup>73</sup> For example, Christine referred to the feeling of being consulted, but the failure in the past of being listened to:

They [disabled students] don't think they are listened too. You know it's going to take a couple of years for students to feel they are being listened to, and the only way to do that is to listen to them and show that they are listened to, that's the only way to do it (Interview: 09/06/03).

It is plausible that if consultation is not perceived in terms of openness by disabled students, with views being genuinely respected, then there will be an apathy and reluctance by students to become involved. Also, importantly, the SU consultation at least on paper, went further than consultation to include a high level of participation. In practice even though consultation and participation can be difficult to achieve, it would seem that in this instance the SU were able to find ways to ensure disabled students were actively involved in the process. Although the University may lack experience of consultative processes with disabled people, the question remains as to the degree of importance the University assigned to this consultative exercise. As a paper exercise, the University would be able to say that steps were taken to consult with disabled students, but in practice there was no '*real power*' for disabled students (Arnstein 1969). Arguably,

---

<sup>73</sup> The views of disabled students as to consultation and participation are examined in depth in chapter nine at 9.2 'Towards Equality and Inclusion'.

whilst consultative processes fail to include a *'real power'*, the inequality and oppression experienced will remain unchallenged.

Importantly, consultation has the potential to identify the areas that cause the greatest barriers to students, as Chard and Couch (1998) demonstrated in their research. This was also apparent in this study and illustrated in the following respondent sample, where Sophie discussed using a laptop in her lectures, she explained:

There is something, people who aren't disabled just don't realise, a simple example the electric sockets in lectures, or things like no where for someone using a lap top to sit in a lecture (First Interview: 11/03/03).

Sophie found that the power sockets were located around the periphery of lecture theatres and this meant that she was either unable to use a power socket or her cable trailed across an aisle. Sophie also found that the desks were too narrow and too high for use with a laptop. The importance of identifying the barriers which cause the greatest concern to students is closely linked to inclusion, or potential exclusion, as Sophie exemplified:

I want to sit with my friends, I don't want a separate desk, it would be horrible, it would be so embarrassing, but at the same time sitting with everybody else, when it is too high or too far away [pause] (First Interview: 11/03/03).

Interestingly, Sophie's experience is also likely to become more relevant to the general student population in the future, as more students make use of laptops. Therefore, re-designing lecture theatres to create an inclusive environment, would not only benefit disabled students, but all students.

A further gauge relating to how much, and how effective, the voice of disabled students is in policy and provision is likely to be evident in feedback and complaint processes and this is considered in the next section.

#### 7.4 A Lack of Power – Feedback and Complaints

Both feedback and complaints provide an indication not only to the effectiveness of University policy and provision for students, but also as to the level of influence students have. As part of an institutional review the QAA would examine the effectiveness of feedback and complaints procedures for all students (QAA 2003: 21) and the principles and requirements of the quality assurance and standards framework for higher education in Wales from 2003/04 stipulated:

Institutions will be required in the framework to demonstrate evidence of the range and effectiveness of internal student feedback mechanism, including the use of student representation structures, staff/student liaison groups, student feedback questionnaires, and the involvement of students in internal quality review exercises (ELWa 2003: 3).

In relation to feedback, data from the student interviews indicated that disabled students often felt excluded from feedback processes and believed their views remained unheard throughout the University. As argued in chapter two, ensuring the views of disabled people are heard form part of the process of recognising the power imbalance between disabled people and non-disabled people and acknowledging the oppression experienced within institutional structures (see Salaman 1979; cited in Hugman 1991: 64-5). Hence, whilst the views of disabled students remain unheard, students are likely to continue to be excluded and experience inequality.

Evidence stemming from interviews with staff across the University indicated that feedback from disabled students had often been over looked. Questionnaires and feedback forms were circulated amongst the student population, but these were usually in inappropriate formats. Students, at

interview, were unaware that they could have asked for copies in alternative formats and, in addition, several disabled students expressed their embarrassment in asking for alternative formats.

Disabled students were also unlikely to be involved with departmental student staff committees, with none of the students interviewed having any involvement. Emma, a second year student who had mental health difficulties, commented at interview, that she would have liked to have had an involvement with the student staff committee and thought it important that disabled people were included, as she suggested:

I think it would be really good for the department to actually have someone on the committee who has had quite a hard time in that department, and you know I can see where maybe lecturers or students who don't really get a lot of stress problems, I can let them know it's going on [sic]. Also they say go and talk to your student committee people and you don't know if they will have any idea, so it's like why go talk to them, cos they are just reporting back (Interview: 17/03/03).

Additionally, Emma felt excluded because of her disability:

It tends to be more outgoing happy go lucky people who can cope with everything, especially [not] like mental health. ...you just don't get people with disabilities going in for them [student staff committees] (Interview: 17/03/03).

Whilst it is important to recognise that non-disabled students may also feel excluded for a range of reasons, for instance as a result of shyness or lack of confidence, ensuring that those students traditionally associated with inequality have a voice within feedback processes is fundamental in facilitating inclusion.

The students I interviewed largely thought there was a lack of opportunity to provide feedback to their academic departments and this may also be a common experience among non-disabled students. However,

evidence from research examining the experiences of disabled students (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Hall and Healey 2004; Riddell et al., 2005) indicates that disabled students often lack the opportunity to provide feedback. In the Borland and James study for example, evidence indicated that out of 16 academic departments reviewed within a UK University, 14 had minimal feedback processes. Furthermore, the authors highlighted the concerns of students regarding the effectiveness of these processes:

...they normally involve a student evaluation of their course, feedback through a staff student committee, some kind of internal staff review committee and external examiners' reports. Students with disabilities do not see these procedures as being particularly robust as far as their needs are concerned (Borland and James 1999: 96).

Thus, the concerns of disabled students in the case study research are reflected more generalised in other research. Moreover, research findings from other studies were largely pre-legislative, suggesting change remains slow, or even non-existent.

However, the RUfBS provided an example of good practice as to how feedback could actively be sought from disabled students, with the use of questionnaires and meetings. The success of this feedback demonstrated how valuable this process could be in achieving inclusive policy and provision for disabled students.<sup>74</sup> The adoption of models of good practice as with the RUfBS has the potential to challenge the inequality and exclusion experienced by disabled students. Significantly, no other area of disability provision, adopted such measures. The Library Information Service (LIS) did invite disabled students to give one to one feedback, but this could potentially

---

<sup>74</sup> Returned to later in the chapter as an example of inclusive practice at 7.7.



be difficult for those students who were concerned that if they were critical this could affect future support.

As my research developed, the need for ensuring feedback on the experiences of disabled students began to be recognised within Student Support Services and this plausibly resulted from the requirements of the DED to consult with disabled people and also from the questions being asked as part of this study. It was hoped that a mid term meeting in the first session of each year could be arranged. This would include an assessment of the support students were receiving, whether adjustments were being made in their academic departments and an opportunity to discuss other issues. Notably, no meetings had been arranged throughout the duration of this research study and it would seem that seeking feedback and consultation with disabled students proved to be a low priority. An explanation pertaining to why this might have been the case relates to the relationship between the Disability Office and disabled students. Consultative processes, as French (1994b) has reasoned, are likely to challenge the 'expert' status of those planning and implementing provision. It would seem feasible that apprehension may exist within disability support services relating to how far disabled people will question or challenge the expertise within disability support. Furthermore, as awareness amongst disabled students develops concerning the difference in perception between welfare and equality issues, traditional approaches of care and concern, and lack of consultation could also be increasingly challenged. It is questionable, therefore, how far disability support staff were willing to adopt and implement feedback and consultative initiatives.

The way the University responded to complaints received from disabled students also demonstrated the lack of power by students. In 2002/03 a number of serious complaints had been received by the University involving ten disabled students and I was able to follow the students through this process. The complaints procedure lasted over twelve months, during which time the students felt frustrated and anxious.<sup>75</sup> As Tom and Carol commented at interview *'it's frustrating because it [inquiry] has taken so long to happen'* (Tom Interview: 24/10/03) and *'I put a complaint in and got no feedback back, so all my complaints as far I am concerned have not been addressed. ...It keeps me up, it keeps me thinking, I can't rest'* (Carol Second Interview: 24/09/03). The complaints procedure for any student is likely to be stressful and time consuming. Nevertheless, evidence from this study,<sup>76</sup> and other studies, for example Riddell et. al., (2005) and Magnus (2006), agree that disabled students experience additional pressure in managing and coping within higher education when compared with non-disabled students. Thus, it would seem that for a disabled student to initiate a complaint they will plausibly endure increased pressure.

In response to the student complaints in 2002/03, the University initially took active steps in forming a working party to examine the operation of the Disability Office and this developed into an Inquiry. These actions demonstrated that the University took on board the serious nature of the complaints. However, after months of delay, the Inquiry was cancelled and

---

<sup>75</sup> As discussed in chapter five at 5.2.1, The Higher Education Act (2004) recognised and addressed concerns relating to potential unfairness and lack of transparency that had historically existed within complaints procedures in order to ensure equality, justice and openness for all students.

<sup>76</sup> Detailed in the previous chapter in relation to 'mode of study'

the Student Union were informed that this was due to the Disability Officer leaving. This was disappointing, as even though the University proposed an Audit in place of the Inquiry, this did not hold the authority or influence that an Inquiry would have generated. Such a stance was probably due to reducing the intensity of attention that had surrounded the Inquiry and student complaints. The Student Union were invited to provide input on behalf of disabled students, but individual complainants would not be heard and no opportunity would be provided for them to share their experiences with senior management. The value of discussing these experiences directly with the students was not recognised by senior management and reflects that associated with groups experiencing inequality and injustice. During this period it was apparent that the complaint process proved disempowering for the students involved. Notably even the Audit did not come to fruition and this is probably due to two main factors: firstly, the failure to recognise disability in terms of inequality, as arguably whilst disability is responded to on the basis of care and concern, then the rights of disabled students can be largely ignored; secondly, the time element involved: under the DDA a court action had to be brought within six months of the discriminatory act. The Student Union were aware of this, but thought that the University would resolve the complaints satisfactorily. Student Union policy changed in 2004 and students were subsequently advised to register complaints with the DRC. The University would have been aware of the six month time limit in which students could take legal action and, cynically, this may have been a factor in the time taken to review the complaints. The data from the students interviewed suggests that as students become increasingly aware of their

rights, it is possible that more complaints will be pursued via the legal system, particularly if University complaints procedures are not perceived as being responsive, fair and transparent.

The lack of feedback and the failure to respond to student concerns and complaints, highlighted the power imbalance often experienced by disabled students. Strengthening legislation in respect of consultation will at least, although maybe only on paper in the first instance, recognise the validity of including the views of disabled students. Strengthened legislation in relation to complaints will also ensure future responses by the HEIs are '*fair, open and transparent*' (WAG 2004).

The importance of not only consultation, but control and choice are significant areas in securing equality and inclusion for disabled students. In the next section the way in which disability provision is organised is analysed in relation to the independency achieved by disabled students, focusing on how far the views of disabled students were incorporated and responded to, together with the amount of choice and control experienced in the decisions that influenced the provision provided.

#### 7.5 Dependency or Independency – Consultation, Choice and Control

Disability provision for students stemmed mainly from assessment for the Disabled Students' Allowance (DSA) and nearly a third of students, who had returned the questionnaire in this study, had received support on this basis. In the summer of 2002, the University opened an Assessment and Training Centre, to provide in-house disability assessment, better advice, technical

support and training for disabled students. This was partly to meet the increase in students at the University declaring a disability. A number of concerns were raised by students at interview in relation to assessment, advice, technical support and training and these reflected issues of consultation, choice and control as discussed below.

Despite distinct advantages of an on-site Assessment and Training Centre, not all students agreed that assessments should be in-house as students felt that they should retain an element of choice. For example, Christine (interview: 09/06/03) decided to organise her own assessment with the Wales Council for the Blind and commented that it should be '*about choice and informed choice*'. The importance of choice as Barnes and Mercer (2006) maintain, is central to the concept of independent living. Independent living, as Priestley (1999) asserts, is about having control over those aspects (for instance, support and assistance) that are likely to influence participation, equality and inclusion. The majority of students who referred to the assessment process, whether provided in-house or through external assessors, felt that their opinions were not viewed as valid and numerous examples were provided by the students. For example, Stephen, a dyslexic student, discussed how his assessor had said to him '*you need this, this and this, because your symptoms say*' (interview: 20/03/03). Assessors appeared, according to 11 students, to have fixed preconceptions regarding the effects of impairment and this the students found difficult to challenge. This is because the dominant 'expert' view traditionally associated with disability was evident in the experiences of these students and, as a result, they lacked a voice and choice in the process and,

consequently, were passive recipients of services. This as Barnes and Mercer (2006) assert does not empower the individual or facilitate independence.

Excessive delays in the receipt of equipment were also experienced by those students interviewed and entitled to support. These delays were common throughout other higher educational institutions, as evidenced by Riddell et al., (2005), and were due to delays in assessments being completed and processed. However, during this time students lacked control over the situation and became dependent on others for help and support. This was exemplified by Lee who was unable to study independently in his first year. As Lee explained at interview he was reliant on an old faulty laptop over a period of eight months:

Pretty shocking really, I had an old, old laptop that kept breaking down, and they got into, well you've got a laptop so it's no great hurry, and I'm like well its dying on its feet. I can't finish an essay because it randomly deletes it. Even if it's saved it just randomly deletes it (Interview: 03/11/03).

This was further compounded, as Lee had been unable to use the library equipment as no speech reading software had been installed. Reliance on others for support may be seen as acceptable in the context of care, but arguably does not facilitate the concept of independence or inclusion.

Additionally, over half of these students encountered further problems when their equipment and software arrived. For instance, when David's equipment was delivered he had to get help in setting it up and installing the software. He encountered problems almost immediately. The supplier was some distance away and because the University/Local Education Authority

(LEA) had purchased the item, David thought he had no control over the supplier and told me *'if it was my computer I would take it back, it's too far away to go, you can't just travel to ... can you?'* (First Interview 25/03/03). The computer was owned by David, as it had been bought with his DSA funding, but as with other students, he did not realise this or that he had any control over the equipment supplier. David's reliance on others was predominantly disempowering.

Delays were also encountered by all the students entitled to training.

Dawn at interview explained the difficulties stemming from lack of training:

...it wasn't until about a year ago that I had actually had proper training as to how to use the Jaws package efficiently, to do things like email, the internet, or just do simple basic things in word. So even in my first year when I had my computer, I didn't have a clue how to use it (Interview: 20/03/03).

As a consequence, Dawn spent hours trying to work out how to use equipment to do the simplest of tasks and this affected her studies. Dawn did in the end receive some specialised training, but the training was crammed into one day sessions, which were too concentrated for her. Although Dawn explained this to the Disability Office, no further assistance was offered. The delays Dawn experienced in assessment, purchase and delivery of equipment and training, led to her suspending her studies. This lack of control, choice and consultation that was experienced can be seen to create dependency, inequality and exclusion.

A system of non-medical help for disabled students is also provided and this covers the appointment of notetakers, readers and personal assistants. This support is organised by the University with costs recouped through the

student's Local Education Authority (via DSA) or Department of Social Services. Disabled students were not included in the appointment process of notetakers and readers and were not invited to meet the students who would effectively be working for them. The process was taken away from the student, arguably reflecting one of carer and cared for. An approach which French (1994b), Oliver (1996), Thompson (1998) and Priestley (1999) claim, proves devaluing and disempowering, and moreover, as Riddell et. al., (2005: 97) reason in relation to the concept of independent living '*if disabled people are enabled to purchase and organise their own support, they are likely to have a sense of agency and empowerment*'. This again has fundamental implications in facilitating independency and greater inclusion for disabled students. One student in this study (Christine) challenged the University's authority in appointing her notetakers. Christine had been disappointed with the suitability of the appointed notetakers and had concerns over the quality of notetaking, together with the excessive delays in notetakers being appointed. In her final year of undergraduate studies Christine raised her concerns with the LEA and it was agreed that she should appoint her own notetakers directly. As already discussed, it appears that as students become more aware of their rights it is possible that they will seek greater control over those decisions that impact on their daily experiences, moving from disempowerment to empowerment.

Disabled students did have an input into the appointment of personal assistants (PAs), although the PAs reported to the Disability Office. James referred to this at interview and commented that his PAs tended to regard him as '*the boss*' (First Interview: 13/03/03). This was important for James,



as with other students, as they felt they had at least some control over those providing personal assistance. James also reiterated Christine's views as to the importance of encouraging and including students in the setting up of such support. The importance of which Thompson (1998: 1) maintains is a *'crucial role of the worker in promoting equality, rather than reinforcing or exacerbating the inequalities that already exist in society and in people's lives'*.

Both the Disability Office and the students tended to refer to PAs as carers, reinforcing the carer and cared for image. The language of welfare underpins the traditional inequalities associated with welfare, as asserted by Spender (1990), Roberts et al., (1992), Beresford and Croft (1993) and Thompson (1998). Not all students liked the term 'carer', as Lee told me *'Ohhh if one more person uses the phrase carers, I will swing for them'* (Interview: 03/11/03). Alternative language, as in the suggested term of Personal Assistant/PA, can often reflect a more positive and equality based approach towards disability.

Disability provision also seemed fixed within set parameters in relation to impairment, similar to that discussed in the assessment process. This was apparent in the example Carol provided at interview (First Interview: 25/03/03) where she had asked the Disability Office if they could help secure lecture notes for her. The Disability Office offered to provide a notetaker, but as Carol argued she wanted to remain as independent as possible:

I do have problems and I do have absence fits and yes sometimes the pain is so bad that I really can't put my head down and write, but I need notes not a notetaker. When I can do it, I want to do it. I know I need a little bit of help to enable me to do it, but they offer maximum help (First Interview: 25/03/03).

This policy again is consistent with a welfare based view of provision, arguably failing to recognise Carol's aspiration of independence. Carol explained that she felt it was about '*fitting in*' to their view of provision, without listening to the views of the student. It is likely, however, that the Disability Office would be limited in the options that could be offered to Carol as these would be influenced by the University's overall policies. Hence, the importance of consultation and the participation of disabled students in the development of University policy is evident in order to secure equality and inclusion. The failure to view policy from an equality and rights perspective would plausibly create dependency and result in oppressive practices. As exemplified in this instance, and in the next section which reviews two examples of University policy, the key to inclusion is through securing the involvement of disabled students in the development of policy, provision and practice.

## 7.6 Oppressive Practices

The previous chapter referred to inequalities stemming from both admission and examination policies and these examples are analysed further to demonstrate how oppressive practices can result from policy and practice.

### 7.6.1 Applying to Higher Education

In accordance with the DDA Part IV, HEIs must not discriminate against disabled people in the admissions process. This means that disabled applicants must not be treated any less favourably than non-disabled applicants, and reasonable adjustments must be employed to ensure disabled applicants are not placed at a disadvantage in comparison with non-disabled applicants (DfEE 2001: s28R).

However, central to the admission policy at the case study University, is a medical approach with impairment highlighted early in the application process. A candidate's suitability for admission is not only determined by their academic ability, but also by an evaluation that may be undertaken by an educational psychologist or medical practitioner (Admission Policy 2007). Disabled applicants who receive an offer of a place are written to by the Admissions Office indicating that the offer is subject '*to the arrangement of suitable systems*' being in place. The application is then passed to the Disability Office for a full assessment, where this may include a medical interview. The Disability Office representative explained that several disabled applicants had been rejected in the past, due to concerns over guaranteeing a support system:

I am able to turn around and reject somebody on grounds of disability. I have done it a handful of times. ...there is no benefit to the student, to the institution or to us personally, by having a student in who is going to have a lousy time (Interview: 18/11/03).

This was exemplified in the experiences of one student interviewed, Carol, who had initially been rejected on this basis. This application was prior to SENDA and Carol re-applied the following year and was, subsequently,

accepted. However, Carol felt she had been discriminated against in her original application, as revealed by her comments on the student questionnaire: *'on my initial application to University yes [I was discriminated against], in 2001/02 when I was turned down for non academic reasons'*. At interview, Carol (First Interview: 25/03/03) explained that the Disability Office had told her *'we can't have a support system in place for you, a guaranteed support system for when you do start, so we can't offer you a place [sic]'*. Similarly, Riddell et al., (2005) identified that whilst English and Scottish institutions asserted admissions were based purely on academic grounds this was not the case in practice:

Institutions all maintained that admission was based on academic grounds alone. However, ...senior managers acknowledged that institutions could operate a 'cooling out' effect, stressing the difficulties which the student would encounter at the university and urging them to consider taking up a place elsewhere (Riddell et al., 2005: 75).

Thus, regardless of legislative requirements not to discriminate against disabled students, inequality and exclusion continues to persist. Arguably, worries over guaranteeing a level of support may be seen as justifiable by senior management, but as Imrie (1997) claimed, this is because disability is perceived as an individual burden and not as a burden to be borne by business and industry.

Moreover, concentrating on impairment so early on in the application process concerned over half of the students I interviewed. This was because they felt anxious that they might be labelled, treated differently and rejected from their choice of course or HEI, as Simon explained:

When you apply to be a student, the information is then used against you. You are torn between wanting to say and not wanting to say – because of the course and support. You play it down because you want to get on the course (Interview: 25/03/03).

This issue was also reflected in the statistics held by the Disability Office, which also indicated that more than half of the students registered did not declare a disability prior to commencing their studies. It was suggested by a senior member of staff from the Disability Office (interview: 18/11/03), that this was likely to result from the advice given to disabled students from career advisors in schools and further education colleges not to disclose a disability until receiving and accepting an offer, because of potential fears over being rejected from courses and HEIs. As the Disability Office representative commented '*the biggest problem we face with that [declaration of disability] is the careers advisors in further education and school, still tell people to keep stum*' (Interview: 18/11/03). Arguably though, whilst disability is viewed in stigmatising terms of compensation, care and concern (Oliver 1990, 1996; Barnes 1991; Drake 1999), disabled students are likely to hide their disability, where they can, and to keep '*stum*'.

Providing an opportunity for disabled people to contribute to the development of policy would not only draw attention to such inequalities as shown above, but also begin to challenge underlying attitudes that influence the direction of policy. This would, importantly, further the understanding of those involved in policy, provision and practice. For instance, we know very little about the experiences of international disabled students and as Soorenian (2006), who is currently researching the low number of international disabled students studying in the UK contends, to date there has been very little *concern* over international disabled students. There are likely to be issues of disclosure and these may be due to varying cultural views relating to what constitutes as a disability and also there may be fears

pertaining to stigma, prejudice and discrimination. However, it would seem that unless steps are taken to seek the views of disabled people it is unlikely that such inequalities will be addressed. In this study, I received only three questionnaires from international students and these were all exchange students with an unseen disability. When I interviewed the International Student Advisor (23/10/03) I was told that there were very few international disabled students at the University. Apart from the issue of disclosure and the difficulty of ascertaining the number of disabled students, there are factors which may deter disabled students from studying abroad. These may include anxiety over disability related support and potential vulnerability. As evidenced in the previous chapter, students at interview had indicated that a major factor in choice of University (dependent on age and impairment) was based on being near to family support. Thus, the process of consultation and participation by disabled students would potentially highlight to the University those policies and practices that work to exclude them. A further example relates to a meeting organised by the RUfBS in March 2002. At this meeting views were sought from blind and visually impaired students on the admission process (RUfBS Minutes: 13/03/02). Ten students attended the meeting and comments were favourable regarding information provided during the open day visits. However, the minutes also indicated that students felt these visits tended to be based on assessment, support and provision and, as a result, they lacked time to look around the campus. Disabled students did not appear to receive the same opportunities as non-disabled students. They would have welcomed the chance to have met with other students studying on the same courses and to have been able to discuss

both course related and general queries about life at the University. This suggests that disabled applicants were being treated differently with policy focusing on meeting the needs stemming from the student's impairment. Consequently, disability support was the focus of visit days, with students lacking the opportunity to investigate courses and departments, undermining the ideology of equality and inclusion. Such instances draw attention to the dominant medical/welfare response by the University in the application process and this has important implications for student equality and inclusion within higher education.

#### 7.6.2 Examination and Assessment Provision

Evaluation of examination and assessment provision provided the opportunity of following the progress of a working party, which had been established in 2002/03, to develop a policy for dealing with students with extenuating circumstances and/or special needs in relation to assessments and examinations. This underlined two issues: the first pertaining to how disability was perceived by the working group; and the second, the level of knowledge and understanding that the group had in relation to disability legislation. Each of these will potentially influence the direction of policy and impact on student experiences of equality and inclusion.

An indicator relating to how disability was largely perceived was evident in the language used by the working party. For example, the guidelines to be developed were in relation to '*students with extenuating circumstances and/or special needs*' and even though the policy initially appeared to be all encompassing with no specific reference to disability, by linking disability to

'special needs', this could potentially imply that disability is something other than normal requiring special treatment. Definitions are powerful, as Thompson (1998: 14) asserts, they have the power to transmit dominant values held within society. The term special needs, as Myers and Parker (1996) claim, is *'now perceived by many as simplistic, pejorative, and patronising'*. The concern over language was brought to the working party's attention, but the term 'special needs' remained in the final document.

Another indicator pertaining to how disability was generally viewed was observable in the terms of reference adopted by the working party, which were based on compensating the individual. Compensation is consistent with a medicalised view of disability in implementing policy to counter balance the effect of impairment. It fails to recognise disability in terms of a 'right' to an equalising of opportunity. This has important implications towards ensuring the inclusion of disabled students, as arguably whilst disability is considered in terms of compensation the policy response will focus on individual inability and incapacity. Those students interviewed who received examination support provided evidence that they were anxious that examination support was based on an equalising of opportunity.<sup>77</sup> This information was passed to the working party, but significantly the final document continued to represent a compensatory view. Ensuring that academic standards are maintained was obviously a priority of the working party and as part of this process all students are required to be assessed against an academic benchmark. However, in order to achieve equality of opportunity, flexibility is also needed in demonstrating this achievement. This

---

<sup>77</sup> Examined in the previous chapter with regard to student achievement.



was reflected in the DDA Part IV, which required HEIs to ensure that disabled students were not treated '*less favourably*' than other students and to implement '*reasonable adjustments*'.

In developing the guidelines the working party appeared unaware of legislative requirements. For instance, Principle A1 of the guidelines stipulated that '*it is the student's responsibility to inform the relevant Department/School of any disability or of any extenuating circumstances, which might require special provision*'. According to the Code of Practice (DRC 2002a: 5.13) it is not the student's responsibility to inform the Department, but that of the University. Once the student has informed any member of staff at the University then the HEI cannot claim it does not know. Arguably, the process for disabled students of informing individual members of staff can prove demeaning and disempowering. This was revealed at interview when students discussed this practice, as Carol commented:

There should be a way in which the onus is taken off the student to go round begging lecturers and informing individual lecturers of their problems. I don't like saying to people '*hey I'm brain damaged*', because then their whole perceptions and stuff [sic] (First Interview: 25/03/03).

This can be viewed as an oppressive practice, reinforcing the stigma experienced by disabled students. Hence, the need for legislation to ensure the responsibility of informing relevant staff (with the permission of the student) lies with the institution. This was brought to the attention of the working party, but the final policy document was not changed to reflect this, the argument being that until legislation had been tested in Court, the working party were not prepared to comply with the Code of Practice. This failure would seem to stem from how disability was perceived by the working

group as it corresponded to a needs led approach and not a rights focus. This also demonstrated the importance of securing the legal rights of disabled people in order to ensure compliance within institutions.<sup>78</sup>

A lack of flexibility by the working party was also observable in ensuring equality of opportunity was achieved for disabled students. This would also potentially impede legislative requirements. This was apparent in relation to guideline A6 which stated that students were unable to apply for retrospective adjustments:

Once the Disability Office has made an assessment and recommended compensatory measures, students in receipt of them may not be granted any further relief or aid in respect of this assessed need (L6965).

This was concerning as whilst discussing examination support with students at interview, there were occasions when original assessment recommendations proved inadequate and had to be adjusted. For instance, it was agreed that Lucy would dictate her examinations answers (as discussed at interview: 13/03/03). This was a new experience for Lucy and when she sat her first set of examinations she found that the time allocated was not sufficient to do this. Bill, Lucy's husband and interpreter, explained further:

It wasn't enough [time allocated], but they didn't know and in fairness, just took a blind kick at it, and Lucy took a blind kick at it, didn't you? But going back over it I think they've decided the next person who does it in similar circumstances may have 50% more time, because that's how it works [sic] (Interview 13/03/03).

In this instance, the staff from the Examination and Disability Office recognised that the time agreed was insufficient and additional time was allocated for future examinations. These type of situations were brought to

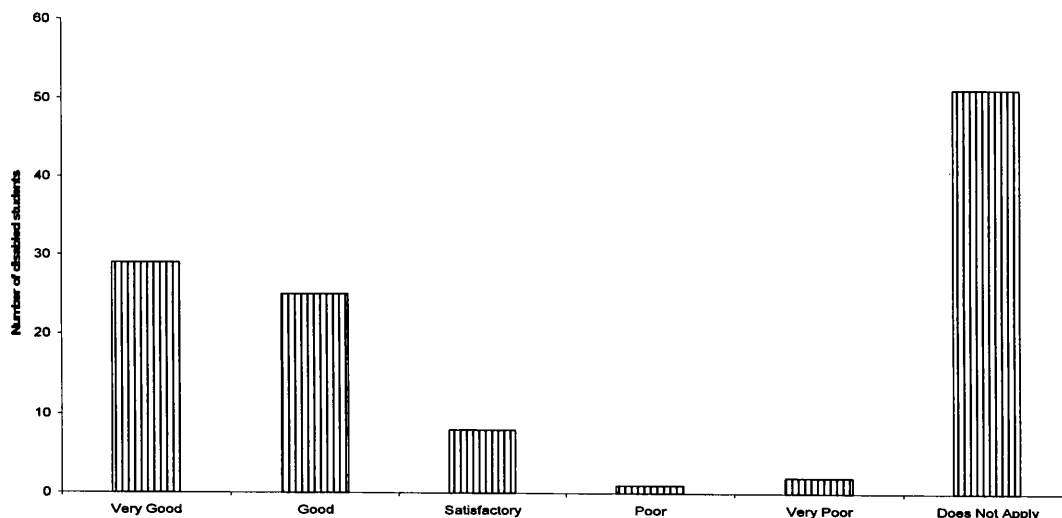
---

<sup>78</sup> As argued in chapter four, the importance of securing and ensuring legal accountability is central to achieving rights for disabled people.

the attention of the working party, but again the final document was not amended to include retrospective adjustment. Notably, the working party consisted of senior management and academic staff, with examination staff 'in attendance' and Student Union representation present. The decisions reached by the working group did not appear to reflect or incorporate the concerns of disabled students, even with representation made by examination staff and the Student Union on behalf of disabled students. This is an important issue, as arguably, if the views of those representing disabled students can be ignored and overridden, this raises the question as to whether the views of disabled students themselves would be valued if consultation did exist.

Somewhat surprisingly perhaps, despite the concerns regarding the way the working party perceived disability and the way in which the guidelines were meeting legislative requirements, the support students had received in the past from the examinations co-ordinating service was perceived by disabled students as consistently high (see Figure 7.B).

Figure 7.B: Students' View of Examination Support from Returned Questionnaires



Students at interview commented that they found the examination staff approachable and flexible in attitude. Students also discussed the way in which examination staff were prepared to listen to their anxieties, which were wide ranging and related to concerns such as using a scribe, computer equipment and software. Therefore, the approach of listening directly to student experience, arguably ensured that the most suitable support and provision was implemented and this is also likely to partly explain why disabled students rated examination provision to be consistently high. As discussed in chapter two, similar findings are evidenced in research examining consultation and participation. For instance, in Khoo et al's., (2004) study of service user involvement in postgraduate mental health education, the results were conclusive that in listening to user perspectives, an increased understanding and awareness could be achieved and existing practices challenged. These findings are importantly, also identifiable in the experiences of disabled students in this case study, revealing the value of consultation and participation in challenging inequality and exclusion. Notably, whilst the examination staff were willing to listen to student apprehensions, this was not evident in the policy developed by the Examinations Working Party. In order to achieve equality, as Young (1990) has asserted, the dominance of those in positions of power within decision-making processes needs to be challenged and as apparent in these examples, the failure to do so has led to a lack of equality and inclusion in the way policy developed.

In challenging oppressive policies and practices, the final part of this chapter considers the approach adopted by the RUfBS, which demonstrates

the way initiatives can work towards inclusion and equality for disabled students.

### 7.7 An Inclusive Approach

The purpose of the RUfBS is to provide material for blind and visually impaired students in a range of formats, which include audio recordings, Braille and large print. They also offered advice and support to both students and staff. The way in which staff adopted an inclusive approach within their work was noticeable in the time they spent meeting with students and supporting them with any issues that arose, as discussed by the RUfBS representative:

We know it's hard, we would be doing all kinds of things like helping people over the road, helping to get them to where they need, and being understanding, so if somebody comes and has a problem we'll listen or help and do what we can for them and we won't say '*look sorry but if you were to disappear we could get on with the Braille that you want*'. ...we realise there's no point in us just churning out Braille and tapes and being just a transcription centre. If the student can't get from A to B, or the student has major problems as well (Interview: 22/10/03).

Providing support could prove time consuming for the RUfBS staff, but it was recognised how essential this could be for students in terms of equality and inclusion. This was exemplified at the commencement of term for the academic year 2002/03, when no mobility training had been organised for first year visually impaired students, that meant that these students were unable to get to and from lectures or around campus. Two of the students I interviewed, Sue (02/06/03) and Lee (03/11/03), were affected by the lack of mobility training and they turned to the RUfBS staff who assisted them in getting to lectures, as Sue explained:

We had no training for a while, so we had real problems getting to lectures at the beginning of term. We didn't really have anybody to show us for a few weeks... the ladies in the [Resource Unit] are really nice and I kind of phoned them up at 9 o'clock in the morning saying will you take me to this lecture? (Sue Interview 02/06/03).

The staff listened to the students concerns and it was clear that they were prepared to assist students wherever they could. The importance of this example is to demonstrate the way in which the RUfBS listened and responded to student issues. However, this example also illustrated the consequences, which can stem when the University failing to implement provision aimed at securing the independence of students.

Close working relationships with academic departments had been developed by the RUfBS. This enabled the RUfBS to offer advice and disseminate models of good practice. In particular, the relationship established with those departments who nominated a disability co-ordinator had often proved effective with a greater awareness amongst staff as to their responsibilities.<sup>79</sup> In the past, the RUfBS had also been able to mediate on behalf of students with academic staff. Over half the students at interview provided evidence that academic staff were sometimes unwilling to listen to their concerns or issues, but for the four visually impaired and blind students who regularly used the services of the RUfBS, where the RUfBS intermediated academic staff responded positively. For instance Dawn highlighted the difficulties she encountered with one of her lecturers over a mix-up with coursework:

---

<sup>79</sup> The role of the disability co-ordinator is examined in the following chapter.

I approached this particular lecturer about getting some work for one of my essays and she replied '*oh yes I will send some text books over to the [Resource Unit]*'. A week had gone by and I asked the [Resource Unit] if they had had received anything from the lecturer and they hadn't. So I sent an email to this lecturer and said nothing had been sent over and she sent me a really stropy email back saying '*yes I have*' and for me to organise myself and sort myself out. I was really quite upset. So I said to the [Resource Unit] '*you just deal with it*'. So they did and this lecturer replied and said '*oh I am sorry it was this book*' (Interview: 20/03/03).

And as Sue felt at interview '*I think the lecturers listen to the [Resource Unit] a bit more than they do the students*' (02/06/03). The RUfBS recognised that talking about issues with academic staff could be a potentially difficult and even demeaning for the student involved and were prepared to assist, as argued by the RUfBS representative:

It depends on the department, it is hard for a student to be nagging a lecturer, please send your notes in advance. ...it's humiliating, it is much easier if an email comes from us saying that (Interview: 22/10/03).

Ideally, students should be able to approach academic staff and expect to be listened to. However, essentially, whilst disability is viewed as a welfare concern, the stigma associated with disability will persist and students will feel this embarrassment. Furthermore, with support largely perceived in terms of welfare, disabled students are likely to continue to lack power and the actions of staff are unlikely to change, reflecting the established '*hegemony*' (Femia 1988). As considered earlier in this chapter, an equality agenda within the University would have the potential to challenge dominant perceptions of disability based on care, concern and compensation.

The RUfBS were also active in seeking feedback from students and used questionnaires and meetings to do this. From returned questionnaires

staff established that students welcomed regular meetings with the RUfBS and thought it appropriate for Disability Office staff to attend. These meetings provided students with an opportunity to discuss policy, the quality of provision and any area of concern. Providing such an opportunity to share experiences increased the understanding of both RUfBS staff and disabled students and also fundamentally reduced the isolation experienced by the students. The inclusive policies adopted by the RUfBS demonstrate ways in which initiatives could be implemented across the University with the aim of achieving a greater level of equality. Yet, significantly, no process was in place to share such practices within the University.

#### 7.8 Summary

The University responded to legislative requirements, but this response was slow and met with minimal compliance and as discussed this largely reflected the position of other HEIs, together with business and industry. This emphasised the importance of ensuring comprehensive legislation towards achieving equality and inclusion for disabled people and this had been increasingly recognised by government during the period of research.

It could be argued, therefore, that as a consequence the University did not respond to disability as an equality issue, as they did with race, and this resulted in policy, provision and practice based in a welfare context of care, concern and compensation. This was exemplified in policies appertaining to widening participation, admissions, examinations, disability provision, consultation, feedback and complaints, which demonstrated that disabled students often lacked a voice. Such policies, I reasoned, were oppressive



policies with disabled students lacking power to influence the decisions that impacted on their experiences. Those in positions of authority, or holding positions of expertise, were able to dominate the decisions affecting disabled students with little power emanating from disabled students. Arguably, whilst this imbalance in power exists, disabled students will continue to lack equality and inclusion.

Whilst much of the evidence and examples provided supported these arguments, there were also indications that oppressive practices were being challenged with attempts being made to incorporate consultation, choice and control. Significantly, this impacted on the students' experience of independency, inclusion and equality. For instance, the example of policy, provision and practice stemming from the RUfBS provided the opportunity for disabled students to question and draw attention to those issues which they considered were important to them. Such a model presents the opportunity for the development of good practice within the University, challenging the inequalities and exclusion historically associated with the experiences of disabled students.

Having considered the University's approach in policy, provision and practice and the impact on equality and inclusion for disabled students, the next chapter focuses on the experience of disabled students in academic departments and how far these reflect equality and inclusion. Thereafter, chapter nine examines those factors that are likely to influence and impact on the feeling of inclusion by disabled students.

## Chapter Eight

### Academic Departmental Understanding

The previous chapter concluded that the way in which disability was perceived and generally understood at the case study University, within policy, provision and practice largely reflected that of a medical model discourse and a welfare approach of care, concern and compensation. Where policies incorporated consultation, this I claimed challenged inequality and oppressive practices. In this chapter, I evaluate academic department support, considering the ways in which University policy has influenced policy, provision and practice within academic departments (for example, the guidance, direction and information received regarding legislative and institutional requirements and compliance) and, central to this thesis, how far this has impacted and influenced the experiences of disabled students in achieving equality and inclusion. Important aims include assessing and analysing dominant approaches in academic department policy and provision, and how far these reflect a welfare or equality perspective; the impact stemming from such approaches relating to the dependency and independency experienced by disabled students; and consequently, on how far policy and provision reflect oppressive practices of care, concern and compensation or inclusive practices incorporating control, choice and consultation.

The first part of the chapter, therefore, examines academic department policy, provision and practice, analysing the importance of communications, dissemination of information, senior management support, guidance and

direction, and the knowledge and understanding of department staff. The evidence that is discussed begins to underline the differing responses within departments across the University and, as a consequence, the effect on the experiences of disabled students. This is followed, in the second part of the chapter, by a number of examples utilising the experiences of disabled students, relating to ways departments could facilitate inclusion based on consultation, control and choice.

Perceptions of disability within departments by both staff and disabled students and the potential barriers stemming from these values and views, are drawn upon in the final part of the chapter. Questions include how far disability is perceived in terms of equality by staff and students and how these beliefs shaped the experiences of disabled students. In light of these experiences, the benefits of sharing information and consultation are returned to, focusing on ways understanding within academic departments could be achieved.

The analysis is drawn mostly from the views of disabled students, expressed via the questionnaire and interviews, and six department disability co-ordinator interviews. Questionnaires were returned from students studying in 22 departments and students in ten departments were interviewed in order to reflect a range of experiences - for example lecture and laboratory based subjects and full time and part time study. Appendix 'M' provides a summary of data for each student and this identifies the department the student was located in and information relating to the student's impairment. Disability co-ordinators were based in 13 of the 33

departments.<sup>80</sup> Co-ordinators in six of these departments (17, 18, 23, 24, 25 and 27) were selected for interview and chosen to reflect a range of student experience, as highlighted in the student questionnaire and interviews. For example, reflecting subject areas, variations in teaching methods (lecture and laboratory work), full time and part time study, the level of support received by disabled students and the level of understanding by staff as perceived by disabled students. Whilst no student questionnaires were returned from Department 18, four of the students interviewed had completed, or were undertaking, elective modules within this Department and I was therefore able to draw upon their experiences. Appendix 'G' provides an analysis across all academic departments of student questionnaires returned, students interviewed and identifies those departments with appointed disability co-ordinators and those co-ordinators interviewed.

### 8.1 An Overview

In the University selected for the case study, disabled students were enrolled in 30 departments, with the proportion of disabled students averaging 4.24 per cent per department (see Appendix 'G'). The proportion of disabled students in those departments selected for further analysis (Departments 17, 18, 23, 25, 27 and 28) ranged from a low of three per cent to a high of 21 per cent of students. A high number of disabled students (44), representing a fifth of all students were enrolled on courses in Department 17. This Department had high inclusion rates for students with a range of

---

<sup>80</sup> The role of the co-ordinators varied and will be discussed in detail later in the chapter at 8.2 'Policy, Provision and Practice', but in brief they provided a point of contact for disabled students within the department and were often instrumental in the organisation of disability support within the department.

impairments, as detailed in Appendix 'H'. These were significantly high for impairment categories deaf/hearing impaired, wheelchair/mobility impaired, unseen disabilities, multiple disabilities and disability not listed. This Department recorded an exceptionally low level of students as dyslexic at less than five per cent, compared to the University's department average for dyslexia of 44.8 per cent of disabled students. All students in this Department studied part time and as previously noted, it is dyslexic students who are more likely to choose full time study compared with other categories of disabled students.<sup>81</sup> Departments 23, 25 and 27 also supported students with a range of impairments. Department 23, had 28 students recorded as disabled representing 6.42 per cent of their students, Department 25, 29 disabled students (6.11 per cent) and Department 27, 18 disabled students (3.26 per cent). Although Department 27 supported students across a wide range of impairments, its 3.26 per cent was the lowest proportion of students recorded as disabled when compared with the other departments analysed in this chapter. In contrast, almost all disabled students (over 90 per cent) in Department 24 were recorded as having dyslexia, an unseen disability, or a disability not listed. This compared with the University average of three quarters of disabled students in these categories. The remaining department selected for further study, Department 18, had almost three quarters of students recorded as dyslexic or with an unseen disability, with no students recorded as a disability not listed. These data are included in Appendix 'H', which details the percentage of disabled students by impairment category within the total number of students by academic department.

---

<sup>81</sup> Refer to the statistical analysis contained within chapter six at 6.5 'Mode of Study'.

Understanding the reasons behind such a divergence in inclusion rates are, consequently, important in identifying inclusive practices and as previously reasoned in chapter six a number of factors are likely to influence a greater or lesser concentration of disabled students within departments. These included, for example, the way courses are taught, department flexibility regarding assignments and assessments, mode of study and pre-conceptions of disability by both disabled students and academic tutors. Each of these issues are likely to be significantly influenced by overall University policy, if and where it exists, and either support an equality and rights agenda, or welfare and needs approach.

## 8.2 Policy, Provision and Practice

In this section I analyse communications, dissemination of information, support and guidance, level of knowledge and understanding, and legislative compliance within departments, as each of these areas will impact on the experience of inclusion and equality of disabled students. Furthermore, they illustrate the way in which the University was responding institutionally.

At the time of interviewing disability co-ordinators (academic year 2003/04), no formal policy existed within the University relating on whether departments should appoint disability co-ordinators or regarding their role. The lack of institutional direction, as this analysis will demonstrate, would as a result contribute to a disparity of support across academic departments, with some departments achieving greater equality and inclusion for disabled students than others. The benefit of department disability co-ordinators has

increasingly been recognised in England and Wales, with universities formalising the role within policy. In Wales all HEIs who returned the questionnaire as part of this study indicated that they were working towards implementing such a system.<sup>82</sup> In addition, in the previous chapter evidence stemming from the RUfBS had indicated that where disability co-ordinators were appointed, academic department policy and provision were often improved. The co-ordinator's role would, therefore, seem pivotal in the provision and practice of disability support.

It was apparent that where a named contact within departments existed this often increased the independence of disabled students, as once they were aware of whom to contact, they knew who to approach for advice and support. This was particularly important to the disabled students at the commencement of the first term. This period can be overwhelming for any undergraduate, but can be an exceptionally fraught time for disabled students. As Sophie recollected:

It was really daunting at the start of term in October, because I didn't know what was going on. I didn't know people to go and see, or where to go, trying to work out who was who, who I should tackle. It was really confusing (First Interview: 11/03/03).

The appointment of co-ordinators also assisted in the dissemination of information within departments. Without this provision, students found they were responsible for having to inform departmental staff about their disability and support required and as Carol discussed, she found this process '*degrading*' and '*humiliating*' (First Interview: 25/03/03). The DDA Part IV protects students from having to inform staff about their disability and support

---

<sup>82</sup> Detailed in chapter five at 5.3.1 'Disability Teams'

requirements and the Code of Practice (Post 16) clearly states that this is the duty of the HEI:

If the disabled person has told someone within the institution or services about his or her disability, then the responsible body may not be able to claim that it did not know (DRC 2002a: 5.13).

A supporting example (5.13A) is provided:

A student declares her disability on her application form. Once she is enrolled on a course she receives none of the support or adaptations that she needs. The tutor claims she does not know that the student is disabled. However, because the student has disclosed the disability, the institution cannot claim it does not know about it. The failure to offer support and adaptations is therefore likely to be unlawful (DRC 2002a: 5.13A).

This liability extends not only to the actions of individual members of staff, whether full time, part time or temporary, but also to the actions of agents or contractors, which may include visiting speakers (DRC 2002b: 4). The role of the disability co-ordinator can be seen as not only central to the experiences of disabled students, but also highly important in ensuring that staff are aware of their legal responsibilities. This will be returned to later in the chapter.

There were no institutional procedures to inform departments at the commencement of the academic year of those students who had enrolled in their department and who had declared a disability. Lists of disabled students were eventually produced later in the term, but were viewed as inaccurate by the disability co-ordinators interviewed. Copies of individual student disability assessments were forwarded from the Disability Office to academic departments and these assessments provided information pertaining to the required support to be implemented for the student. Due to lengthy delays in students receiving assessments, the six disability co-



ordinators who had been interviewed, all commented that they frequently did not receive this information until well into the student's second term. These assessments were seen as useful by the co-ordinators who were then able to provide relevant information to lecturers and ensure that departmental support structures were in place. There was also no institutional policy to inform departments of disabled students taking elective modules and this exacerbated the situation. Co-ordinators were aware of the problems arising from this lack of information and were, therefore, reliant on the students approaching the department: a practice not compliant with legislation. Dissemination of disabled student information within academic departments, is central to ensuring equality and inclusion for disabled students and reflected in legislation. However, it could be reasoned that whilst disability is mainly understood in the context of care, concern and compensation, that implementing such policy and provision would remain a low priority. In terms of power and oppression, as exemplified by Lukes' (1974) theoretical analysis, the response by the University would seem to be just and reflect the prevailing views held. Arguably, while the rights of disabled people are overridden then policy and provision will not be aimed at supporting independence and ensuring choice, control and consultation.

Disability provision supporting the concept of independence varied across departments and this was linked to the level of interest shown by the co-ordinator. With no formal institutional policy in place regarding the appointment of co-ordinators, those appointed were often selected as a result of other commitments that they had within the department, for example an involvement with admissions, responsibility for undergraduate studies and

attendance at certain committees. As a consequence, disability policy and provision would plausibly reflect the aspirations of each individual co-ordinator. This was particularly evident in Department 27, where the role and appointment evolved differently from these examples and stemmed from a direct discussion between a lecturer and one of her students in relation to the disparity of support across the Department. As the Co-ordinator explained:

We had a student who was partially sighted, and he said to me after a lecture, that I was the only lecturer who gave him copies of overheads used in lectures. I was quite taken back at that and I realised there was a need for someone to co-ordinate learning support for students with disabilities. So that's how it came about, it was that student telling me (Department 27 Interview: 28/10/03).

It was through listening to the experiences of this student that the inequality within the department was revealed. Therefore, providing disabled students with the opportunity to draw attention to such inequalities, would feasibly assist in the developing of policies supporting equality and inclusion.

No guidance had been produced by the University regarding whether co-ordinators should be academics or administrators. A list of disability co-ordinators by department for the academic year 2003/04 is provided in Appendix 'G'. Nine of the 13 departmental co-ordinators were academics and out of the six departments interviewed, one department had appointed an administrator. Whether co-ordinators were academics or administrators, both had potential advantages, according to students. The set-up in Department 23 worked particularly well for the students, with an academic appointed as Co-ordinator, closely supported by an administrator. The Co-ordinator was available to meet with students to talk about issues and also to liaise with staff, and the administrator ensured that recommended support was implemented. As Sophie explained to me, she had met with the

Department Co-ordinator twice, but it was the administrator who she met with on a more frequent basis and who guaranteed that overheads and support notes were emailed to her. The four students interviewed in this Department thought the support offered was well organised and staff approachable. A similar set-up existed in Department 24. Here, however, the Co-ordinator relied on an administrator to liaise with students and staff, and arrange departmental support. The two students I interviewed believed the support in the Department was unreliable and as Christine explained the support seemed less structured:

She would help out whenever I asked and there was never a quibble there, but I would have to go and ask. I had nothing forthcoming. ...I just felt they weren't supportive enough (Interview: 09/06/03).

I was able to discuss this with the Co-ordinator, who was also the Head of Department and his comments proved revealing in the way department staff were responding towards disabled students:

I think that when the staff of this Department are told that we have special need students amongst us, the majority of staff take that into account and do what they can to help. Now I wouldn't want to say everybody does, because you know what it is like, you always get some people who go their own sweet way and that's that (Department 24 Interview: 04/12/03).

In these instances, it would seem that underlying attitudes were influential in the implementation and effectiveness of provision and practice, whether the appointed co-ordinator was an academic or administrator. How far such complacency within departments will be accepted in future by University management remains to be seen.

It would seem plausible that appointing an academic to the role of disability co-ordinator would lend more authority to provision within the department, but this is also likely to be dependent upon how the role is

perceived by the appointee. For instance, the role of the Disability Co-ordinator in Departments 24 and 27 could be described as two extremes of a continuum of policy and provision. Furthermore, it is feasible that administrators appointed as disability co-ordinators would lack this level of authority in making recommendations within the department, although there was no supportive evidence of this happening.

The findings further revealed that the support in some departments worked better than others and appeared to reflect the weight attached to the importance of disability policy and provision within the department. This will also largely be shaped by overall University policy and provision. The Riddell et al., (2005) study also found evidence of a disparity of support across academic departments. The 48 student case studies examined as part of the Riddell et al., (ibid) research indicated that the limited changes in practice were largely a result of individual lecturers as opposed to institutional change. This evidence in relation to institutions in Scotland and England, together with the findings from this study at a Welsh HEI, clearly indicate that policy and practice remains inconsistent. At the case study University, concern over potential disparities between departments in their support for disabled students, was expressed by the Co-ordinator in Department 27, who commented:

The other thing I think is dangerous really, is that if there is not a proper network in supporting students with disabilities and learning difficulties, then it's arbitrary, a student in one department is going to get a much better deal than a student in another department and that's not right (Interview: 28/10/03).

This inconsistency of support was also reflected in the student questionnaire responses. The questionnaires indicated that 77 students (66.4%) did not receive any additional assistance from their subject department. Of those students who received some form of assistance from their main department, 12 (32.4%) found support to be very good, 15 (40.5%) good, 8 (21.6%) satisfactory and 2 (5.4%) poor. These results were further explored at interview. Seven of the students had indicated on the questionnaire that they received no additional departmental support, although it became clear that all seven students required additional support. It is probable, therefore, that a large proportion of the remaining 70 students who received no additional support would require some form of assistance and this is concerning. At interview only one student had indicated provision to be poor. However, the remaining students all discussed contrasting experiences between academic departments as evidenced in the discussion to follow below. These findings have significant implications for departmental disability policy and provision as it is plausible the failure to recognise the lack of provision will feasibly lead to a lack of inclusion and equality for disabled students.

Despite this disparity of support, nearly 70 per cent of the students who completed the questionnaire believed that academic staff understood their requirements and of these, 12 students (10.3%) indicated very well, 34 (29.3%) well, 35 (30.2%) satisfactory. Importantly 29 students (25%) claimed that the understanding of their requirements by academics was poor (20.7%) or very poor (4.3%). Dyslexic students were most likely to view support as poor, with 19 of the 46 dyslexic students indicating poor or very

poor. This may be due to how dyslexia is perceived by academic staff and within departments and how far dyslexia is understood in terms of disability. Significantly at the time of writing University guidance on dyslexia had still yet to be developed. Throughout this study the response towards dyslexic students and students with an unseen disability seemed to form a distinctive group. Similarly, dyslexic students or students with an unseen disability also viewed themselves as being different from students with a visible impairment.<sup>83</sup>

A selection of comments written on the questionnaires stemming from academic support and understanding, reiterated the worries students raised at interview. These included '*lack of communication*', '*assistance only from main department*', '*little staff contact*', '*didn't know help was available*', '*lack of support but improved with assertiveness*', '*having to inform each lecturer*', '*help promised/failed to materialise*', '*staff fail to remember*', '*lack of awareness*' and '*some departments/staff supportive others not*'. These issues, expressed by the students, highlight those areas instrumental in choice, control and consultation, which are largely influential on their experience of equality and inclusion.

Comments provided on the questionnaires also illustrated how the DDA Part IV could potentially be being breached. Legislative protection is now afforded across all activities within departments, for example, all aspects of teaching and learning, including lectures, laboratory work, practicals, field trips, work placements, examinations and assessments.                      Discrimination

---

<sup>83</sup> The importance of how disability is perceived by students will be returned to in the following chapter on student views at 9.2.1 'Student Representation'.

can take place by either treating a student '*less favourably*', or by failing to make '*reasonable adjustments*' when a disabled student is placed at a '*substantial disadvantage*' compared to other students. Therefore, the legislative knowledge within departments is important to ensure that disabled students are not discriminated against. Significantly, knowledge of the DDA by the co-ordinators varied considerably as no institutional policy had been implemented at the time of interviewing in 2003. However, the Co-ordinator in Department 27 had researched the legislation for herself and explained:

...because I've created this role, I try to keep on top of things, so I found out about it [DDA] myself. I wasn't told by anybody else about it, so in that sense I wasn't alerted to it by the University (Interview: 28/10/03).

The Co-ordinator in Department 17 had attended a training session and the Co-ordinator in Department 25 was aware of the legislation, but had received no guidance from the University. The Co-ordinator in Department 24 had received some information from colleagues at another University. The final two Departments 18 and 23, had not heard of the legislation. The Co-ordinator in Department 23, as he recalled, had been unable to attend training due to Departmental commitments, but he also viewed training as needless:

I think there was a Disability Officers' course a while ago, which probably covered that. I am also Chair of the Learning and Teaching Committee [department], QAA Officer, Disability Officer, first year Co-ordinator, I can't do everything. It was likely I was teaching the day of the seminar. ...As we tend to see it, I don't think in the Department we need a piece of legislation telling us what we need to do, we know what we need to do for the students. We are not only going to do something if it is written down in law or University regulations (Interview: 04/11/03).

Support provided in Department 23 had proved consistently high and this was also reflected in a QAA inspection at that time and, therefore, this would seem to support the Co-ordinator's view regarding training. However,

whilst it is important to recognise the often high level of commitment by co-ordinators, this does provide evidence of the dearth of legislative knowledge across academic departments. Furthermore, legislation now requires provision to move towards an equality agenda, central to the concept of inclusion, and the role of the co-ordinator is no longer solely about implementing support based on meeting students' 'needs', but reflecting the 'rights' of disabled students in challenging inequality and exclusion.

Knowledge of the DDA not only varied amongst co-ordinators, but also within departments. The Co-ordinator in Department 27, emailed her colleagues at the start of each academic year to remind them of their duties and to provide copies of relevant documentation. Department 17, had held extensive training with approximately 70 tutors attending. The staff in the final four departments appeared to have received no information relating to the legislation. As the Co-ordinator in Department 23 explained:

It would be my role to find out about it [DDA] and then disseminate the information, but as I said there is only so much I can do really and I would rather use my time liaising with the Disability Officer to make sure someone has got a laptop from their LEA rather than spend an afternoon listening to the legislation to be honest with you (Interview: 04/11/03).

Ensuring department personnel are aware of their legislative responsibilities, arguably rests with the University's senior management and not with the co-ordinators. The co-ordinators have voluntarily taken on these roles, in addition to their many other commitments, and seem to have received little information or guidance. As a consequence, departmental policy and provision across the University appeared to have resulted in ad hoc support. At the time of the research, as noted in relation to institutional



policies, the University appeared slow and largely complacent in its response to disability legislation. This suggested that disability policy and provision was not a priority with senior management, with disability continuing to be perceived in the context of care, concern and compensation as opposed to equality and inclusion.

Furthermore, achieving compliance with the DDA requires an understanding of what it means to treat a student '*less favourably*' or what a '*reasonable adjustment*' entails. These duties are anticipatory and departments are required by law to examine internal policies and core elements of courses, to ensure that no unnecessary barriers exist for disabled students. I asked the co-ordinators if any such review of departmental policies or core elements of courses had taken place within their departments. Department 27 had taken steps, as the Co-ordinator explained:

Absolutely, when I set the post up of Disability Officer in Department 27, I also set in motion a review of our provision for students. I am also on the Learning and Teaching Committee in the Department, which is purely coincidental, but it was very useful, because it meant that I could raise disability issues in the forum. And also we have annual away days and in 2001 I gave a presentation to all my colleagues at that away day, and we had a discussion about some existing policies that could disadvantage students (Department 27 Interview: 28/10/03).

As a result of these discussions proactive policy and provision within the Department developed, as the Co-ordinator exemplified:

For instance, we have one day exams where the students come in at 9 o'clock, pick up the questions that they haven't seen before, go away and then come back at five with their work, and we had a discussion about the fact that could disadvantage people with a number of different disabilities....we appreciate it is an anticipatory duty, so we don't wait until we've got a problem and then work out how to get around it. So we do plan ahead (Department 27 Interview: 28/10/03).

This Co-ordinator had a thorough understanding of the legislation and the Department's responsibilities. The impetus for assessing this provision, did not in fact stem from the impact or implementation of legislation, but once again from the lecturer's experience with the student who had initially approached her over the disparity of provision within the Department. It was from listening directly to these experiences, that the Co-ordinator began the process of evaluating Departmental policy and provision and, as argued by Tinklin et al., (2004), it is this listening process that enables inequalities within provision to be identified. Although the departmental review of provision was given impetus by the impending legislation, the Co-ordinator argued that she had expected a greater response by the University:

I did kind of expect more, I thought there would be a big bang really, a big bang approach before SENDA came into force, and so I've been surprised that doesn't appear to have happened (Department 27 Interview: 28/10/03).

No other department had undertaken such a review. Some departments had implemented some provision in response to the Quality Assurance Agency (QAA) code of practice for students with disabilities. This code requests institutions to consider implementing provision within teaching and learning strategies to ensure the inclusion of disabled students. These guidelines, were not enforceable and institutions were only requested to implement provision where reasonably possible. Consequently, the implementation of '*reasonable adjustments*' within departments was again ad hoc, with departments generally unaware of their legislative duty to comply with the Act.

Having examined the range of policy measures within academic departments for supporting disabled students, I now consider the type of inclusive practices that could be employed within departments in challenging the inequalities that can be experienced by disabled students.

### 8.3 Implementing Inclusive Practices

A number of examples, as highlighted by students at interview, are drawn upon when considering ways in which the adoption of inclusive practices within academic departments, could increase their experience of equality and inclusion. The areas raised by students related to lecture and seminar teaching practices, examinations and assessments, group work, field trips, work placements, studying abroad, disclosing a disability and confidentiality. From these examples, it is also apparent that by listening to students directly that the most appropriate adjustments, based on control and choice, can be implemented with a greater level of independence achieved.

Implementing inclusive practices does not mean that academic standards should be compromised, but it does mean, in relation to *'reasonable adjustments'*, that departments will be required to assess what is, or is not, a core element of a module and make suitable adjustments. Different adjustments may be appropriate for different types of learning or teaching. As part of this process, routinely reviewing such adjustments and flexibility in experimenting as to what works best is likely to provide the best solutions for disabled students. Furthermore, implementing adjustments for disabled students could be linked to the concept of how disability is perceived. For instance, if the dominant view is based on an individual's

inability or inadequacy, as opposed to recognising the barriers experienced by disabled people, it is probable that such *'reasonable adjustments'* would be understood in welfare terms of care, concern and compensation and perceived as compromising academic standards.

A high priority for those students interviewed related to adaptations in teaching practices. These adaptations included for example, lecturers facing the front when speaking and not wandering around the lecture room, ensuring they do not stand silhouetted against light, pacing delivery, allowing for breaks, reading out material when presenting visually, articulating diagrams, graphs and visual material, use of handouts in advance of lectures, providing these handouts online, allowing taping, and so forth. The students believed this type of support was spasmodic, with no consistency of provision being found across departments. Some individuals in some departments were very supportive, whilst other lecturers and other departments provided little or no support, as similarly evidenced in the Riddell et al., (2005) research in England and Scotland. This disparity in support was particularly noticeable in relation to handouts. Those students interviewed who required handouts, often had to make repeated requests to their lecturers and Carol and Sophie claimed they went a whole term in Department 18 without any support. Providing these handouts ahead of lectures was also important. For instance, Sue usually received her handouts after her lectures in Department 24 and felt increasingly frustrated because as she explained she was unable to *'follow the lecture at the same pace as everyone else'* (Interview: 02/06/03). Students, therefore, claimed that the willingness of lecturers to listen to them, about the support they

required and their personal preferences in how the support was delivered, proved the most ideal way of ensuring their inclusion in lectures.

The importance of approachability of staff, as well as ensuring opportunities exist for disabled students to discuss support within academic departments, is arguably significant in working towards an equality agenda. For example, the method adopted for passing course material or forwarding it to disabled students can be an important issue and the Co-ordinator in Department 27 was aware of the potential embarrassment students could feel when copies of handouts were presented in a lecture situation and commented:

I ask students whether they want them by email or hardcopy, most students say '*email*'. The other advantage of that is, that they have them in advance, so that deals with all sorts of issues if they have them electronically, so that's what we've been doing for years. I just ask students '*what's your preference?*' and most of them say '*email*'. At the start of a lecture there is at least 100 students, and a lecturer walks over, and is looking around for a student, sees them and marches over and goes '*there*', and everybody is looking at what that person gets [sic]. I mean you know it's mortifying (Interview: 28/10/03).

From this Co-ordinator's comments it is clear that the Department's provision was considering and responding directly to the student's views in providing material in advance, in a suitable format and in recognising the potential embarrassment to students. This was reiterated by the blind and visually impaired students who participated in this study, who revealed their embarrassment when lecturers approached them in front of their peers in relation to the provision of course material in alternative formats. This was even more evident when lecturers forgot or failed to organise material. As Christine explained:

It does draw attention to you because if a lecturer stands up and says 'oh I'm sorry [Christine], but I've forgotten your overheads in large print' well everybody hears it, so of course it draws attention. It would have been better if they hadn't said anything (Interview: 09/06/03).

A further adaptation or inclusive approach, within teaching practice, relates to the provision of support in the form of advance lecture notes. This had raised concerns amongst academic staff and was apparent in the interviews with the co-ordinators. Reservations were evident in relation to full lecture notes or supporting notes and included maintaining academic standards as the Co-ordinator in Department 25 expressed:

What I would be reluctant to do, and some [disabled students] have asked, is to give lecture notes. Personally, I am dead against that, some of my tutors put them on the web, but that has created a problem. ...The problem with putting lecture notes on the web is that students learn them off by heart and nothing else (Co-ordinator Interview: 30/03/03).

However, Christine received advanced copies of full lecture notes in her Department (28) and explained at interview that she '*hardly used them for the essays, [I] just used them for the lectures. To follow them properly*' (09/06/03). In Christine's case the lecture notes enabled her to follow the lecture, participate and feel included. Such flexibility in approach, as Preece (1995) reasoned, is about ensuring equal opportunities for disabled students, without which the student would be substantially disadvantaged.

A further issue for staff was whether the provision of supporting lecture notes would deter students from attending lectures, as arguably why would students need to attend. This has been particularly noticeable with the increased use of *Blackboard* (support for all students via the intranet), with lecturers reporting a decrease in lecture attendance at the University. However, this was not supported by the data stemming from the disabled

students interviewed in this study. This was because students recognised the importance of attending lectures in ensuring that they were able to do well. The lecture notes enabled them to concentrate on the lecture, as opposed to worrying about the quality of their notetaker's notes or whether tape recorders or other equipment were working. In this study, those students who received advance lecture notes were less anxious over whether they were going to be able to manage during a lecture and felt more confident and able to concentrate when attending lectures.

In Stephen's Department (32) all students, whether disabled or non-disabled, regularly received copies of course notes, as he explained '*they tend to be provided, to be honest, it's something not just dyslexics that need help with their course notes [sic], almost all modules in the faculty have either notes available to download, or distribute notes*' (Interview: 20/03/03). In some ways this reduces the stigma associated with the provision of additional support as Christine claimed:

If I'm honest, I felt a lot of students thought I was making a fuss over nothing, because I look ok, they thought that maybe I was asking for special treatment. Why does she need lectures in large print? Why is she having her notes on disk? You know I felt a lot of people were resentful of those notes. ...If everybody had had them there would have been no quibble. Because I did feel guilty myself having them (Interview: 09/06/03).

Arguably, providing supporting notes not only benefits disabled students, but benefits all students, as they can be used to aid attention and motivate students to add personalised information. Advance notes could potentially help all students prepare ahead, assist in lecture discussions and alleviate anxiety. However, Furedi (2005) provided a compelling argument in the Times Higher Education Supplement that handing out notes in fact

creates a dependency on the lecturer, deadens any motivation in the students to find things out for themselves or to actually listen to what is said in lectures and can act as a disincentive for students to attend lectures. The handing out of lecture notes is, for this reason, viewed by Furedi as '*an easy ride*' for students. I would reason that the supplying of lecture notes is not about '*an easy ride*', but about enabling increased participation within lectures for all students, reducing stigma between students and working towards greater equality and inclusion.

The use of tape recorders in lectures is also often considered as a '*reasonable adjustment*', but was also a significant matter of controversy at the University. Students had found that in some instances lecturers were unwilling to allow them to tape lectures. I questioned this with the coordinators who all said that their departments supported students using tape recorders, although in some departments they recognised that not all lecturers would agree to students taping. Some lecturers had raised their uncertainty over copyright issues. The National Association of Teachers in Further and Higher Education (NATFHE), whilst acknowledging the issue regarding intellectual property rights of academic staff, also recognised that in order for their members to comply with Part IV of the DDA, tape recording of lectures ought to be permitted. NATFHE in partnership with the DRC and *Skill*, therefore, suggest that the student is advised of the following:

If you need to record oral lectures you should note that the content of an oral lecture remains the property of the lecturer delivering it. If taping a lecture, the tape must be used only for your own personal study; you should not reproduce it or pass it on to anyone else other than for transcription purposes. (NATFHE/DRC/*Skill*: 2006)



NATFHE was predominant in the new universities. At the case study University the main lecturers' association during the research period was the Association of University Teachers (AUT).<sup>84</sup> Similar directions were issued from the AUT (2006) and in their guidelines for compliance with Part IV of the DDA, lecturers were advised to encourage disabled students to make tape recordings of lectures and seminars, if required. However, it would seem from the students' experiences and the comments of the co-ordinators that not all lecturers followed the recommended guidelines. It may well be that in some cases lecturers may not be aware of the guidelines or of the legislative requirements. This example does, notably, illustrate the lack of control disabled students have over their day to day experiences and the importance of ensuring that opportunities exist for them to provide feedback to their departments and University management.

*'Reasonable adjustments'* may also be required for students in relation to assignments and assessments. Whilst no overall review of core course criteria had taken place in five of the six departments, all departments responded to recommendations sent by the Disability Office. Support towards disabled students in Departments 17, 18, 23, 25 and 27, appeared to be very high. In Department 27 the Co-ordinator had regularly evaluated adjustments and had, as previously noted, reviewed with colleagues potential practices that could disadvantage disabled students. Although the remaining departments had not undertaken such a review, each of these departments worked closely with students to ensure the most appropriate support. For

---

<sup>84</sup> The AUT joined with NATFHE to form the University and College Union (UCU) on 1st June 2006

instance, in Department 23, Tom's lecturer approached him to discuss examination support. Tom, as a first year undergraduate, had felt anxious about dictating all his examination answers and had been contemplating whether he should attempt to write some of them. He was able to talk this through with his lecturer, who suggested that Tom might like to consider submitting two essays instead of sitting the examination. A further example related to James, when he was studying as an undergraduate in Department 25. He was approached by his lecturers, who suggested alternatives to examinations. James had found it difficult in his first year to sit examinations as he required numerous breaks. It was agreed as an alternative that James could receive an essay question a week in advance, prepare a 20 minute presentation to be given to two lecturers, followed by a 40 minute question and answer session. In these cases, direct discussions with the students ensured that the most suitable adjustments were implemented and ensured equality of opportunity for the students.

Inclusive practices in other areas were also important for students, for example group work, field trips, work placements and studying abroad. Studying abroad was relevant to four students I interviewed and I will, therefore, concentrate on this area as an example. Department 23 offered students the opportunity of studying abroad for one year and, according to the Co-ordinator, the Department had not encountered any difficulties in finding placements to meet student requirements. Of the four disabled students interviewed in this Department, three intended to participate in the year studying abroad. The fourth student had concerns over her health and decided against it. Whilst three students were keen to participate, they did

have numerous and wide ranging uncertainties that the Co-ordinator and staff appeared to be unaware of. These included, for instance, whether sufficient support would be provided at the partner institution, appointment of personal assistants, physical access issues, accommodation, travelling, transporting equipment and the management of their Disabled Students' Allowance (DSA). The students felt they lacked information from their Department, Disability Office and their Local Education Authority. In line with the DDA, departments participating in exchange programmes would need to address these types of concern. This does exemplify the need for greater communication between those providing and implementing disability support, together with incorporating the views of disabled students. The failure to do so as in this case, highlights the additional anxieties experienced by disabled students, above those of non-disabled students.

The final area to be examined in this section relates to students declaring a disability and student confidentiality. In some instances, lecturers may not always be aware when a disabled student attends a lecture or seminar. This is because not all students declare a disability and where students do declare this may be subject to confidentiality by the Disability Office. Alternatively, it could be argued, that in implementing inclusive practices within the teaching structure that many disabling barriers could be eliminated and staff would not need to know if a disabled student was in attendance. For example, when using a whiteboard the lecturer reads out what has been written. Students believed that it was unnecessary for all lecturers and staff to be informed of their disability and had reservations over disclosure and confidentiality. Furthermore, students believed departments

could implement policy to support confidentiality and Carol argued this in relation to receiving handouts:

I would like people to know on a need to know basis. ...There must be a way that this information can be centralised by the secretary or somebody and then it is their job to make sure these notes are there for you. Without even the lecturer having to know who you are. There should be anonymity involved (Second Interview: 24/09/03).

Simon felt the same and commented how he disliked the University sending a copy of his whole assessment to departments, as this information was personal to him and should remain confidential. He thought that a summary sheet of actual student requirements would be more appropriate and prove more beneficial to departments. Respecting the opinions of students in relation to confidentiality is important and is reflected in legislation.

Evaluation of practices and compliance with legislation across academic departments suggests that some improvement is being made in the provision of support for disabled students. This improvement is varied with some departments excelling and others not doing so well, which clearly supports the need for greater involvement by senior management in the guidance and information provided to departments. Arguably, with the implementation of the DED, senior management will be under increased pressure to provide such information. In addition, how willing senior management and academic staff are in moving towards an equality agenda and recognising disability as a consequence of institutional, organisational and attitudinal barriers remains to be seen. Whilst raising such concerns, evidence has demonstrated that in many cases where disabled students had found academic staff approachable and willing to listen, this has resulted in the most suitable support being implemented, which increased the student's

participation, reduced stigma and resulted in a greater level of equality and inclusion. The views of the students provide an insight into how the most appropriate department policy and provision can be developed to achieve a greater level of inclusion. Albeit closely linked to this development of support were often the preconceptions of both lecturers and students themselves towards disability and in the next section, I closely examine these views and the potential barriers in relation to inclusiveness.

#### 8.4 The Meaning of Disability

It was apparent throughout many of the interviews that the disability coordinators and disabled students had preconceived ideas relating to the meaning of disability, which manifested in the experiences of students within departments. This final section explores these perceptions and considers how departments and students can begin to challenge dominant beliefs in order to achieve greater inclusiveness for disabled students.

Disability seemed to be generally understood of in welfare terms of care, concern and compensation amongst staff. For instance, '*reasonable adjustments*' were seen as resulting from the need to overcome individual student problems and not as a result of the likely inequality stemming from department policy and provision. This was also clearly evident in the recent study by Riddell et al., (2005) which similarly concluded that staff were reluctant to move away from focusing on disability in terms of individual impairment, as opposed to focusing on '*reasonable adjustments*'. This, the authors claimed (Riddell et al., 2005: 112), reflected '*the tensions inherent in the current policy environment which sees disability as located within a*

*student welfare discourse, with some limited attempts to increase the responsibility of academic departments'*. This was also apparent at the case study University. Therefore, importantly the findings from Riddell et al., (ibid) and the case study institution concur and clearly demonstrate that the lack of institutional policy in challenging inequality and promoting disabled students' rights, had meant that disability had tended to reflect individual staff views as to the meaning of disability.

The above views were evident in the staff interviews. For example, the Co-ordinator in Department 24 had extensive experience in the area of brain injury and rehabilitation and his attitude seemed to reflect that largely associated with compensating the individual. This was reflected in a situation the Co-ordinator cited, whereby a third year undergraduate had been unable to access a particular lecture room. Instead of considering approaching the Estates Department to discuss changing the lecture room so that the student could partake in the lectures, the Co-ordinator provided the student with video recordings of the lectures. Whilst recognising that the changing of lecture rooms can cause difficulties for departments, as they are reliant on timetabling and allocation of rooms by the Estates Department, this lecturer did not seem to appreciate or recognise the exclusion that the disabled student was being subjected to. I would argue that such a response was not one based on equality or inclusion, but on compensating the individual. The response of the Co-ordinator in Department 24 can be compared with a different approach in Department 27 where the Co-ordinator more fully recognised the importance of equality and inclusion within Departmental policy and provision. This was observable in her discussions:

I think there has got to be a shift from disability being seen as some kind of like vaguely sordid kind of [pause], there are so many connotations about weakness and shame [pause] and irritation, that there are these people who make demands, instead of having needs, they are seen as people who make demands. ...I mean it's just the image really, I just wish that the progression from disability being seen in a negative way, to a realisation that this is about basic respect, and equality, and I think it is really important for that perception to really move on (Department 27 Interview: 28/10/03).

Nearly all the students interviewed (21) viewed disability in terms of a welfare approach of care, concern and compensation, although in most instances they recognised that by implementing a change in policy and practice this often led to disabling barriers being removed and greater inclusion achieved. A level playing field was essential to the students, with achievement based on merit, but views conflicted on how this could be achieved. Five students disliked adjustments being put into place as they wanted to be treated the same as any other student and the remaining students recognised that without these adjustments they would be unfairly disadvantaged.

Disabled students also revealed how they felt self-conscious in lectures and seminars and where they could, often concealed their disability from other students. For example, Rachel, a second year dyslexic student, felt so self-conscious in lectures that she did not use the tape recorder or laptop supplied through her Disabled Students' Allowance (DSA). As she pointed out:

I did try in my first year, I tried to tape one, but I was so aware because I could here the whirling noise of it [recorder], and it was so quiet. I thought people might look round at me and then halfway through the lecture it kind of clicked and I had to turn the tape over. I was so paranoid after that I couldn't use it again. ...in [Department 26] no-one uses a laptop, so I thought it would look so obvious, I even got a palm top at one stage, but I still felt

too obvious with that. I don't like drawing attention to it [disability]  
(Interview: 25/03/03).

Sophie also felt embarrassed using equipment and raised this in relation to comments she received from another student in a seminar:

Someone said "*oh your that girl that's really noisy sitting there typing*", "*yes*" I went, "*oh alright, ok*", I was so embarrassed. I do think some people find it quite off putting and I've had a few scowls from people. I try to get there really early so people can see I have got a laptop and then if they've got any sense they can move. ... I do get embarrassed 'cos of people saying [sic] (First Interview: 11/03/03).

Disability was largely perceived by the students as something to be embarrassed or ashamed of, to be hidden, and a barrier to fitting in with not only other students, but in being accepted by lecturers. As claimed for instance by Oliver (1990, 1996) Barnes (1991) and Drake (1999), historically disability has largely been understood in terms of abnormality, causing embarrassment and, subsequently, leading to exclusion.

One of the students interviewed (Carol) had attended University prior to being disabled and was able to compare her past experience with her present situation. In the past, as a non-disabled student, she thought her relationships with lecturers had been more equal than as a disabled student. Additionally, Carol felt as a disabled student she had to continually prove her ability. As Carol explained:

I feel when you are a disabled student you have to prove to them that you are actually able, more if you understand. It's horrible. The relationship with the tutors was more on an equal standing, whereas as soon as you raise with them that you have a disability, well I then feel I am put in a position where I have to kind of say "*look, you know, but I'm kind of, I'm safe*". It's kind of that power discrepancy, it's the way in which you are viewed and of course the way you view yourself, but more as to how you handle the disability, and your ability is now determined by your disability. You're not on an equal footing with other students. It's kind of "*oh well we'll give you notes, but it's a big favour and we are going out of our way, and you should be able to, you shouldn't be here if you can't*". It's that kind of thing, that kind of attitude (First Interview: 25/03/03).



Although these opinions are based on the experiences of one student, it does support the accounts of inequality described by other disabled students in their interactions with lecturers, suggesting that disability is largely perceived in terms of care, concern and compensation. These findings were also evident in the research by Preece (1995: 93) who provides examples of the negative aspect of course experience as a result of staff attitudes, with one of her respondents commenting on the need to constantly have *'to convince people I was equal'*. Thus, the experiences of students at the case study were not isolated incidents and moreover, demonstrate that dominant views and values of disability within institutions continue to persist.

There also appeared to be a lack of understanding by lecturers, according to 16 of the students interviewed. In the recent Riddell et al., (2005) study the authors similarly found that lecturers largely lacked an understanding and awareness of the circumstances of disabled students and this they asserted was due to the focus in policy and provision on welfare support. At the case study in six instances this lack of understanding was accepted by the students. As Tony told me, *"I don't expect them to understand it, because it is only a small proportion of people with dyslexia any way"* (Interview: 18/03/03). Arguably this reflects the power imbalance between disabled students and staff and for Tony it would appear that he accepted the dominant views held. However, not all students accepted the lack of understanding and found it undermining as exemplified by Emma:

When I think, you know Professors in the Department, were really rude about it [depression], really unhelpful. I went in and explained that I needed an extension, and he said "why", so I said I was suffering from depression and I had just been to the doctor's. I had to do all this while there was another student in the office the entire time. At the time I was so upset, I didn't care, but looking back I can't believe it. One of our friends has got ME [Myalgic Encephalomyelitis] and she's in his tutorial group and he actually went on about her illness in front of the tutorial group. ...I still feel quite angry about it. I want them to know, so that if this happened in the future, they would realise that they weren't good enough last time (Interview: 17/03/03).

Emma mentions how a lecturer talked about a friend's disability in front of other students and this had also happened to Dawn, as a first year undergraduate, during a lecture with over 200 students present. The experience for Dawn had been humiliating and degrading. Even though unacceptable, insensitive practices within higher education are likely to be a fairly general problem which affects all students, this further underlines the need to address oppressive practices that can be experienced by all students, whether disabled or non-disabled.

Closely linked to insensitivity and lack of understanding was the inappropriate use of language. During my discussions with a senior member of the Disability Office it was suggested that the issues surrounding the use of language would be perceived by departments as *'nitpicking over political correctness'* (Interview: 18/11/03). This, I would contend, is not about political correctness, but about those in positions of power and influence being able to determine the words that are used to portray meaning. This has implications in relation to equality and inclusion as Swain et al., (2003: 11) assert:

As badges of identity the names we are given, or the names we give ourselves, have a powerful influence in shaping our understanding of who we are, where we have come from and where we belong. Designations like 'man/woman', 'black/white', 'old/young', 'Catholic/Protestant', 'gay/straight', 'working class/middle class' are labels by which we come to identify ourselves. They can evoke feelings of superiority or inferiority or be marks of inclusion or exclusion, humiliation or pride. Fundamentally they are reflections of the way in which society is organized and the positions we hold within in.

Consequently, in accordance with Lukes' (1974) theoretical analysis of power, the way society is organised and the positions we hold within it appear to be preordained and natural. Such an analysis is reflected in the work of Fowler et al., (1974) in the use of language, who contend:

A major function of sociolinguistic mechanisms is to play a part in the control of members of subordinate groups by members of dominant groups. This control is effected... by the creation of an apparently 'natural world' in which inequitable relations and processes are presented as given and inevitable. Power differentials provide the underlying semantic for the systems of ideas encoded in language structure (Fowler et al., 1979: 2, quoted in Manning 1985: 6).

Thus, the dominant medical view of disability would be seen as natural, and in this study for example, the language used by five of the six disability co-ordinators reflected such a stance. Co-ordinators referred to impairments as '*problems*' and students were viewed as '*suffering*' from a disability. This reinforced the individualisation of disability with the individual being at fault. Challenging these terms and promoting a positive language would arguably reduce the inadequacy, or the lack of ability, associated with disability and increase inclusiveness. As Thompson (1998: 67) asserted, language maintains discrimination, inequality and oppression.

The Co-ordinator in Department 25 expressed her uncertainty as to the language she should use when talking about disability issues. It would seem feasible that in creating an opportunity for staff and students to openly

discuss the appropriate use of language, this could work to reduce exclusion and promote inclusion. Through listening to students and in providing opportunities for feedback, it is likely that a greater understanding and sensitivity, and a more inclusive environment within departments, could be achieved. Significantly, no specific system for feedback on disability issues existed within the departments. Disability issues could be raised in the student and staff consultative committees, by the elected student representatives, but this would mean disabled students would be reliant on other students understanding their concerns and being able to discuss them on their behalf. As previously concluded, such reliance can mean the focus reflects the values and beliefs of the representative. Whilst such arguments could be used across a range of designations, for instance undergraduate /postgraduate, male/female, old/young and black/white, the importance of recognising the need for representation across diverse groups is central in achieving increased equality and inclusion within departments.

Concerns were raised in the previous chapter that none of the students who were interviewed were involved in these committees and two reasons were offered by the students, as to possibly why. The first related to how students thought non-disabled students perceived them<sup>85</sup> and how they viewed students elected to such committees. This was discussed in relation to Emma who had been keen to represent students on the student and staff consultative committee, as she felt she would be able to provide an insight into the barriers encountered by disabled students, which other students and

---

<sup>85</sup> Fitting in and making friends with other students was often difficult and this is considered further in the next chapter at 9.1.3 'Making Friends at University' and 9.14 'Socialising'.

staff would be unaware of. The second reason related to the amount of free time disabled students had, which was often limited due to the additional pressures experienced by students.<sup>86</sup>

Other studies have also provided evidence as to the lack of feedback from disabled students.<sup>87</sup> Whilst the lack of feedback by disabled students was also apparent at the case study University there were examples of good practice within two departments. Students based in Departments 23 and 25 reported that they were able to raise issues with the Disability Co-ordinator. James in particular, who was now a postgraduate student in Department 25, had felt, as an undergraduate in the Department, that his opinions had been regularly sought and respected. Not only being able to provide feedback, but having opinions listened to was crucial to students and in Department 27 it was clear that students' views were paramount. This meant that students had a greater choice and control over issues that affected them within the Department as the Co-ordinator outlined:

I think it's important for students to feel that they are in control. And I think it is really important to communicate between students and lecturers... The first thing I do is to ask the student what are your needs? What can we do? What would help? And, what would not help? (Department 27 Interview: 28/10/03).

Of the disabled students interviewed, 19 believed they had little opportunity to provide input into the issues that directly affected them and that their views were frequently ignored. Whilst this could be argued as a

---

<sup>86</sup> The additional pressures experienced by disabled students were not only evident in this study, but also in research by Magnus (2006) and Riddell et al (2005) and discussed in relation to 'Mode of Study' in chapter six at 6.5.

<sup>87</sup> Referred to in the previous chapter at 7.4 in relation to institutional policies for student feedback (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Hall and Healey 2004; Riddell et al., 2005).

common experience for all students, it is notable that for disabled students it often took a third person to step in to intervene on their behalf. For instance both Sue and Dawn explained that lecturers would often fail to listen to them directly, but would listen to the staff at the RUfBS.<sup>88</sup> However, in Department 27, the Co-ordinator suggested it would be constructive for disabled students in the Department to meet and share their experiences with each other. This was reinforced by the comments of students who had discussed with me the feeling of isolation. This had been one of the reasons why students had completed the disability questionnaire for this research, as they wanted to meet someone to talk to about disability issues. Arguably, identifying and sharing good practice provides the opportunity to challenge inequality and exclusion experienced by disabled students within departments.<sup>89</sup> Furthermore, it would empower the students to have a greater control in the issues that affect them. Such empowerment opens up opportunities to challenge dominant perceptions that are held, which according to Lukes' (1974) theory, appear natural. Without such discussion, the isolation felt by some disabled students could mean that the oppression experienced remains unrecognised. As discussed by Gaventa (1980) the subordinate group fail to recognise inequality and oppression and become 'quiescent', accepting or even actively supporting the values and beliefs of a dominant group and, as arguably, apparent for instance in relation to disabled students choosing 'appropriate' courses of study.<sup>90</sup>

---

<sup>88</sup> Evidenced at 7.7 with regard to the support provided through the Resource Unit for Blind Students

<sup>89</sup> Exemplified in the discussion at 7.7 'An Inclusive Approach'.

<sup>90</sup> Discussed in chapter six at 6.4 'Subject of Study'.

Students who felt isolated were unlikely to pursue disability issues with their departments. Carol worried that by having to repeatedly approach her Department they would perceive her as a *'paranoid disabled person'* (Second Interview: 24/09/03). At the time of interview, she was despondent and accepting the failure of provision of recommended support. Carol had submitted a complaint to the University, but had not received a response despite sending numerous follow-up emails. The amount of time required to do this, together with the anxiety incurred, was encroaching on the time she needed to concentrate on her studies. Although Carol was frustrated, she felt that she could no longer challenge the system. Other students (20) provided similar accounts and for Sophie the situation was comparable. I interviewed Sophie in her first year, when she was going through the process of approaching lecturers to obtain support in elective modules, and then again in her second year to find out whether she had been able to secure this support. She told me the assistance did not materialise and that eventually she had stopped seeking support from lecturers. These examples are congruent with the theories of Gramsci (Femia 1988), Lukes (1974) and Gaventa (1980). This is because firstly, it is not likely to be in the interests of those in positions of power to relinquish power in questioning their own potential failures in the system; secondly, in these examples, those who were able to respond to student requests seem to have largely overridden or ignored student requirements in the provision of support or complaints made; and thirdly, whilst the students themselves initially recognised inequalities, eventually it appeared that students began to accept their situation as unchangeable. Importantly, until the lack of power encountered by disabled

students is recognised and confronted, students will continue to lack control, choice and consultation: the very factors that impact on their experience of equality and inclusion within higher education.

I was, as a result of the above, interested to know whether departments had witnessed an increase in student complaints or had noticed a difference in student attitudes since the implementation of the DDA Part IV. Most departments commented that generally all students seemed to be more aware of their rights, but that they had not noticed a particular awareness amongst disabled students. As with the co-ordinators, the students I interviewed were largely unaware of the legislation and the protection this afforded. This is concerning, as even with the implementation of legislation inequality and oppression continues to exist. However, arguably, as awareness of disability legislative develops, disabled people will become more aware of their legal rights.<sup>91</sup>

The students who raised their concerns with me over lack of support in their departments often only spoke to their lecturer and then either gave up in trying to obtain support, or referred the situation to the Disability Office. Of the complaints discussed, those that had contacted the Disability Office were either advised that the Disability Office could not intervene, or that if they did intervene it would be unlikely that they would be able to provide much help. This similarly supported the theories of Gramsci (Femia 1988), Lukes (1974) and Gaventa (1980) with students giving up trying to obtain support, accepting their situation as predetermined and their views being overridden

---

<sup>91</sup> To be returned to in the next chapter when the views of students are considered as to how far legislation could combat discrimination and achieve greater inclusion within higher education.



by staff. Initially, not all students gave up trying to obtain support. In 16 cases, students actively sought their right to support, but in 15 of these instances the constant confrontation proved largely futile.

As discussed above, it would appear that a medical discourse and welfare approach predominantly existed in the actions and attitudes of staff and disabled students within academic departments. Whilst disabled students recognised ways in which policy and provision could change to reflect a more inclusive environment, their views remained largely unheard. Where students questioned policy and provision and made complaints, they maintained these were often disregarded and even ignored. This led to some students giving up their pursuit for change and accepting their situation as unchangeable. Each of these issues are concerned with power relationships and the oppression and inequality experienced by disabled students. The theoretical discussions of Gramsci (Femia 1988), Lukes (1974) and Gaventa (1980) are reflected in varying degrees in the experiences of the students in this study. For instance, the failure to respond to students' concerns and the eventual acceptance by students in perceiving their circumstances as unchangeable. As previously argued in chapter two for example, by Young (1990), Oliver (1990) and Beresford and Croft (1989, 1993), the process of consultation is fundamental in challenging the dominant views held within institutional practice in order to achieve equality and inclusion.

## 8.5 Summary

The dominant welfare approach in the institution's policies (as concluded in chapter seven) were also evident within academic department policies and practices, reflecting the values and beliefs of staff. The lack of institutional guidance in relation to the implementation of disability policy and provision had resulted in an ad hoc response by departments. This, together with the lack of training and information, meant that the knowledge and understanding of departments in respect of legislative requirements varied considerably. As a result, departments at the time of interviewing, were largely unaware as to what it meant to comply with the legislation and as to what '*reasonable adjustments*' entailed.

I previously reasoned that it is only by challenging the dominant institutional culture that practices throughout organisational structures can change. Part of the process involves consultation and participation with those directly affected by these policies and practices, and who can then begin to confront dominant values and perceptions, as asserted by Oliver (1990) and Beresford and Croft (1989, 1993). I suggested, for instance, in relation to the use of language, that where open discussions between disabled students and staff could take place this had the potential to reduce negativity and promote inclusiveness. Examples were also provided, within this chapter, of where student views had had some bearing on the department's response and where the outcomes had resulted in greater inclusion and equality for students. Nonetheless there were cases where students had struggled to raise concerns and failed, which had led them to

eventually accepting their situation as unchangeable.<sup>92</sup> This closely reflected Lukes' three dimensional analysis of power where the oppressed accept their position as unalterable.

Relinquishing power is not, as Gramsci (Femia 1988) and Gaventa (1980) claimed, in the interest of powerful groups and this was apparent in the response by the University and departments towards disabled students. An example of this was evident in the implementation of *'reasonable adjustments'* and on how these were perceived. If disability is understood as an individual inadequacy requiring compensation, then *'reasonable adjustments'* will be understood in terms of compromising academic standards and, as a consequence, disabled people will lack power and equality. Throughout this chapter, it has been clear that disabled students lacked power and, as an example, I refer back to the situation where students had to negotiate with each of their lecturers for handouts. A disempowering process where some students felt they had to 'beg' for support. Where notes were provided, some students claimed that this was often viewed by lecturers in terms of compensation.

In the next chapter, I focus on student experience, exploring a range of factors that are likely to impact on their feeling of equality and inclusion. These initially relate to the influence of the past on their present day experiences, addressing issues of independency, confidence and self-esteem. The second part of the chapter considers student views in relation

---

<sup>92</sup> Perceiving a situation as unchangeable is likely to be influenced by the student's past experience, for example at school or college, and this will be considered in the next chapter.

to consultation and participation, representation and the effectiveness of legislation.

## **Chapter Nine**

### **Student Experience**

The impact stemming from disability policy and provision in relation to equality and inclusion for disabled students within academic departments was focused on in the previous chapter. This was mainly influenced by the overall University policy and, as a consequence, the experiences of disabled students generally lacked equality and inclusion. This, I reasoned, was primarily because disability was not understood in the same terms as other disadvantaged or oppressed groups (Oliver 1990, 1996; Barnes 1991; Leicester and Lovell 1994; Drake 1999). As a result, disabled students largely lacked power to challenge or change policy and practice and the outcome for students proved disempowering. As previously argued, and in the context of the recently amended Disability Discrimination Act (2005), the process of including the voice of disabled people within policy and practice is now recognised as central in working towards inclusion and equality.

As evidenced in chapter six, the number of disabled students getting into higher education has increased in recent years and are now being included in that quantitative sense. However, as the thesis has illustrated, this does not necessarily mean that the higher education environment is a fully inclusive environment. This chapter examines further factors that are likely to influence the experience of inclusion by disabled students within higher education. Two important issues are addressed: firstly, the influence of the past on the present experiences of disabled students and how this may impact on inclusion, for example in relation to independence, confidence and

self-esteem; secondly, the representation of disabled students within the case study and how this is likely to influence their experience of equality and inclusion.

In the first part of the chapter, I consider the transition by disabled students into higher education and the importance of gaining independence. The transition to university is a challenging process for most students, which involves new experiences and opportunities. Whilst the transition may be viewed as daunting to some students, it is most likely as Fisher and Hood (1987) consider, to be regarded as a positive experience. Notably, however, for some groups of students this transition is more than a challenging hurdle and could be perceived as McInnes et al., (1995) assert, as a leap into the unknown. It was, therefore, important to examine the transition for disabled students and ascertain the factors that might influence their experience of inclusion.

Closely linked to this transition, is the experience of gaining independence. For disabled students this is not an easy process, as probably for many this will be the first time that they have experienced the responsibility of managing and organising disability support and personal care. Thus, gaining independence is arguably a central and crucial step for disabled students to take in the process of achieving inclusion.

I also explore the way in which past experiences have influenced the present experiences of disabled students. The past affects levels of independence, self-reliance and the confidence of disabled students as evidenced by Hirst and Baldwin (1994) and each of these may affect the day-

to-day experiences of disabled students in higher education. I concentrate on previous educational experience and explore a range of student views. This is particularly relevant in the context of current debates relating to the influence of mainstream and special schooling on inclusive practices. In addition, the social experiences of students at university are considered and how far their experiences bear out the view that the exclusion of disabled people is often widespread and frequent (Hirst and Baldwin 1994; Cole-Hamilton and Vale 2000; RNIB 2000). These discussions provide an insight on how we can move away from these feelings of exclusion towards a more inclusive approach.

The second part of the chapter evaluates disability representation in the context of achieving inclusion. The views of students are examined in relation to contributing to disability policy and provision and the reluctance of some students to participate in these processes in relation to (i) disability identity and potential stigma and (ii) the genuineness and effectiveness of consultation as reasoned by Arnstein (1969). The benefits of participating in a disability forum or society are also explored in relation to sharing experience, providing support and in strengthening the interests of a disadvantaged group.

At the time of the research, disabled students were reliant on the Student Union (SU) to represent them as a group within University structures. As considered in earlier chapters and as argued both in this study, and by academics, for example Drake (1992, 1996a, 1996b) and Oliver (1990), this is likely to have implications in relation to the priorities and views voiced by

those representing disabled people. Importantly, the way in which the SU perceived disability and how this affected representation during this time will be evaluated particularly in relation to achieving inclusion and equality.

Finally, the views of disabled students were sought on the effectiveness of disability legislation and whether they thought that legislation would be able to combat discrimination and create greater inclusion within higher education. The way in which disabled students interpret the meaning of disability and discrimination and how far this is in terms of meeting needs or achieving rights is also drawn upon as this also has important implications for this study.

Importantly, many of the findings in this chapter are supported by other research. Most of the research is pre-legislative and this clearly suggests that little has changed in the experiences of disabled people. Where recent studies in higher education have been referred to, these again demonstrate that change is slow or even non-existent. Importantly, this supporting data strengthens the findings of this study demonstrating that the inequality and exclusion experienced by disabled students were not isolated incidents. Therefore, the concerns raised and expressed by students participating in this study were not unrepresentative of other disabled peoples' experiences. For instance, other studies referred to, such as Hirst and Baldwin (1994), Ghate and Daniels (1997), Cole-Hamilton and Vale (2000) and Polat et al. (2001) provide evidence concerning the barriers encountered in growing up disabled and these were plainly observable in the experiences of disabled students studying at the case study institution.



I therefore begin, by considering the influence of past experiences on the present day experiences of disabled students, examining the transition of disabled students to higher education, together with the important issue of gaining independence, followed by an evaluation of previous educational experiences and the development of friendships and social participation. Following this first section, I then focus on student views in relation to disability representation and the effectiveness of legislation.

## 9.1 The Past and the Present

### 9.1.1. Transitions to Higher Education and Gaining Independence

Moving away from home and living independently is an integral part of the higher education experience for many students, whether disabled or non-disabled. This is often the first time for many students to experience moving away from home and the transition can be a stressful time. Studies have examined the stress associated with the transition to higher education for all students (for example Fisher and Hood 1987; Fisher 1994; Haggis and Pouget 2002; Audin et al., 2003; Lowe and Cook 2003; Macaro and Wingate 2004; and Gencoz and Or 2006). In Lowe and Cook's (2003) study the authors provided evidence that related to the personal problems and difficulties in the early months at university, which included homesickness, the degree of family support and level of confidence. Notably these problems were more widely expected than experienced, with over a third of all students less affected than had anticipated. However, we know very little about the experience of disabled students and how comparable these experiences are

with that of their non-disabled peers. In chapter six, I presented data highlighting the importance of family and parental involvement in relation to student achievement (Parson et al., 1982; Epstein 1987, 1991; Fehremann et al., 1987; Keith 1991; Christenson et al., 1992; Smith and Hausafus 1998; Fan and Chen 2001; Schmidt and Padilla 2003) and this support would also seem central in the aspirations, expectations and attitudes of young disabled people as they start and settle into higher education.

Although I did not directly discuss the transitional process into higher education with the students participating in this study, in examining the students' relationships with family and support, it was clear that for some students gaining independence was often more difficult due to their experience of disability. Data stemming from a study by Hirst and Baldwin (1994), which examined the experiences of young people growing up, provides supportive findings that between 30 and 40 per cent of young disabled people had a greater difficulty than non-disabled people in attaining independence. This was linked to the level of responsibility, autonomy, and engaging in activities that prepare young people for living and working independently.

Gaining independence was an important issue to many of the students interviewed in this study. Central to this was often the relationship between disabled students and their parents and family, which was complex and, consequently, influenced the level of independence achieved by students. However, the importance of becoming independent was recognised by all the students interviewed: to become independent was arguably about finding a

place where they began to 'fit in' and feel included in their own right. In a recent small scale study of managing disability and the early experiences of ten disabled students studying at an English University, Goode (2007) similarly found evidence that disabled students acknowledged the importance of achieving independence from family. The students in my own study sought the independence of moving away from home, but at the same time also recognised that they needed to be near to parents and family in case they required additional support.<sup>93</sup>

For students participating in the case study research, knowing when to rely on parents and family was also a key issue. For example, this was illustrated by James, a mobility impaired student reliant on personal assistant support. During his first year of study James fell and broke his arm. Following the fall, James telephoned his mother who immediately wanted to be with him at the University, as James recalled:

*She said 'I'm coming up to look after you, your volunteers can't look after you' and I said 'no stay there ...if I need you, I'll call, but give us a chance to cope first' (First Interview: 13/03/03).*

James considered that this was a significant point in gaining his independence at University. He also felt that it was pivotal in the development of his relationship with his personal assistants, as they recognised the trust he had placed in them.

Parents and family played an important role in the life of the students interviewed, but students also expressed the importance of developing their independence. For instance, this was reflected in the reluctance by students

---

<sup>93</sup> Previously discussed in chapter five at 5.2.2, in relation to the importance of university location.

to involve parents when encountering difficulties within the University. Sophie illustrated this in relation to the long delays she had experienced with the Disability Office. Although Sophie's parents had suggested that they could intervene on her behalf, Sophie was concerned that she should try to resolve the issues herself. Sophie also had concerns that their intervention might exacerbate the situation:

I think they [parents] were frustrated for me, there was nothing they could do and it was '*do you want us to phone them?*' but what could they do?, You know it's not really going to help, it might frustrate them [Disability Office] that I have got my parents on the case [sic] (First Interview: 11/03/03).

Eventually, Sophie made an official complaint against the Disability Office and continued to manage the process independently, but sought advice from her family where necessary.

The reluctance by students to involve parents and family was not only linked to students seeking independence, but as Natalie believed also to students trying to protect parents and family from the difficulties they were encountering within higher education:

They [disabled students] won't complain to their parents, they don't want their parents worrying about things, they are not going to their parents for support, they are not mentioning it to them, they don't want them to be upset (Interview: 12/03/03).

When all else failed, some disabled students did ask their parents and family to intervene. Natalie explained how reluctant she had been to accept the intervention of family, but eventually agreed for her mother-in-law to speak to her Head of School regarding her examination marks. Natalie, a dyslexic student, had been unable to complete multiple choice examination papers, but when she discussed this with her department they did not agree that she would be unfairly disadvantaged completing these examinations. Following

the telephone conversation with her mother-in-law it was agreed that Natalie should have a reader for her examinations. Natalie's situation illustrates the importance of listening to students directly. Arguably, if a lack of understanding surrounds disability, the views of the students may be viewed as inferior and their cases might, therefore, require the intervention of family members. As considered in chapter two, the lack of power as theorised by Lukes (1974), Gaventa (1980) and Gramsci (Femia 1988), historically associated with disability as asserted by Finkelstein (1993), Oliver (1990, 1996), Barnes (1991) and Drake (1999), has led to the inequalities experienced by disabled people and the lack of inclusion within society. The intervention of family members exemplifies the lack of voice and power which can be experienced by some disabled students. At the same time it is important to recognise that other disabled students may be able to satisfactorily resolve situations, but this is likely to reflect on how willing staff are to listen, negotiate and respond to the student's views. This is further support for the discussion in the previous chapter in relation to the importance of staff training and guidance from within the institution.

Not all disabled students were able to gain independence from their family and this is also likely to be applicable to some non-disabled students. However, for disabled students in this study, dependence in many instances was linked to disability, with students reliant on family support in areas such as personal care, assistance at University, travel and finance. In a study by Parker (1999) of personal assistance for disabled students in higher education, Parker contends that personal assistance through family or friends, as opposed to paid professionals, is often not the most appropriate

support when disabled students are moving towards independence. Whilst the students in Parker's study (1999: 493) argue that family are often more '*flexible*', '*comforting*', '*supportive*', do things '*automatically*' and '*cheaper*' than professional assistance, it was also recognised that family may feel '*obliged*' to provide such support. In addition, two revealing comments in relation to gaining independence were made by Raisa and Freda in Parker's (1999: 493) study:

When I pay I am in control (Raisa).

It punches a hole in your independence really, if mum and dad go out I have to wait for them to get back before I go to bed. It inhibits me from making mistakes and from doing things in general, nobody means it to – it just does (Freda).

The reliance on family and friends is, consequently, likely to impact on the level of independence and confidence experienced by the student.

### 9.1.2 Previous Educational Experience

There has been much debate on whether disabled children should attend mainstream or special schooling. Baroness Warnock, the Chair of the Royal Commission on Special Educational Needs (Warnock: 1978), is often perceived as the architect of the current special educational needs system, which advocates for the integration of disabled children within mainstream settings. Debate continues and more recently, Baroness Warnock (BBC 2005; Warnock 2005) has attacked the principle of inclusive education, asserting that it has largely failed statemented children. Warnock now suggests that a system of special schools offering support to children across a wider range of special needs would be more appropriate and achieve

greater inclusion for young disabled people. As Warnock recently argued concerning government policy:

Governments must come to recognise that, even if inclusion is an ideal for society in general, it may not always be an ideal for school (Warnock 2005: 38).

This has important implications for this study as arguably previous educational experiences are likely to influence present day experiences and impact on the student's transition and inclusion within the higher education sector.

The student questionnaire indicated that just over a third of students believed their previous educational experiences had affected their outlook on University provision as detailed in Table 9.A.

Table 9.A: Previous Educational Experience: whether it affected the current outlook of the student (by impairment category)

Impairment/Disability	Affected Outlook			Total
	No	Yes	No Response	
Dyslexia	25	17	4	46
Blind/visually impaired	4	1	0	5
Deaf/hearing impaired	5	1	0	6
Wheelchair/mobility difficulties	4	2	0	6
Mental health difficulties	0	5	0	5
Unseen disability	19	1	0	20
Multiple disabilities	9	9	0	18
Disability not listed	5	5	0	10
Total	71	41	4	116

These results may initially seem rather surprising, as the reader may well have anticipated that the majority of disabled students would consider that previous educational experiences were likely to impact on their current outlook on education. Significantly, students with an 'unseen disability' were least likely to indicate that previous educational experience had affected their outlook and it is feasible that for this group of students they encountered fewer barriers than students within other impairment categories. This was

evident, for example, when students discussed their past experiences in relation to support, independence, self-esteem and developing friendships.<sup>94</sup> These findings are similarly supported in the study undertaken by Hirst and Baldwin (1994). The authors examined the experiences of over 400 young disabled people as part of the OPCS surveys in 1987 and found significant correlations in the experiences of disabled young people and severity of impairment, for example in relation to leaving home and living independently, obtaining employment, financial independence, personal control, personal self-esteem, friendships and social participation. Although this research may be viewed as outdated, significantly 20 years later, the inequality and exclusion experienced by disabled young people based on the type and severity of impairment also appeared to be evident in my own study. This clearly suggests that policy and provision has largely failed to address these inequalities within policy and provision.

A range of both positive and negative responses were provided on the questionnaire in relation to previous educational experience, with 27 students adding further comments. These comments were wide ranging. The schools and colleges they had attended were described, at one end of the spectrum, as being '*very supportive*' and '*close-knit*', and at the other end, as providing '*little support*' and '*lack of opportunities*'. Where students provided additional comments most were largely negative in relation to their previous educational experience. Previous educational experiences will be varied and affect students in different ways, whether non-disabled or disabled. Research by Polat et. al., (2001) revealed that for disabled students these experiences will

---

<sup>94</sup> To be addressed further within 9.1.2 and 9.1.3.



also differ as a result of the individual's disability. Furthermore, the authors argue that a divergence exists based on the experiences of those disabled children who have attended mainstream settings and those who attended special schools. Therefore, as part of this study, it was also important to consider how far Polat et al's., (2001) findings were reflected in the experiences of students participating in the case study and the potential effect on the inclusion experienced by disabled students. Although the experiences of students interviewed were varied and difficult to generalise from, the student perspective offered an invaluable insight in evaluating the likely impact of previous educational experience on inclusion within higher education.

I interviewed two visually impaired students, Sue and Christine, both of whom had attended mainstream schooling. Both students described how they struggled at school with little support and provided examples such as accessing material and being reliant on others to read material. For instance, Sue commented on her questionnaire *'I had many problems accessing materials in formats I could read'*. Christine went on to describe the hopelessness she felt at secondary school and in some ways from her comments she ultimately accepted her situation as unchangeable:

...I didn't get my education when I was at school. I didn't get it. I didn't get the support at secondary school that I would have liked. At primary I did, but not secondary. I was an A\* pupil in primary, top of the class. As soon as I got to comprehensive I went down fast. Lost the will (Interview: 09/06/03).

Another student, Marcie, had been the first mobility impaired student at her mainstream school and she too struggled as there were very few adaptations within the school buildings, including no lifts. Timetabling of rooms

exacerbated the situation, as she often had to travel from one side of the school building to the other between her classes.

Importantly, whilst each of these students considered that they often struggled in a mainstream setting, these students also felt that it was during this time that they learnt to be independent and self-reliant. For example, Christine believed that she became very independent, far more she argued, than other school children. Dawn and James also expressed this at interview, arguing that attending mainstream had taught them to be self-reliant and to 'fight' to be treated equally.

I always went to a normal, inverted commas, educational environment. I was always with able-bodied people. I have a very strong outlook educationally being allowed to go to normal schools and integration I think has helped me. University was a big shock, don't get me wrong, but it wasn't that big a shock because I was used to interacting with able-bodied, in an able-bodied environment. ...I was really heavily discriminated against in my secondary school. ...You have to be prepared to fight if necessary to get where you want. You have to be self-reliant (James Interview: 13/03/03).

The feelings of the students were mixed. On the one hand they thought they had become more self-reliant and independent, but on the other they recognised that their experiences at school had often left them with low levels of confidence. The importance of these findings is also supported by Hirst and Baldwin (1994: 55) whose research on 'growing up disabled' found lower levels of self-esteem amongst disabled young people: out of a self-esteem score of 10, disabled children attending mainstream schooling left with a 7.5 score, compared to non-disabled children of 8.5. Nevertheless, despite the mixture of feelings and the lack of opportunities revealed by the students in the case study research, the belief was evident that in attending a

mainstream setting this had provided them with the skills required to 'fit in' to an 'able-bodied' world.

Three students, Anita, Stephen and Lee, indicated that they had attended special educational schools. Anita, who has Aspergers Syndrome, had agreed on the questionnaire to further contact, but had unfortunately failed to leave contact details and I was unable to examine her experiences further. She did, however, comment on the questionnaire that she felt specialist schools only benefited the 'very' disabled. Stephen and Lee, on the other hand, both described at interview, how they found specialist schooling beneficial and had received a high level of academic support. Stephen had attended specialist dyslexia schools for the final year of primary education and first year of secondary education, before re-entering mainstream schooling. He explained to me that during this time, his reading ability had vastly improved:

I went from practically being unable to read, to being, [sic] the first book I read entirely myself was 'Lord of the Rings'. So I went from off the scale at one end, to off the scale at the other (Interview: 20/03/03).

Lee, had attended a school for blind and visually impaired students at Worcester and had spent his entire schooling within special education. The school was well known for its educational achievements, as confirmed by the examination results for 2003 (NCW 2004). In this year the school's performance came top of the list of GCSE value-added schools with a score of 131.7, compared to 113.5 at the top mainstream school. Over 70 per cent of the students at Worcester, gained 5 or more A\* to C grades and over 75 per cent of the students achieved A\* to C grades.

These results for a special school are unusually high. Data published by the DfES (Area 6P; quoted in DEE 2004) for 2002 highlighted the low level of passes for GCSE and GNV in special schools with over 60 per cent of disabled students leaving with no passes. This compared with five per cent of disabled students leaving mainstream education with no passes. Although Lee and Stephen found their special schools academically supportive, it is unlikely that many disabled students attending special schooling succeed to higher education. Moreover, whilst Lee had received high levels of academic support and encouragement, the segregation experienced would later impact on his transition into higher education:

...it was a great school [New College Worcester] in the academic sense of the word, but like all those kind of institutions it was very insular, and like I had never met, before I came here, it sounds really bad, but I'd never met any sighted person my own age [sic]. So I came here and had to get used to people's different reactions and I didn't know how to combat them (Interview: 03/11/03).

During Lee's first year he spent the majority of his time alone in his room. His lack of confidence was also compounded by the lack of mobility training, which left him dependent on someone else to escort him around campus. Lee became very isolated and lonely and during this time attempted suicide. Lee suspended his studies in 2002/03, but at the time of interviewing (November 2003) had returned to University and was repeating the year. He had become much more confident, settled in to University life and had begun to develop friendships with other students. Lee's case was individual, and in Goode's (2007) research a one off example is also provided of a student who attended specialised schooling, but who in this instance on entering the University system had high levels of confidence and ability in approaching academic, administrative and disability support staff. Therefore,

it is difficult to draw any firm conclusions, but I would argue that Lee's circumstances demonstrate the potential transitional difficulties for students who come from a background of specialised schooling.

At a recent conference, Richard Rieser (2006) the Director of Disability Equality in Education, in a seminar considering the challenge of developing inclusive education, commented that we know very little about the psychological effects on young people leaving special schools and colleges. However, we do know from recent research (Collins and Paykel, 2000; Hamilton and Schweitzer 2000) that a high proportion of all university students have thought about suicide and a high percentage have attempted suicide. Although, according to a study of Cambridge University students between 1970 and 1996 (Collins and Paykel, 2000), first year undergraduates were at a relatively low risk of suicide, and a further study of Oxford University students investigating suicide (Hawton et al., 1995a 1995b) during the period 1976 and 1990, revealed that most attempts were due to interpersonal problems largely resulting from difficulties with partners, followed by academic concerns. How comparable the experiences of disabled students are with those of their non-disabled peers is beyond the scope of this study. Hence, recognising the psychological impact stemming from previous educational experience remains important to the future inclusion experienced by disabled students.

Previous educational experience and the opportunity to develop friendships, also seemed to influence the experiences of disabled students participating in this study. At interview, students recollected their friendships

at school with other children. Again, these varied, but it was clear that the barrier of disability did hinder inclusion and this finding was also evident in Hirst and Baldwin's study (1994: 82), where one in ten of disabled young people related their difficulties in making friends due to disability. This was also linked to severity of disability with friendships of severely disabled young people more limited than those whose disability was less severe. At the case study University, Justine explained the difficulties she had in making friends at school, as this she felt was a result of always being accompanied by a reader to all classes:

It was a bit of a pain having someone with me all of the time. It was hard to make friends (interview: 13/03/03).

Alternatively, for Marcie, a mobility impaired student, her situation was different at school, as although Marcie was also accompanied by a classroom assistant she had still managed to develop good friendships. In addition, she found that having an assistant meant she did not have to rely on her friends for support:

I think I was quite lucky in that I had a good group of friends from primary school, so we all went to secondary school together, and they were really good about helping me if I needed it, and because I had the classroom assistant there I didn't have to rely on them that much (Interview: 14/03/03).

The difference between the two experiences seemed to stem from the class room situation. Marcie had been able to work independently of her assistant during class time and sit with friends. Justine, however, had to sit with her assistant during the lessons. Similarly, in higher education Justine, Dawn and Christine, discussed the difficulty of making friends with other students in lectures, as they were accompanied by personal assistant support. These findings were supported by earlier research stemming from

Parker's (1999) study. Parker (1999) provided evidence of ways in which the role of the personal assistant influenced the relationship between disabled and non-disabled students. For example, non-disabled students viewed the personal assistant and disabled student as a 'pair' and not as individuals. In the following section the relationship between disabled and non-disabled students will be explored further, but importantly the data so far indicate that the past experiences of making friends appeared to influence present experiences. Marcie who had developed good friendships during primary and secondary school was quite confident in developing friendships in higher education, commenting '*I'm quite sort of chatty, quite open, I can make friends quite easily*' (Interview: 14/03/03). For Lee, he initially felt insecure making friends with non-disabled students, because he had never had non-disabled friends before (Interview: 03/11/03).

It is likely that a significant difference exists between disabled students who attended mainstream and specialised schools in the development of friendships within higher education. Research by Polat et al., (2001) claimed that whilst young disabled people experienced difficulties in developing friendships at both mainstream and special schools, those children who attended special schools spent few or no evenings during the week or at weekends with their friends. In addition, the authors found that children attending segregated schools rarely had non-disabled friends. This primarily will result in feelings of isolation, loneliness, social helplessness and self worthlessness as argued by Hirst and Baldwin (1994), more so than non-disabled students. Such findings begin to explain some of the reasons for the lack of inclusion experienced by disabled students within the higher

education system and the importance that can be attached in developing inclusive policy.

### 9.1.3 Making Friends at University

Making friends at university is central to the higher education experience for all students. However, we know from previous research that disabled young people find it difficult to develop friendships. For example, Hirst and Baldwin (1994: 54) suggested that almost 50 per cent of disabled young people feel uneasy meeting new people of their own age. This compared to 30 per cent of non-disabled young people. The authors assert that this is likely to reflect the levels of self-confidence and self-worth felt by the respondents. In developing friendships, the authors (Hirst and Baldwin 1994: 81-83) revealed that 35 per cent of disabled children compared with 20 per cent of non-disabled children found it difficult. Disabled children (57 per cent) were also less likely to have a satisfactory network of friends when compared with non-disabled children (74 per cent). Other research has presented similar findings, for instance the RNIB's (Royal National Institute for the Blind) Shaping the Future (Cole-Hamilton and Vale 2000: 56) research project found, when comparing the NSPCC (National Society for the Prevention of Cruelty to Children) survey (Ghate and Daniels 1997) with the experiences of blind and partially sighted children and young people, that one in three students wished they had more friends to talk to compared with one in ten in the NSPCC survey. It was, therefore, important in this study to explore the friendships developed by disabled students and to consider how far these influenced their experience of equality and inclusion.



At interview a quarter of the students participating in this study expressed the feeling that non-disabled students did not want to include them, as Dawn explained:

You never get any of the other students coming to say hello or anything, or we are going for coffee, do you fancy coming. ...and you try, I had a seminar and I tried to make conversation with the person next to me, but you can tell either by the way they are talking to you or the tone of their voice, they don't really know what to say (Interview: 20/03/03).

The attitude of non-disabled students towards disabled students is likely to reflect those held within the institution and wider society, with disabled students viewed predominantly in terms of care, compensation and sympathy. This is supported by the Barnardo's study (Ash et al., 1997) of the attitudes of non-disabled students at three colleges of further education, towards the inclusion of disabled students. The researchers (Ash et al., 1997: 611) found that the attitudes of most students were rooted in the medical model of disability and contended that *'the focus was, broadly, on the perceived deficits of the individual and what compensations might be needed to counteract their effects'*.

The reaction of non-disabled students at the case study University are also arguably influenced by their own past experiences. I did not interview non-disabled students, but as with disabled students, it is possible that students who have never had the opportunity of sharing a classroom or socialising with disabled people may feel an awkwardness. This was supported by the Ash et al., (1997) data where almost two-thirds of the non-disabled students did not have any disabled friends. The researchers found that some students ascribed their discomfort to the lack of contact with disabled children when growing up, with some students describing a range of

experiences reflecting ignorance, embarrassment, guilt and confusion. Greater inclusion, therefore, potentially provides the opportunity to break down these barriers as Lee, in the case study research, reasoned:

I had problems last year, but people on my floor knew I had problems, but couldn't really identify, you know, to them I sit here and talk about mobility training, and they are like 'err, what's that?' So it's difficult. I'm lucky this year, because I've got a really good floor, they are really nice people, and if they don't understand they will try their best to understand [sic] (Interview: 03/11/03).

Similarly, when discussing with Marcie the general level of understanding towards disability, she argued that her friends had become increasingly aware of the potential barriers disabled people faced as a result of their friendship:

'cos I think most of the time it's just they are not aware that there is a problem. I know my friends until they were friends with me, wouldn't have necessarily noticed there were steps to get in somewhere, and that there isn't wheelchair access and it is things like that [sic] (Interview: 14/03/03).

In these two instances, greater inclusion began to be achieved through the process of developing friendships. Through the sharing of experience, it is possible, that an understanding between disabled and non-disabled students could begin to be achieved. As with the mutual sharing of experience between service users and service providers, as discussed in chapter two (see for example, Felton and Stickley 2004; Khoo et al., 2004; Molyneux and Irvine 2004; Humphreys 2005), the barriers traditionally associated with disability such as inability and inadequacy become challenged. In this instance, the peers of disabled students are likely to begin to understand and recognise a range of barriers faced by their disabled friends during their day to day experiences, whether attitudinal, environmental or institutional. For example, Marcie's friends recognising that

her inability to get into a building did not stem from her impairment, but from the way the building and access had been designed.

It is difficult to ascertain from the data how many of the students in this study formed a satisfactory network of non-disabled friends, that is at least two or three close friends. However, where disabled students talked about friendships with non-disabled students it was significantly notable that disabled students found their friends to be supportive, both practically and emotionally. It was their friends who often stepped in, when all else failed, and helped with a range of support, including taking lecture notes, reading material, finding books in the library and lending equipment. Without these friendships, students often felt that the difficulties they faced seemed insurmountable. Whilst recognising that relying on friends does not support the concept of student independence, it does provide evidence that a bond between students emerges. Taylor (1996) evaluated the experiences of deaf students in social work, youth and community work training, and suggests that offering support to disabled peers is not uncommon. As with Taylor's study, the case study data suggests, that such support can benefit both disabled and non-disabled students by helping to develop friendships and confidence. Taylor and Palfreman-Kay (2000) further contend that in developing good relationships between disabled and non-disabled students, that a feeling of 'togetherness' and inclusion can be achieved amongst students and this would seem significant in working towards greater equality and inclusion in higher education. Therefore, implementing inclusive policies to encourage the development of friendships is central to policy and provision. Arguably, if policy fostered the inclusion of disabled people, then

friendships might be nurtured. The following section evaluates the participation of disabled students in student activities at the case study institution.

#### 9.1.4 Socialising

An important part of the student experience at university is being able to participate in student activities. We know from the research by Hirst and Baldwin (1994: 71) that a significant difference between non-disabled and disabled young people exists in relation to participation in activities outside the home. Disabled young people were less likely to visit friends, go out for a drink, go to a disco or take part in sports. Furthermore, disabled young people were more likely to participate in home or family-based activities. These findings were also linked to age and the researchers suggested that young disabled people found it difficult to move to the social life of their older peers. It was, therefore, important to ascertain how far disabled students were able to get involved, and feel included, in activities outside of academic studies and whether the Hirst and Baldwin (1994) data was relevant to the experiences of disabled students in higher education today.

Almost a quarter of the students who completed the questionnaire indicated that they felt they had not been able to participate in student activities as much as they would have liked. These data were compared across impairment categories and are presented in Table 9.B. The reasons provided pertaining to why students found it difficult to socialise or participate in student activities were wide ranging. These included lack of confidence, lack of friends, ill health, pressures of study, access issues and reliance on

parents and family in relation to transport and personal assistance. These findings were supported in the research by the RNIB's Shaping the Future research project, which reported on the experiences of blind and partially sighted young people aged 16 to 25 in further and higher education (Cole-Hamilton and Vale 2000; RNIB 2000). Significantly, the barriers described by the students participating in the case study, were least likely to affect students with an unseen disability or dyslexia and these findings were similarly supported by the Hirst and Baldwin study. The authors (1994: 71) argued that *'participation in activities beyond the home declined markedly with severity, highlighting the more limited social life of the most severely disabled young people'*.

**Table 9.B: Participation in Student Activities by Impairment Category**

Impairment Category	Participation			Total
	No	Yes	No Response	
Dyslexia	4	37	5	46
Blind/visually impaired	3	2	0	5
Deaf/hearing impaired	2	4	0	6
Wheelchair/mobility difficulties	3	3	0	6
Mental health difficulties	2	3	0	5
Unseen disability	3	17	0	20
Multiple disabilities	6	12	0	18
Disability not listed	4	4	2	10
<b>Total</b>	<b>27</b>	<b>82</b>	<b>7</b>	<b>116</b>

The RNIB's study (Cole-Hamilton and Vale 2000; RNIB 2000) also highlighted that over half of students had difficulties participating in activities due to inadequate facilities, lack of support, poor access or poor lighting and this was also evident within the case study. At the University, most of the activities were organised by the Student Union and concerns over being able to participate at SU events or joining SU societies were expressed at interview by students with a mobility or sensory impairment at interview. For

example, James discussed the lack of physical access at SU events and considered that the SU was more discriminatory than the University:

I believe the Union discriminates against its disabled students more institutionally than the University, because they can't access all the Union facilities (First Interview: 13/03/03).

Importantly, the SU appeared to be responding to such criticism by employing disability access consultants and directly consulting with students.<sup>95</sup> As previously argued, incorporating the view of disabled students provides an opportunity to prioritise the issues that are important to them. For instance, at interview the students highlighted the barriers to participation from their perspective. For example, Paul believed that on some occasions a lack of understanding by staff employed by the SU was evident. When Paul tried to attend an event he was told by security staff that he was unable to use the lift:

... I used the lift, and then the security guys said I couldn't get in and that I would have to join the queue and that put me off anything with the Union. I had a ticket, in advance, and I got there and they said no I had to go up the stairs (Interview: 03/06/03).

It was visibly obvious that Paul, a mobility impaired student, would be unable to manage to climb the stairs. It is, therefore, difficult to understand why the security staff had responded so obstinately towards him. Other people's attitudes, or lack of awareness of the implications of disability, were highlighted by over a quarter of visually impaired and blind students participating in the RNIB's study (Cole-Hamilton and Vale 2000; RNIB 2000) and this is likely to have been true at the case study University. This emphasises the importance of equality training, reflecting the rights of disabled people, as argued for by the DRC in their guidelines (2002b).

---

<sup>95</sup> Discussed in chapter seven at 7.3.1 'Estates Department – An Example of Consultation'.

The lack of Information in alternative formats, in relation to SU events and societies, provided a further example of a barrier to participation, as Dawn explained:

I do not know much about the societies because the Union do not make an effort of informing the visually impaired student about societies or special events. Although the University has the student newspaper in which the majority of the events and societies are published, it is not provided in any other formats (Interview: 20/03/03).

These findings were also supported by the RNIB's study (Cole-Hamilton and Vale 2000; RNIB 2000) where concerns were raised regarding the lack of information available to students in an appropriate format.

The final example I wish to refer to, as raised by students, concerned the inequality of access experienced in participating in the SU Fresher Week. Large numbers of students attended and accessing the SU society stands proved difficult. Dawn suggested at interview, that quieter times should be made available to disabled students, providing an opportunity for them to access the stands. This was an issue the SU were later to respond to, allocating quieter times to those students who were unable to attend during the busier times. This again highlights that in consulting and listening to disabled students the most appropriate arrangements can be implemented.

Taylor and Palfreman-Kay (2000) contend in relation to friendships that to achieve a '*togetherness*', good relationships between non-disabled and disabled students are of central importance. Whilst three-quarters of students at the case study were able to participate in activities, understanding the barriers for the remaining quarter are important if higher education is to become more inclusive. As identified in relation to developing

friendships, the key to achieving inclusion for disabled people arguably lies in the sharing of experience and this is something that needs to be accommodated within higher education policy. Arguably, policy needs to be proactive in this respect and this is evidenced below in the discussion regarding disability representation.

## 9.2 Towards Equality and Inclusion

The second part of this chapter focuses on student views in relation to the consultation and participation of disabled students in policy and provision; the representation of disabled students by the student union; and the effectiveness of disability legislation in combating discrimination.

### 9.2.1 Disability Representation

I begin by examining the views of disabled students in relation to contributing to disability policy and provision within the case study University and in getting involved with a disability forum or society. Central to these deliberations are issues of disability identity and stigma and how these could deter some disabled students from joining a disability forum or society. For example, in Riddell et al's., (2005) study there was a reluctance by disabled students to identify themselves as disabled. Other concerns highlighted by the students participating in the case study research, related to the genuineness of consultation and whether their views would be listened to and responded to. The final area, considered by the students, related to the support that could be provided to each other from within the group, which was seen as a positive aspect to the setting-up of a disability forum.



The questionnaire asked students three questions in relation to representation. Firstly, whether disabled students should have the opportunity to contribute to disability policy and provision within higher education? Secondly, whether they personally would like to contribute in the development of disability policy and provision at the University? Thirdly, whether they would be interested in joining a SU disability forum or society? The response by students to the first question was overwhelming in favour of students providing an input into University disability policy and provision, with 90 per cent of students in support of this. In relation to the second question, a third of the students indicated that they would personally like to contribute to disability policy and provision and these results are detailed in Table 9.C.

Table 9.C: Student Response: whether they personally would like to contribute to disability policy and provision within higher education

Impairment Category	Personally Contribute				Total
	No	Yes	Don't know	No response	
Dyslexia	18	10	18	0	46
Blind/visually impaired	0	3	2	0	5
Deaf/hearing impaired	4	1	1	0	6
Wheelchair/mobility	1	4	1	0	6
Mental health difficulties	1	2	1	1	5
Unseen disability	11	5	4	0	20
Multiple disabilities	5	10	3	0	18
Disability not listed	6	4	0	0	10
<b>Total</b>	<b>46</b>	<b>39</b>	<b>30</b>	<b>1</b>	<b>116</b>

Those students who were least likely to wish to personally contribute were in impairment categories dyslexia, deaf/hearing impaired, an unseen disability and disability not listed. Similarly, students within these categories were also less interested in joining a disability forum or society, as detailed in Table 9.D, together with one other category, students with a mental health difficulty.

Table 9.D: Student Response: whether they would consider Joining a disability forum or society

Impairment Category	Disability Forum/Society				Total
	No	Yes	Don't know	No Response	
Dyslexia	21	9	16	0	46
Blind/visually impaired	1	2	2	0	5
Deaf/hearing impaired	5	1	0	0	6
Wheelchair/mobility difficulties	1	4	1	0	6
Mental health difficulties	3	1	0	1	5
Unseen disability	12	5	3	0	20
Multiple disabilities	5	9	3	1	18
Disability not listed	5	3	2	0	10
<b>Total</b>	<b>53</b>	<b>34</b>	<b>27</b>	<b>2</b>	<b>116</b>

Due to the limited data and the large number of students who indicated that they 'did not know' whether they would wish to contribute to policy, or join a disability forum or society, it is difficult to generalise. Importantly, it is striking the divide based on impairment and as highlighted earlier in this chapter the experiences of disabled young people are often linked to the severity of impairment. This study has also highlighted a divide based on the visibility of disability within the University<sup>96</sup> and it could be argued the less visible the disability the more likelihood of these students experiencing a greater inclusion. It would seem plausible that for some disabled students contributing to policy and provision, or in joining a disability forum or society, would be less significant.

This would not explain the reluctance to participate by deaf/hearing impaired students. The deaf/hearing impaired students who had indicated that they would not like to contribute to policy or participate in a forum had not agreed to be contacted on their questionnaires and I was, therefore,

<sup>96</sup> Evidenced in statistical data in chapter seven at 7.2.

unable to explore this further with them. I was able, however, to interview a deaf/hearing impaired student who had indicated that she would like to contribute to policy and provision. This student raised her concerns in relation to potential difficulties that she might encounter in attending meetings and her fear of possible embarrassment and awkwardness. When at a later stage, a disability forum meeting was arranged by the SU and the University, I was able to witness the difficulties she discussed, as no hearing loops or signers were present. This student attended with her husband who was able to provide personal assistance for her. Other deaf/hearing impaired students may not have had such support available and may also have felt concerned over attending. Having only interviewed one hearing impaired student, it is difficult to draw a firm conclusion. However, the barriers exposed by this student could be an indicator as to why deaf/hearing impaired students were reluctant to get involved with a forum or society or wish to contribute to policy and provision. Importantly, it was not only this impairment group that encountered problems in attending meetings, as students with a visual impairment had concerns regarding whether written material would be provided in alternative formats and mobility impaired students had worries over access issues.

The reasons behind the reluctance of some students to contribute to disability policy and provision or to join a disability forum varied, but one issue that was identified during the interview process was linked to that of disability identity and stigma. Carol and Sophie talked about this in relation to naming the forum:

You would have to be careful with the title, a forum, workshop to enhance [pauses] ...individuals have to define themselves as disabled (Carol Second Interview: 24/09/03)

I can see why students with all disabilities wouldn't go to that forum, if it has got a disabilities label on it, if it said special needs or, I don't know. It is hard to label it (Sophie Second Interview: 24/11/03).

It seemed that not all disabled students wanted to be identified and labelled as disabled. This had been considered in the previous chapter in relation to students hiding their disability from other students, as David exemplified:

I don't want to be different to the rest, you know. A lot of people on the course don't even know I'm disabled. I don't sort of advertise the fact (Second Interview: 04/12/03).

Riddell et. al's., (2005) study of disabled students in higher education examined the issue of disability identity and their findings also highlighted the reluctance of students in identifying themselves as disabled. The authors suggested that this was partly linked to the fear of stigma associated with disability and partly to a rejection of victim status. This as Watson (2002: 525) argues, reflects the negative view of disabled people within society:

In the hierarchy of social values, prevalent within British society, which accords little or no status to disabled people, describing oneself as disabled cannot be seen as a positive step. There is no social status to be gained for 'coming out' as disabled.

Therefore, whilst disability is not understood in terms of equality and oppression, the negativity and stigma traditionally associated with disability will remain. As a consequence, the division between visible and unseen disability is feasibly an important factor. For instance Sophie, a student with an unseen disability, explained how she had felt uncomfortable when attending the forum. This was mainly because she was the only student attending who did not have a physical impairment. Sophie discussed this further at interview, arguing:

The students with unseen disabilities, it is identity really, one thing you can't is notice them a mile off, and if they hide their disability as well. I don't think it would work for them, 'cos I don't think they will want to be involved (Second Interview: 24/11/03).

This finding was also revealed in the Riddell et. al (2005) study, where the researchers found that dyslexic students were the least expected to closely identify with students with other impairments. Whilst dyslexic students were prepared to declare themselves as disabled to secure support, they did not identify themselves with other disabled students.

A further area of significance, relating to the low response by students on whether they would personally like to contribute to disability policy and provision, may well relate to what is meant by 'contribute' and how the students might have defined the question. The Oxford dictionary defines 'contribute' as to help achieve, cause or to bring about. I was able to examine what it means to 'contribute' with students at interview, together with views of consultation and participation. It was evident that being able to contribute and participate were important issues to the students, although at the same time, students also expressed at interview their concerns on whether the process would bring about change. For example, Sophie and Paul thought it was unlikely much progress would be made whilst they were at the University, as Sophie commented:

I know I'm doing a four year course, but I doubt if things will move a huge amount by then (First Interview: 11/03/03).

This was because some students believed that where their views had been sought in the past, these had often been ignored. Dawn discussed this, arguing:

I think there is one thing this University doesn't do. It doesn't listen, or if it does listen it's in one ear and out the other, they don't actually sit down and actually listen to what the disabled student wants, feels or needs (Interview: 20/03/03).

Arguably, the views of students had remained largely unheard reflecting Arnstien's (1969: 216) '*empty ritual of participation*'.

The amended Disability Discrimination Act (2005) now requires higher educational institutions to ensure effective consultation and participation in relation to university disability policy. Significantly, however, the lack of genuine participation in the past in the case study University, has meant that a high proportion of disabled students who were interviewed remained sceptical regarding the effectiveness of consultation processes in the future. Whilst very little is known about the experiences of disabled students in consultation and participation, research has importantly identified the lack of consultation and feedback experienced by disabled students (Hurst 1993; Hall and Tinklin 1998; Borland and James 1999; O'Connor and Robinson 1999; Hall and Healey 2004; Riddell et, al., 2005), which were detailed in chapter two.

The importance of listening to students was essential to those who were interviewed in this study and as Christine commented, consultation in the future had to be genuine in order to instigate change:

Well I think it's important, but only if views are taken on board. Not if you are asked along just to show you are being included. ...If they are going to consult with students then they have to take on board what they say. Really listen to them (Interview: 09/06/03).

When I asked Christine if she believed consultation could influence future policy and provision, she responded positively arguing:

Oh definitely, if they took on board what students are saying. If they don't listen to people then things will never change. If you only go by their views how things should be, then things will never change (Interview: 09/06/03).

Some of the students who were interviewed viewed the forum as an opportunity to increase the understanding of those developing policy and provision. As Marcie reasoned:

I think there are a lot of silly things that prove problematic, you know people with mobility difficulties, that could be fixed so easily if there was just a little bit more thought put into it. 'Cos I think most of the time it's just they are not aware that there is a problem (Interview: 14/03/03).

For Marcie, spending time and sharing her experiences provided this opportunity to increase understanding. Sophie (First Interview: 11/03/03) felt similarly, suggesting that '*people who aren't disabled just don't realise*' the type of barriers disabled people encounter. Sadly, without consultation and participation with disabled students, institutions will arguably, remain unaware of the barriers which impact on the experiences of disabled students.

It is also important to recognise that the sharing of experiences and ideas amongst disabled students will be wide ranging. Whilst there are likely to be many similarities, there are also likely to be many differences, as Phil and David reasoned:

...with 30 students, there must be 30 different situations (Phil Interview: 24/06/03).

if you speak to several people you will get several different explanations (David First Interview: 25/03/03).

Providing such an opportunity, to openly discuss policy and provision, would plausibly not only increase the understanding of those developing policy and provision, but also of the students themselves. Furthermore, through the

sharing of experience, disabled students have the opportunity to provide encouragement and support to each other and challenge the isolation that can be experienced by disabled students. This isolation was particularly evidenced by the following example (Paul). When Paul received my research questionnaire he had felt relieved that an opportunity had arisen for him to be able to talk to another disabled student. Until this time he had not had any contact with any other disabled student on campus:

I haven't spoken to a disabled student on campus. I don't see anybody. ...I honestly wanted to have a chat with some other students to see if they are feeling the same, if they have had the same experience as me (Interview: 03/06/03).

At interview these feelings were reiterated by other students, particularly the need to share experiences. Emma and Rebecca felt it would have been beneficial to have spoken to other students to find out how they had managed and coped and as Rebecca (Interview: 13/03/03) suggested '*you get ideas from other people, how they have managed and things*'. Likewise, Dawn expressed similar feelings:

It would have been interesting to talk to other disabled people, what their experiences had been like with the Disability Office, access to information, or access to services and stuff (Interview: 20/03/03).

Students not only wanted to compare their experiences with other students, but also welcomed the opportunity to share their positive experiences and to provide encouragement to other students. As the process of sharing develops, arguably the opportunity exists for the students themselves to become stronger and empowered in their day to day experiences. This progression, as Thomas and Pierson (1995) suggest, is about taking control and strengthening the interests of a disadvantaged group. However, it should be noted that not all students interviewed as



part of this study were isolated. Students had met other disabled students in their academic departments, halls of residence, and blind and visually impaired students had met in the resource room provided in the library. Here students were able to swap information, advice and provide support. Nevertheless, no formal group developed from these informal meetings.

Yet, the SU had been considering the idea of setting up a disability forum and in May 2003 invited students to attend an informal meeting where they could discuss this possibility. Unfortunately, only 15 disabled students attended, but it was clear from those attending that they thought such a group was needed. However, disappointing low attendance appeared to be partly affected by approaching assessment deadlines, as both Carol and Sue suggested:

I got an invitation through, but it was right in the middle of essay deadlines (Carol Second Interview: 24/09/03).

They did it at the wrong time, because everybody was either revising for exams or busy. If they had done it at the beginning of term ... (Sue Interview: 02/06/03).

Despite the low attendance students appeared keen to establish a formal society or forum. However, it was not until January 2004 that a further meeting was arranged. This was instigated by the SU due to the high volume of student complaints received regarding disability issues. The meeting was formal, with Student Support Services and a number of support staff invited to attend. Inviting Student Support Services was viewed favourably by the students who thought that by talking directly to key staff this would, as Sue argued, be '*the biggest help*' as these were the '*people who sort everything out*' (Interview: 02/06/03). Other students worried that Student Support Services could possibly view the creation of a forum as a

'*moaning shop*' (James: First Interview: 13/03/03) and this had been one of the fears expressed by the Disability Office representative interviewed (18/11/03).

The forum appeared to be viewed as a positive step, not only by the students and SU, but also by the newly appointed Director of Student Support Services. The students suggested they would like to meet monthly in order to be able to provide input into the University's and SU's meetings. The importance of contributing at regular meetings was supported in the comments of both Paul and Christine. Paul argued that '*in order to make things work there must be student input, otherwise it's just academic staff and professionals*' (interview: 03/06/03) and Christine believed '*if you only go by your views how things should be, then things will never change*' (interview: 09/06/03). The forum had the potential of ensuring that the feedback by disabled students entered the University's committee structure, thus helping to inform policy and provision. The SU approached the University for financial help towards the cost of funding these meetings and it was agreed by the University that they would meet half the costs of each meeting. Still, disappointingly, no further meetings were arranged by the SU. From my discussions with the SU General Manager and my observations within the SU, it became evident that with the annual change in sabbatical officers, the priorities of the SU changed to reflect the particular interests of the sabbatical officers in post at a given time. The SU having successfully raised the profile of disability issues within the University in 2003 and 2004, then lost this momentum and no further progress was made. Although the effectiveness of feedback for all students had been regularly considered by both the

University and SU at a number of meetings I attended over this period, for example Students' Union Liaison Committee, no specific plans were made to ensure disabled students were represented throughout these processes. The creation of a disability forum would have provided such a mechanism, but sadly the opportunity for the establishment of such a forum had been lost.

### 9.2.2 Student Union Representation

Previous research studies, examining the experiences of disabled students, have not addressed the representation of disabled students within higher educational institutions and, therefore, little is known on this subject. At the case study University, disabled students were reliant on SU sabbatical officers to represent their views within the University committee structures. Sabbatical officers are elected annually by students and work full time representing student concerns during their time in office. Appointed sabbatical officers represent various groups of students, for example female students and international students. The responsibility for disability issues forms part of the duties of the SU Education and Welfare Officer, but there is no dedicated sabbatical role for disability. Disabled students are able to elect a disability executive officer, but the elected student would be expected to undertake these duties alongside that of their academic studies. In addition, it is only the sabbatical officers that are entitled to attend many of the University's policy meetings. In attending these meetings, as an observer, it was clear to me that views of sabbatical officers tended to reflect the widely held view of disability in terms of meeting needs and resolving individual problems. For example, the SU also discussed disability in terms

of 'special needs', 'special treatment' and 'compensation'. At a meeting in 2003, where a University member of staff referred to disabled people as '*well we are talking about odd balls, not normal people*' the SU did not raise an objection to this being said or make a complaint. At this meeting, it was obvious I had a disability, as all my meeting papers were enlarged on A3 paper. Even with the attendance of a disabled researcher, disability was still referred to in derogatory terms. Whilst recognising that not everybody holds such a discriminatory view, these views were not contradicted by the Chair, senior members of staff, or SU representatives.

The SU sabbatical and executive officers received equality training. However, it seemed that their views had become so ingrained that they were unable to grasp that representation of disabled students was not about meeting 'needs', but in developing an agenda based on achieving 'rights'. This was particularly evident in the steps taken to ensure disabled people could participate in the SU executive, general and council meetings. For example, for these meetings, the executive officer representing disabled students had requested agenda papers to be provided in an alternative format. These papers failed to materialise and, as an observer, it seemed to me that because of this neglect he was unable to contribute effectively in the meetings. On a number of occasions he abstained from voting as he was unable to read the papers provided. I raised this with the General Secretary at the time, as the provision of meeting papers formed part of her responsibilities. She replied '*if I was a disabled student I would be grateful for whatever support was given*'. Being able to participate was not viewed as a 'right' for this student and although the General Secretary's views were her

own, the example illustrates the way disability was perceived by an official within the SU.

As discussed in chapter seven in relation to the University's complaints system, during the winter of 2003 the SU became involved with a number of serious complaints made by ten disabled students. Disabled students were reliant on the SU to represent them during this process. However, the way in which the SU responded to the disability complaints, was perceived by the three students who were interviewed and involved in the complaint process (Lee, Kevin and Carol), as neglectful. These students felt they lacked information, guidance and advice and argued that the SU had failed to advise them on their possible options and to keep them informed regarding how their complaints were proceeding.

This was particularly apparent when the complaints proceedings were cancelled. Lee, for instance, who had been closely associated with the SU had only found out about the Inquiry being cancelled '*by accident*' (Interview: 03/11/03). As he recalled he had mentioned the situation to one of the sabbatical officers '*I asked what was happening with the Inquiry and she said nothing*'. Carol was also unaware that the Inquiry had been cancelled. The process of making a complaint had been time consuming and she had lacked information as to what was happening with her complaint, as Carol explained '*not only do I have to make a complaint, I then have to continually follow up the complaint*' (Second Interview: 24/09/06). Similarly, when I interviewed Kevin he was also unaware that the Inquiry had been cancelled and was expecting it to be held within the next few days. He was feeling frustrated

because the process had taken so long, with previous hearings being postponed. Consequently, a lot of suspicion surrounded the way the SU had responded to the disability complaints and the way they had represented the students throughout this process. Lee believed that *'something should have been done'* by the SU and explained that he had considered making a formal complaint against the University through the Disability Rights Commission, but when he discussed this with the President of the SU he was advised not to do so:

I mentioned this to the President and he was like *'no don't, you know the Union'* [sic] (Interview: 03/11/03).

There was a great deal of distrust over the way the complaints had been handled by the SU and concerns over whether the SU had succumbed to University pressure, as Lee claimed:

You do wonder what was said behind closed doors about the Inquiry and whether the President was willing to [pause], whether the others would let him, sell the disabled students out (Interview: 03/11/03).

I asked the President of the SU about these concerns and he regretted the way the SU had represented and advised the students involved. He told me that it was due to *'naivety'* on his part and that he had placed his trust in the University system. Notably, the approach of the SU towards disability complaints began to change and later in 2004, when Carol complained about ongoing discrimination, her case was immediately referred to the Disability Rights Commission.

These examples highlight the importance of ensuring the voice of those involved is not lost in the process of representation. None of the students involved had the opportunity of directly discussing their complaints with

senior management and were reliant on the SU to represent them. An Inquiry, as Kevin reasoned, would have provided an opportunity for disabled students to have explained their view and he felt disappointed that this was a lost opportunity for the University. As Kevin suggested '*the Inquiry would have been useful to basically illustrate where the process went wrong*' (Interview: 12/03/03). The failure to consult with students was later recognised by the SU and this had been one of the factors behind arranging the disability forum meeting in January 2004.

The lack of voice experienced by disabled students and their reliance on the SU to represent them, exemplifies the lack of power experienced by this group of students within the University structures. In this instance, it seemed the response was largely paternalistic and protective towards disabled students, but this would arguably not promote equality or inclusion. Significantly, as detailed in earlier chapters and as argued by Drake (1992), the priorities and views voiced by those representing disabled people are unlikely to reflect those of disabled people themselves. Therefore, with the absence of consultation or participation by disabled students in decisions relating to disability policy and provision the dominant view of disability is likely to prevail.

### 9.2.3. Combating discrimination

This final section reflects on how students viewed disability legislation and whether they thought it would combat discrimination and achieve greater inclusion for disabled students in higher education.

Nearly 60 per cent of the students who completed the questionnaire had not heard of the legislation, as detailed in Table 9.E. Data were analysed across impairment categories and students with a visible disability were most likely to have heard of the legislation. These data partly correlated with the level of discrimination encountered by students within different impairment categories, as detailed in Table 9.F.

**Table 9.E: Student Response: whether they had heard of the Disability Discrimination Act**

Impairment Category	Knowledge of Legislation			Total
	No	Yes	No Response	
Dyslexia	30	14	2	46
Blind/visually impaired	1	4	0	5
Deaf/hearing impaired	3	3	0	6
Wheelchair/mobility difficulties	1	5	0	6
Mental health difficulties	4	1	0	5
Unseen disability	14	6	0	20
Multiple disabilities	8	10	0	18
Disability not listed	6	4	0	10
<b>Total</b>	<b>67</b>	<b>47</b>	<b>2</b>	<b>116</b>

**Table 9.F: Student Response: whether they thought the University had discriminated against them**

Impairment Category	Personally Discriminated Against				Total
	No	Yes	Do Not Know	No Response	
Dyslexia	32	7	6	1	46
Blind/visually impaired	4	1	0	0	5
Deaf/hearing impaired	6	0	0	0	6
Wheelchair/mobility	4	2	0	0	6
Mental health difficulties	3	0	2	0	5
Unseen disability	18	1	1	0	20
Multiple disabilities	12	4	2	0	18
Disability not listed	9	0	1	0	10
<b>Total</b>	<b>88</b>	<b>15</b>	<b>12</b>	<b>1</b>	<b>116</b>

Most students did not think that they had personally been discriminated against. It would seem feasible from the findings within this study that for students with a less visible or less severe impairment that discrimination is



less likely to occur and, therefore, few cases of direct discrimination expected to be evident. Furthermore, the way students interpret the meaning of discrimination would possibly influence their response to this question and, importantly, whether disabled students themselves see provision as a 'right'. If as per Gramsci's (Femia 1988) '*hegemony*', Lukes' (1974) analysis of power and Gaventa's (1980) '*quiescence*' of the powerless, disabled students accept the widely held view of disability in welfare terms of care, concern and compensation, it could be argued that inequality would not necessarily be interpreted as discrimination by the students themselves. Whilst most disabled students in this study did not feel they had been discriminated against, evidence from other studies (Ash et al., 1997; O'Connor and Robinson 1999) has highlighted that disability rights were important to students, but that these views were often of a personal nature as opposed to a public issue. In addition, findings within this study, and also Goode's (2007) research, indicates that disabled students lack time and energy to pursue their 'rights'.<sup>97</sup> As Goode (2007: 44) claimed because disabled students were '*already facing physical and psychological hurdles, they often didn't have the energy to 'do battle'*'. Therefore, it is difficult to arrive at a firm conclusion, but it would seem plausible that although students are becoming more aware of their 'rights', a reluctance persists amongst disabled students in challenging dominant perceptions of disability. This I would argue is firstly, because disabled students are an oppressed group, experiencing inequality and injustice, and therefore lacking the power to confront and challenge those in positions of influence and secondly, where

---

<sup>97</sup> Discussed in relation to disabled students' complaints in chapter seven at 7.4.

disabled students try to challenge inequality this can become a 'battle' requiring time and energy: both of which are limited to disabled students. Of the 15 students who believed that they had experienced discrimination, additional comments relating to why they considered this were included on the questionnaire. These areas related to access, admissions, disability support, departmental experiences and relationships with other students.

The majority of students did not know whether the legislation would combat discrimination. Their responses are shown in Table 9.G. Those students who had made complaints did not believe discrimination was being challenged.

Table 9.G: Student Response: whether they consider legislation will combat discrimination

Impairment Category	Will legislation combat discrimination?				Total
	No	Yes	Do Not Know	No Response	
Dyslexia	11	4	26	5	46
Blind/visually impaired	1	1	3	0	5
Deaf/hearing impaired	1	2	3	0	6
Wheelchair/mobility	0	2	4	0	6
Mental health difficulties	1	2	2	0	5
Unseen disability	5	3	12	0	20
Multiple disabilities	3	4	11	0	18
Disability not listed	2	3	5	0	10
Total	24	21	66	5	116

At the time the research was conducted, the Disability Discrimination Act (1995) was concerned with reactive duties to ensure the avoidance of discrimination. As the legislation stood, disabled students were arguably right to be concerned regarding whether discrimination would, or could, be combated. Legislation has since been amended and universities from December 2006 were required to identify and address institutional barriers which limit the full participation of disabled people. Furthermore, the

amended DDA (2005) now requires public bodies to actively involve disabled people throughout the process of drawing up institutional disability equality schemes and for this involvement to be meaningful. This has the potential to begin to tackle institutional discrimination and achieve the inclusion discussed by students. Although, as detailed in chapter seven (7.3), disappointingly the involvement of disabled students in the institution's disability equality scheme had proved largely non-existent to date (September 2007).

### 9.3 Summary

The evidence discussed within this chapter, highlighted the way past experiences impact on the present day experiences of disabled students in higher education. Although the experiences of disabled children varied, they illustrated the inequalities of growing up as disabled. As a result, a high proportion of disabled students who were interviewed felt that in order to 'fit in' to an 'able-bodied' world they were the ones expected to change. Disabled students may be included, but this does not mean that disabled students are wanted, or feel wanted, as claimed at the commencement of chapter one in relation to the views expressed by Morris (1996). This was significantly linked to visibility and severity of disability, as also argued by Hirst and Baldwin (1994), with students with less visible disabilities less likely to be excluded.

The importance of independence, confidence and self-esteem were examined in the context of disabled students coping and managing in higher education and this had implications on how far disabled students were able

to feel included. Past experiences will plausibly affect the future level of inclusion experienced by some disabled students within higher education and, arguably, whilst inequalities remain within the educational system disabled students will continue to feel excluded. It was, however, clear that where disabled students had in the past, and in the present, been able to share their experience of disability within friendships, a shared understanding and as Taylor and Palfreman-Kay (2000) suggest, a 'togetherness' emerged. This sharing of experience, exemplified to non-disabled friends the barriers which excluded disabled people, whether attitudinal, environmental or institutional. This would seem significant in challenging dominant views and working towards greater equality and inclusion for disabled young people in the future.

Sharing experience whether with other disabled or non-disabled students, academics, University staff and management is fundamental in working towards inclusion. The lack of voice experienced by some disabled students in this study was apparent and this had important implications in relation to the confidence and self-esteem experienced by disabled students.

Finally, the views of disabled students relating to contributing to University policy and provision and in the setting up of a disability forum or society, highlighted the importance of forming a uniting bond in strengthening the interests of an oppressed group. The process of genuine participation would potentially empower disabled students on two different levels: personally and politically. The first, increasing confidence and self-esteem and the second, influencing the direction of disability policy and provision.

With increased empowerment, institutionally and individually, an opportunity exists to move the agenda away from one based on meeting individual needs to that of achieving rights.

## Chapter Ten

### Conclusion

The purpose of this study was to determine those factors that were likely to affect the level of equality and inclusion experienced by disabled students within higher education. This included consideration regarding the significance of consultation and participation in facilitating equality and inclusion for disabled people.

The data presented throughout this thesis are drawn together in this concluding chapter. The first section of the chapter summarises my reasoning pertaining to why disabled students experience inequality and exclusion. In providing this explanation, I deliberate how far theoretical explanations of power concurred with the experiences of disabled people in this study and the original contribution of knowledge achieved. This is followed by a framework of recommendations in relation to future responses by government, policy makers and higher education providers. Finally, I end the thesis with my concluding remarks. I therefore begin the chapter with an analysis of the factors that impact on equality and inclusion set within a theoretical framework of power and oppression.

#### 10.1 Understanding Disability Inequality and Exclusion in Higher Education

The experience of oppression and the way power relationships operate, together with theoretical explanations presented within disability studies stemming from the way disability is defined and responded to within

legislation, policy and provision, provided the theoretical framework to this study. This, together with theoretical analysis concerning the equalisation of power relationships and the confrontation of dominant beliefs and values informed this study and the findings reached. The theoretical contribution of this study accordingly concurred with these accounts relating to why disabled people experience inequality and exclusion. Evidence derived from this study, and as presented throughout this thesis, has supported the theoretical analysis argued for instance by Finkelstein (1993), Oliver (1990, 1996), Barnes (1991) French (1994b) and Drake (1999), that disability is largely understood in a medical or individual context of care, concern and compensation and not in terms of inequality, exclusion and oppression. As a consequence, disabled people have lacked choice, control and consultation in many decisions that impact on their experiences.

The lack of power experienced by disabled people has been revealed in many ways, from the way in which disability legislation and policy developed, to the implementation of policy and provision. The analysis, within this study, began with a top down approach and initially evaluated the experiences of disabled people in the development of legislation. Data presented in chapter four demonstrated that legislation largely reflected the outlook of those who held the most power: business, industry and the traditional charities. Such values arguably legitimise and reinforced dominant perceptions of disability, concurring with theoretical analysis such as Burr (1995), who argues that this validates the positions of those who hold the most power, and as Lukes (1974) contends, ensures that established boundaries remain unchallenged. This was evident, for example, in the adoption of a medical definition that sits

at the heart of UK legislation and the lack of power experienced by disabled people in campaigning for a definition based on barriers created within society: attitudinal, environmental and institutional. The failure to recognise discrimination resulting from these barriers, would continue to detrimentally impact on the experiences of disabled people, as witnessed throughout this study in policy implementation, with provision and practice focusing on welfare issues of care, concern and compensation.

The findings in this study have clearly demonstrated that it has been the interests of those who hold the most power in society that have carried the greatest authority in disability legislation, policy and provision. The imbalance of power experienced by disabled people was apparent at every stage of this study. Arguably, the government's early approach of persuasion was aimed at reassuring the concerns of business and industry and, particularly relevant in this study, the vice-chancellors. In addition, the government's reliance on the traditional charities in the representation of disabled people would lead to a serious misrepresentation of the views and values of disabled people themselves. Cynically, it would seem likely that the government would have known that the stance of the traditional charities would have largely reflected their own standpoint, as opposed to consulting with organisations of disabled people who were already challenging dominant perceptions and responses towards disability.

The validity of consultation is reflected in who is invited to participate in the process. Disabled people were mainly excluded from consultative exercises and where invited to attend, the interview data provided evidence



that they felt their presence was tokenistic. As Arnstein's (1969) '*ladder of citizen participation*' illustrated, there are various degrees of involvement and although disabled people may have been invited to participate, their views as revealed in this study, were largely ignored or overridden. Such an outcome would most likely seem justified by those developing and implementing policy, because arguably disability was perceived in terms of individual inability and incapacity due to impairment and not understood in terms of inequality and oppression. Whilst equality legislation now recognises the importance of direct consultation and participation, with disabled people being increasingly included in such exercises at a national level, the findings in this study continued to detail the reliance by government and Welsh Assembly Government on traditional charities in the representation of disabled students. This study is important, therefore, in identifying the lack of consultation with disabled people at a national level in relation to higher education policy and provision. This failure does not seem to have been addressed in any other research study examining the experiences of disabled students in higher education.

Disability policy and provision within higher education policy has, as a consequence, largely reflected a welfare approach. This was discussed in relation to national and Welsh policy in chapter five. Importantly, this chapter highlighted the major steps now being taken to enable disabled people to access higher education, and in increasing numbers as evidenced in statistical data presented in chapter six. These statistics, however, indicated that inequalities persisted for some disabled students based on impairment, age, gender and ethnicity. In addition, as argued in chapter six and later

chapters, for those disabled students who do access higher education this does not necessarily reflect the experience of equality and inclusion. Arguably, until disability is acknowledged and accepted in terms of inequality and oppression, as with other groups such as social class, gender and ethnicity, disabled people will continue to be treated differently and responded to in terms of care, concern and compensation. This was exemplified in the analysis of widening participation and aspiration raising programmes. At the national and Welsh level, policy mainly targeted social class, gender and ethnicity, and this was reflected within the case study University's response. The data revealed that disabled students were often excluded from widening participation and aspiration raising programmes with responsibility being designated to welfare support services. This thesis has, therefore, crucially identified the importance of challenging issues of inequality from the top down, as arguably until national and Welsh policy discuss disability within an equality framework, institutions will similarly replicate policy within the higher education setting. Furthermore, as the findings indicated in Wales, where policy had failed to address disability issues, this indifference was likely to be mirrored within HEIs.

As with the Leicester and Lovell (1994) findings, the findings in this study ten years later, also revealed that disability was still largely not understood in terms of inequality and oppression within the University system. Persuasion to change had not proved effective within the institution and it was only as legislation strengthened, and with the potential threat of litigation, that senior management began to minimally comply. Arguably, whilst senior management perceived disability in welfare terms and as

something to be cured or overcome, this absolved them of their responsibilities. As a result, this response was generally reflected throughout the institutional culture of the University as detailed in the study's findings.

The detailed analysis of the case study, demonstrated the impact on the experiences of disabled students resulting from the dominant perceptions of disability which existed institutionally. With disability perceived in the context of a medical or individual model, disability provision reflected a welfare discourse of care, concern and compensation. This was clearly established throughout chapters seven, eight and nine.

Chapter seven presented various examples of University policy, provision and practice and identified the general lack of control, choice and consultation experienced by disabled students which led to their dependency, exclusion and inequality. For example, the way in which the admission policy concentrated on impairment during the application process. As a consequence, it was clearly evident that disabled students concealed their disability, as far as they could, when applying to University.

The underlying attitudes evident in University policy, were also visible in the policy and provision stemming from academic departments. Departments lacked guidance and information and, as a result, disability policy and provision were inconsistent. How far this will be addressed in the future by the University's Disability Equality Scheme will remain to be seen. However, at this time, as elsewhere in the University, disability was generally not understood in terms of inequality and oppression, but viewed as an

individual inadequacy or inability due to impairment. This meant that staff focused on individual impairment in their response towards disabled students, as opposed to recognising the barriers resulting from departmental policy and practice. Fundamentally, this caused dependency, inequality and exclusion for disabled students. These findings were not isolated incidents and were also detailed in the Riddell et al., (2005) study in Scotland and England. Hence, the inequality experienced by disabled students in the case study can be seen to be representative of wider experiences of disabled students in higher education.

Findings also revealed that the language used within disability policy and provision by University staff, mostly reflected a medical or individual model discourse. As discussed in chapter two, it is through language that dominant values are transmitted within society. It would seem, therefore, that other studies examining the experiences of disabled students in higher education have failed to address the inequality that can arise from the inappropriate use of language. In this study, the findings demonstrated that language had a powerful influence and reinforced the inequality experienced by disabled students and, accordingly, supported the theoretical arguments of Roberts et al., (1992) and Thompson (1998). The process of changing the focus from a welfare to equality discourse would begin to challenge the deeply held views and values institutionally. For instance, the simple example of the term 'personal carers' as opposed to 'personal assistants' immediately conjures up different images: the first in a negative and the second in a positive sense. During my discussions with the senior manager based in the Disability Office it was suggested that raising concerns over

language would be interpreted in terms of *'nitpicking over political correctness'* (Interview: 18/11/03). However, from my evaluation of the University's response towards race, it was evident that the use of inappropriate language was not a matter of 'political correctness', but a matter of unacceptable behaviour. The University's Disability Equality Scheme now recognises that disciplinary action against staff or students who have acted in a discriminatory fashion, whether knowingly or not, should be taken, although it remains to be seen regarding the interpretation of this in the future. For disabled people, as a group experiencing inequality and oppression, the use of inappropriate language had remained largely unrecognised within the University and thus at that time, as the findings clearly demonstrated, it was acceptable behaviour to refer to disabled people as *'not normal'* or at the very extreme *'odd balls'*.

This has had repercussions in the development and implementation of policy and provision for disabled students and was particularly evident in the assumptions of senior management and staff. For example, in the working party's guidelines for *'extenuating circumstances/special needs assessment and examinations'* the language used reflected meeting special needs and providing compensation. Even though disquietedness over the terms and use of language used in developing guidelines were explained, these apprehensions were not recognised and were, therefore, overridden. Hence, as theorised by Gramsci (Femia 1988), Lukes (1974) and Gaventa (1980), the way in which power operates ensures that established values and beliefs become accepted as 'natural' and 'normal'.

To discuss disability in terms of 'equality' was not accepted during the early part of the research. This was observable in the debate surrounding training and whether this should be based on 'raising awareness' or 'equality'. Notably, it was argued by the Disability Office representative (Interview 18/11/03) that instigating a training programme based on 'equality' would deter staff from attending. It was apparent throughout this interview that concerns were evident that staff members, in relation to the subject of disability, needed to be treated sensitively so as not to offend them. Challenging underlying attitudes was not perceived as part of the training agenda. Furthermore, training was to be delivered by specialised agencies and traditional charities, which would arguably replicate the views and values of non-disabled attendees. This would continue to reflect and maintain the dominant welfare led discourse within the University. Importantly by 2007, in order to comply with the Disability Equality Duty, the University's Disability Equality Scheme was clearly indicating that all staff should be provided with appropriate training and guidance

Many of the widely held beliefs assumed throughout the institution were also believed by disabled students themselves. Whilst it is difficult, and could prove misleading to generalise, it was apparent that disabled students did internalise and accept prevailing views, values and attitudes, as theorised by Gramsci's doctrine of '*hegemony*' (Femia 1988), Lukes' (1974) three dimensional analysis of power and Gaventa's (1980) '*quiescence*' of the powerless. This was particularly observed in relation to students choosing courses to study. The statistics in chapter six, initially highlighted possible inequalities in the access of disabled students by impairment categorisation

to certain subjects of study and the interview process revealed that when applying to various universities some academic departments had proved more welcoming than others. It would seem likely that these data are influenced by whether admission staff believed it appropriate or inappropriate for a disabled student to study a particular subject. Such opinions were also reflected in the comments of disabled students, with an acceptance pertaining to what they perceived suitable for a disabled person. However, whilst these views were widely held, one disabled student had been determined to follow a particular course of study, but had then felt forced to change to an alternative course due to the negative attitude towards her and lack of support being offered.

The stigma associated with disability, and as experienced by students, was also raised by students at interview. This was reflected in relation to the embarrassment felt in lectures, whether this was in regard to using equipment, lecturers approaching them in front of other students, students approaching lecturers for assistance, how disabled students felt with non-disabled students and also with other disabled students. The findings provided conclusive evidence concerning the inequality and exclusion experienced by disabled students due to the negativity surrounding disability and how this impacted on their daily experiences.

However, findings demonstrated the importance of control, choice and consultation in challenging power inequalities experienced by disabled students, and this was significant at both a policy and practice level. As argued by Oliver (1990) and Drake (1999) the lack of power by disabled

people in society has led to exclusionary environments and this was conclusively evident at the case study institution. Hence, the importance of including disabled students in the planning and implementation of policy and provision is, as identified throughout this thesis, central to creating an inclusive environment. As revealed in this study, those in positions of authority, or holding positions of expertise, dominated the decisions affecting disabled students, whether at a legislative, policy or practice level. Drawing on French (1994b) who discussed the traditional 'expert' status of those planning and implementing provision, it was clear that the views of disabled students in the case study were largely ignored or overridden and as a result they were disempowered in the process. Whilst there has been a recent recognition amongst researchers examining the experiences of disabled students in higher education for consultation (Riddell et al., 2005), this has not been considered in terms of changing and challenging dominant power relations and ideology.

Extensive data was provided to demonstrate the benefit of including the voice of disabled students within the consultation process. I argued that involvement, at both an institutional and individual level, would begin to challenge the dominant welfare discourse moving the focus towards equality and increased inclusion. As debated throughout this thesis, the institutional culture largely focused on disability in terms of personal inability, inadequacy and abnormality. Involving disabled students challenges these everyday accepted assumptions and this was exemplified by students with regard to their friendships with non-disabled students. We know from the Ash et al., (1997) study that the attitudes of non-disabled students generally reflect



widely held institutional and societal beliefs. However, in their study and also evident in this study, dominant and prevailing values are challenged when friendships are formed, bringing about increased awareness and a 'togetherness'. I would argue that in the same way, developing working relationships with those in positions to influence the direction of policy and provision will also result in dominant perceptions being challenged.

The process of consultation and participation by disabled students also provides an alternative expertise to the professional: the expertise of living with those barriers that cause inequality and exclusion. The example drawn upon in chapter seven, in relation to Estate policy, illustrated this and highlighted that whilst non-disabled people may consider they are aware of disabling barriers, in practice little was often understood.

A number of studies argued in relation to social work (Molyneux and Irvine 2004; Humphreys 2005) and mental health education (Felton and Stickley 2004; Khoo et al., 2004) that including the voice of service users provides an opportunity to share power relationships and challenge dominant ideology. However, as evident in this study, and as detailed in other research by Ellis (1993), Shaping Our Lives (2003), Hodge (2005) and Simmons and Birchall (2005), consultative exercises can result in an '*empty ritual of participation*', as opposed to a '*real power*' as argued by Arnstein (1969: 216), that can carry influence. Therefore, this study has raised crucial questions relating to how far senior management and staff will be prepared to listen and respond to the viewpoint of disabled students within HEIs, allowing dominant perceptions within institutional policy and practice to be discussed

and debated. Significantly, examples within this thesis illustrated concerns relating to the failure to respect and respond to the views of disabled students in the past. It is, accordingly, debatable how willing senior management and staff will be in the future to address and incorporate the student position, and questionable as to how far the government's requirement for the involvement of disabled people will remain a paper exercise within the institution.

Importantly, the findings detailed in this study revealed that students participating in the case study research, recognised the benefits of consultation in bringing about informed change. These benefits were both institutionally and individually. Institutionally in sharing experience, raising awareness of issues, increasing understanding, and fundamentally, challenging inequalities emanating from power dimensions, and particularly, professional opinion and approaches. Individually in developing independence, self-reliance, self-confidence and self-esteem, reducing the isolation often experienced and forming a uniting bond with other students, providing and receiving encouragement and in gaining personal control. Notably, such benefits have not been identified in previous research examining the experiences of disabled students in higher education, although many of these advantages have been recognised in health and social care research.<sup>98</sup>

Findings also highlighted the inequality that can result from non-disabled people representing disabled students within the University's

---

<sup>98</sup> Discussed in chapter two at 2.6.

structures. This supported theoretical explanations presented by Drake (1992), Cambell and Oliver (1996) and French (1994b) in that non-disabled people will often hold views based on meeting individual needs as opposed to understanding and recognising the lack of rights and inequality experienced by disabled people as a consequence of attitudinal, environmental and institutional barriers. This was observable, for instance, in the actions of the Student Union who often focused on an individual and welfare approach within their representation. It could also be argued that such mis-representation colluded with the response by senior management and staff within the University, with the focus remaining on disability as a personal inadequacy due to impairment. However, the example discussed in relation to the development of guidelines for assessments and examinations for students with extenuating circumstances and/or special needs, provided evidence of the way representation can also be ignored and overridden, further excluding the opinions of disabled people. These findings are significant if HEIs are to recognise the importance of consultation in the development of policy and provision. Otherwise, consultation is likely to result in Arnstein's (1969: 216) '*empty ritual of participation*'.

The findings and conclusions reached, gathered through original research, clearly demonstrate the need to incorporate the views and values of disabled people in the development of legislation, policy and provision to ensure equality and inclusion of disabled students in higher education. In the next section, I provide a framework of recommendations for legislators, policy makers and higher education providers derived from my research findings and conclusions.

## 10.2 A Framework for the Future

The following recommendations for legislators, policy makers and higher education providers offers a framework to address the inequality, exclusion and oppression that can be experienced by disabled people in accessing higher education.

### (i) Recommendations for Government and Policy Makers

There is no doubt that the government has made considerable attempts and progress in realising and challenging the inequality experienced by disabled people. Many omissions and inconsistencies have been responded to and addressed by the Disability Equality Duty in the provision to promote disability equality and tackle institutional discrimination within the public sector. However, concerns remain relating to the way disability is defined, the inequalities that impact from other legislation and policy, and the continued reliance on non-disabled people in the representation of disabled people. These concerns need to be recognised and addressed by government and policy makers.

#### Recommendation 1: A Social Model Definition

The inequalities emanating from the way in which disability is defined within legislation were discussed and deliberated on in chapter four. This clearly suggested that the definition at the heart of legislation needed to adopt a model acknowledging the inequality resulting from attitudinal, environmental and organisational barriers in order to ensure that the widely held negative

perception of disability within society was confronted. Such a definition was offered by the Northern Officers Group.<sup>99</sup>

The importance of securing such a definition is central in challenging dominant perceptions within society. Whilst the Equality Duty will ensure disability is responded to as an equality issue within the public sector, disability will still be perceived as stemming from impairment. Hence, as argued throughout this thesis, the outcome in policy and provision will reflect a welfare and needs led approach resulting in policies of care, concern and compensation. It is recommended that a central definition of disability is therefore secured, based on the social model discourse.

#### Recommendation 2: A Consistent Approach

As a consequence of the individual or medical model definition being at the heart of legislation, it is likely that other legislation and policy will continue to focus on a welfare approach in their response towards disabled people, as opposed to recognising the inequality and lack of rights experienced. As exemplified in the discussion of higher education legislation and policy, the danger exists that disabled people will be treated differently to other groups experiencing inequality, such as gender, ethnicity and social class. It is for this reason, that it is recommended that future legislation and policy is consistent in identifying disability within equality terms, moving away from perceptions based on care, concern and compensation.

---

<sup>99</sup> As quoted in chapter four 'A disabled person is a person with an impairment who experiences disability. Disability is the result of negative interactions that take place between a person with an impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it justify, disability.' (Northern Officers Group 2003: 1)

Inconsistency within policy and provision was also evident in the response of constituent countries in the UK. To ensure equality and inclusion for disabled students across the UK, it is recommended that disparity within policy and provision is addressed to improve future access to higher education for disabled students.

The response by policy makers within each of the principalities is also likely to impact on the importance associated with disability equality and inclusion within HEIs. Arguably, if policy makers do not consider disability policy and provision as a priority, it is unlikely that senior management within HEIs will respond any differently. Accordingly, it is recommended that policy makers recognise the influence held within their own policy position of challenging inequality within HEIs.

### Recommendation 3: A Consultative and Participatory Agenda

The value of consultation and participation by groups who experience inequality and oppression has increasingly been acknowledged by government. This was evident in the requirement of the DED to involve disabled people in the policy making process. However, the findings of this study clearly indicate that disabled people have largely been excluded, and where included, involvement has been mainly tokenistic. It is recommended that the reliance on traditional charities in the representation of disabled people is addressed, acknowledging the inequalities that can stem from non-disabled people representing disabled people. In order to secure genuine consultation and involvement in the future it is fundamentally important to

recognise the disparity of power that has generally existed within consultative exercises, which has led to the failure to incorporate the views of disabled people in the outcome of policy.

(ii) Recommendations for Higher Education Institution Senior Management

Higher education providers have made considerable progress during the last ten years in supporting disabled students. However, whilst the findings in this study agreed that the number of disabled students accessing higher education has, and is continuing to increase, the evidence indicated that the increased numbers did not reflect the experience of equality and inclusion for disabled students. Factors impacting on inequality and exclusion (lack of choice, control and consultation), as detailed in this study, emanate from the failure to identify disability in terms of oppression.

Recommendation 1: Recognition of Disability in Terms of Oppression

The findings indicated that disability was generally not understood in terms of oppression within the case study institution. The inequality and exclusion experienced by disabled students was perceived as mainly derived from an individual's impairment and inability to 'fit in' to student life. In working towards the new equality agenda it is, therefore, fundamentally crucial to acknowledge and accept the source of inequality as stemming from the lack of power experienced by disabled people. It is recommended that HEIs recognise disabled people as a group experiencing inequality, to the same extent that race, gender and social class is now recognised. The failure to

identify disability in terms of oppression, as the findings illustrated, led to oppressive policies, provision and practice.

### Recommendation 2: Adopting a Social Model Definition

In accepting the inequality and oppression experienced by disabled people it is imperative that a social model definition is adopted within HEIs. This definition recognises the barriers experienced by a disabled person due to attitudinal, organisational and environmental factors. The failure to adopt a social model perspective, as demonstrated within the findings of this study, resulted in oppressive policy, provision and practice leading to inequality and exclusion for disabled students. Such policies reflected a welfare approach, based on meeting needs, as opposed to a rights approach based on equality and inclusion. In order to secure the inclusion of disabled students within higher education, it is recommended that the inequality emanating from a welfare approach is realised and future policy responded to in terms of equality.

Whilst acknowledging the expertise of the Disability Office in implementing disability provision, it is critical that the remit of disability equality is not separated, or treated differently, from other areas of policy and provision directed at inequality. Accordingly, it is recommended that disability is included within the role of equality officers in HEIs and also those developing widening participation and aspiration raising programmes.



### Recommendation 3: Challenging Dominant Institutional Perceptions

Underlying attitudes, based on negativity and prejudice, were widespread throughout the case study institution. As a consequence, these impacted on policy, provision and practice towards disabled students causing inequality and exclusion. In accordance with the DRC's guidelines it is recommended that such deeply held views should be challenged. It is, therefore, fundamental that training focuses on disability as an equality issue, discussing the meaning of disability, the history of disability and the disability movement.

As part of this process of challenging dominant perceptions, it is also imperative to recognise the inequality that stems from the inappropriate or derogatory use of language. It is further recommended that institutions ensure appropriate terminology is adopted throughout policy and provision and appropriate steps taken to prevent the future misuse of unacceptable language.

### Recommendation 4: A Consultative and Participatory Approach

The findings clearly demonstrated the importance of consultation and participation of disabled students in the development and implementation of policy, provision and practice throughout HEIs. Involvement of disabled people is central to the concept of the DED and underpins the general duty to promote disability equality. The historic under-representation of disabled people is acknowledged and addressed within the DED in determining policy and priorities within public bodies. The DED requires that such involvement

must prove meaningful. It is recommended that HEIs adopt these principles and grasp the potential benefits that can result from consultation and participation institutionally. It is further recommended that consultation and participation is implemented at an individual level in respect of support services, provision and practice. As evident in this study, in order for disabled students to secure independence and, therefore inclusion, their own 'expertise' as to what works best must be acknowledged and no longer ignored. Listening to student views, securing control and choice in the development and implementation of such provision is central to the concept of equality and inclusion.

This thesis has presented evidence of the inequality, exclusion and oppression that can be experienced by disabled people in accessing higher education. The framework of recommendations presented for legislators, policymakers, and higher education providers, demonstrates that substantial changes need to be adopted in order to guarantee the future equality and inclusion of disabled students. I have claimed that the failure to do so will detrimentally effect the experiences of disabled students and lead to inequality, exclusion and oppressive practices. Finally, I now conclude with my closing remarks.

### 10.3 Concluding Remarks

At the start of this study I sought to gain an understanding of those factors that influenced, or impacted upon, the experience of equality and inclusion within higher education for disabled students. This questioning had been driven by my own experiences within higher education and the realisation

that in some instances I experienced equality and inclusion and in others inequality and exclusion. As to how and why this should have been the case, and the extent of these experiences for other students, provided the impetus for this study.

The evidence presented in this thesis has supported the theoretical arguments based on the way power operates in determining and shaping dominant perceptions and values within society. As a consequence, those who lack power can often experience inequality and exclusion. This was evident in the experiences of disabled people detailed in this study. Disability had generally been defined and responded to in terms of a medical or individual model, focusing on impairment and functional limitation, with underlying assumptions based on inability and abnormality. This resulted in a welfare response within policy, provision and practice based on care, concern and compensation. Where the social model was adopted, acknowledging the cause of disability as derived from attitudinal, environmental and organisational barriers, subsequent policy, provision and practice centred on a rights approach incorporating greater control, choice and consultation.

This thesis has argued that in order to secure equality and inclusion for disabled students, control, choice and consultation are fundamental in the way legislation, policy and provision is developed and implemented. The failure to do so, as clearly demonstrated in this study, will cause inequality and exclusion and the feeling as expressed by students in this study, that they believe they are generally not welcome and are unwanted.

This thesis has:

- Provided an evaluation of the experiences of disabled people in the context of disability and higher education legislation, policy, provision and practice.
- Provided an evidenced based explanation of those factors that determine equality and inclusion for disabled students in higher education.
- Provided evidence regarding how to secure equality and inclusion for disabled students.

In order to develop effective policies for the future, legislators, policy makers and higher education providers must recognise those factors that impact on equality and inclusion experienced by disabled people. I have provided an evidence based explanation on these determining factors, based on control, choice and consultation. However, the question remains regarding to what extent will those in positions to influence the future direction of legislation, policy, provision and practice, be willing to relinquish power and allow control, choice and consultation to pass to disabled people.

This study has given a voice to disabled students in higher education and presented their perspectives on what it means to feel included. Thus, it has important implications for the future experiences of disabled students. Where the recommendations made within this thesis are acted upon, the experiences of disabled students in higher education should become more positive. I conclude with a comment of one such disabled student:

I hope that things will change now, not for me, but for future students. I hope they won't have to go through what I have had to. (Paul: Interview 03/06/03)

**APPENDICES**

Higher Education Statistics Agency (HESA) Data Tables Supplied

2000/01 Data:

- Table 1: Qualifiers by Subject of Study, Level of Qualification Obtained and Disability
- Table 2: Students by Subject of Study, Level of Study, First Year Marker and Disability
- Table 3: First Degree Qualifiers by Classification of Degree and Disability
- Table 4: Qualifiers by Institution, Level of Qualification Obtained and Disability
- Table 5: Qualifiers by Subject of Study, Level of Qualification Obtained and Disability

2001/02 Data:

- Table 1: Students by Location of Institution, Institution, Level of Study, First Year Marker and Disability
- Table 2: Students by Subject of Study, Level of Study, First Year Marker and Disability
- Table 3: First Degree Qualifiers by Classification of Degree and Disability
- Table 4: Qualifiers by Location of Institution, Institution, Level of Qualification Obtained and Disability
- Table 5: Qualifiers by Subject of Study, Level of Qualification Obtained and Disability
- Table 6: Students by Location of Institution, Age Group, Gender, Level of Study and Disability
- Table 7: Qualifiers by Location of Institution, Age Group, Gender, Level of Qualification and Disability
- Table 8: UK Domiciled Students by Welsh Institutions, Location of Institution, Ethnicity and Disability

Additional Data 1994-2004/05

- Table 1: The Total Number of Disabled HE Students (all years of study and from all locations, e.g. UK domiciled and International) on UK HEI programmes (by impairment) (1994-2003)
- Table 2: The Number of Disabled HE Students (all years of study and from all locations, e.g., UK domiciled and international) on UK HEI Programmes (by impairment and mode of study)
- Email: 16/6/06 Ref: 25666 Data Returns for 2004/04  
UK Domiciled Students 18-24 years of age  
UK Domiciled Students known to have a disability 18-24 years of age  
UK Domiciled Students  
UK Domiciled Students Known to have a Disability

## HESA Definitions

Location of Institution (England, Wales, Scotland, Northern Ireland)

Level of qualification (PG/First Degree/Other UG)

Ethnicity (White/ Black Caribbean/ Black African/ Black Other/ Indian/  
Pakistani/ Bangladeshi/ Chinese/ Asian Other/ Other/Unknown).

Disability (dyslexia, blind/partially sighted, deaf/hearing impaired, wheelchair user/mobility difficulties, personal care support, mental health difficulties, an unseen disability (e.g. diabetes, epilepsy, asthma) multiple disabilities, a disability not listed above

Questionnaire:

Policy and Provision for Disabled Students

in Welsh Higher Education

Part of a Phd Research Project by

Mrs. Karen Beauchamp-Pryor

June 2003



## Policy and Provision for Disabled Students in Higher Education

### Section (a):

1. Your name: .....
2. Your position: .....
3. Name of institution: .....

### Section (b): Departmental structure:

4. How do you see your role as a disability officer/advisor for students with disabilities?

.....  
.....  
.....  
.....  
.....

5. How many staff are directly responsible to you and what are their roles?

.....  
.....  
.....  
.....  
.....

6. Who are you directly responsible to and what is their position?

.....  
.....

7. Please sketch below your departmental structure indicating where your role falls within this structure.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

8. How many people are employed within the institution to support disability provision?

.....  
.....

9. Do you or any member of the disability support staff have a disability?

.....

Section (c): Policy and provision for students with disabilities.

10. Could you please provide a copy of your policy statement on disability.

11. Please detail any staff development on disability indicating which groups of staff have been involved, format and timescale.

.....  
.....  
.....  
.....  
.....  
.....

12. How successful has staff development proved?

.....  
.....  
.....  
.....

13. Please detail any future plans for staff development indicating the groups of staff to be involved, format and timescale.

.....  
.....  
.....  
.....

14. What practical steps have been implemented to ensure staff compliance with the new duties and responsibilities contained within the Special Educational Needs and Disability Act?

.....  
.....  
.....  
.....

15. Please provide details of current arrangements for advice and support offered to disabled students.

.....  
.....  
.....  
.....

16. Are nominated disability contacts provided within each department?

.....  
.....  
.....

17. Do you have any systems in place for evaluating current provision by your institution for students with disabilities? If yes, please provide details.

.....  
.....  
.....  
.....

18. Are there procedures set-up specifically to monitor provision for students with disabilities?

.....  
.....  
.....  
.....  
.....

19. Has your institution completed a disability audit? If yes, please provide details as to the type of audit, when it was undertaken and whether the audit was conducted internally or externally.

.....  
.....  
.....  
.....  
.....

20. Do you include any input from disabled students in developing disability policy and procedures? If yes, please provide details. If no, please indicate whether students may be involved in the future.

.....  
.....  
.....  
.....  
.....  
.....

21. Do you have a complaints procedure set up to aid in the resolution of disputes? If yes, please provide details.

.....  
.....  
.....  
.....  
.....

22. In general, how well do you think your organisation/department meets the needs of disabled students?

.....  
.....  
.....  
.....  
.....  
.....

Section (d): Defining Disability

23. How is disability defined by your institution?

.....  
.....  
.....  
.....

24. Could you please indicate, using the UCAS coding system, how many students there are currently enrolled in each of the following categories in your institution (in the academic year 2002-2003).

Number of students with:

- (a) dyslexia .....
- (b) blind/visually impaired .....
- (c) deaf/hearing impaired .....
- (d) wheelchair user/mobility difficulties .....

- (e) mental health difficulties .....
- (f) an unseen disability, e.g. diabetes, epilepsy, asthma, ME .....
- (g) personal care support needs .....
- (h) multiple disabilities .....
- (i) a disability not listed above .....

25. What is the total number of students at your institution? .....

Section (e): Other comments

26. What do you actually think yourself of the institution's provision?

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Thank you for completing the questionnaire  
Please return it in the envelope provided by  
24th January 2003**



Coding for the Case Study University Student Statistics

List of variables on the working file

Name

Position

<u>ID</u>	<u>ID</u>	
		Measurement Level: Nominal
<u>COURSE</u>	<u>Course</u>	
		Measurement Level: Nominal
<u>GROUP</u>	<u>Group</u>	
		Measurement Level: Nominal
<u>PGUG</u>	<u>PG/UG</u>	
		Measurement Level: Nominal
	Value	Label
	1	PG
	2	UG
	99	Missing Data
<u>ROUTE</u>	<u>Route</u>	
		Measurement Level: Nominal
<u>DEPTCODE</u>	<u>Dept</u>	
		Measurement Level: Nominal
	Value	Label
	1	AMST
	2	APLS
	3	BIOL
	4	CHEM
	5	CLAS
	6	CSCI
	7	DACE
	8	EBMS
	9	ECON
	10	EDUC
	11	EGSC
	12	ENGL
	13	FREN
	14	FSCI
	15	GEOG
	16	GRMN
	17	HIST
	18	HSPC
	19	ITAL.
	20	LAWD
	21	MATH
	22	MDST
	23	PHYS
	24	PILY
	25	POLS
	26	PSYC
	27	SCEL
	28	SHLS
	29	SSID
	30	STSC
<u>MODECODE</u>	<u>FT/PT</u>	
		Measurement Level: Nominal
	Value	Label
	1	Full time
	2	Part time
	99	Missing data



GENDCODE Gender M/F

Measurement Level: Nominal

Value	Label
1	M
2	F
99	Missing data

ETHNIC Ethnic

Measurement Level: Nominal

Value	Label
1	White
2	Black
3	Black African
4	Black Other
5	Indian
6	Pakistani
7	Bangladeshi
8	Chinese
9	Asian Other
10	Other
99	Missing data

DISABIL Impairment Category

Measurement Level: Nominal

Value	Label
1	Dyslexia
2	Blind/partially sighted
3	Deaf/hearing impaired
4	Wheelchair/mobility
5	Personal care
6	Mental health difficulties
7	Unseen disability
8	Multiple disabilities
9	Disability not listed
99	Missing data

DSA Disabled Students Allowance

Measurement level nominal

1	Receiving DSA
2	Not receiving DSA
3	Student has a disability, but DSA unknown
99	Missing data

AGE Age

Measurement Level: Ordinal

Value	Label
1	Under 18
2	18-20
3	21-24
4	25-29
5	30-39
6	40-49
7	50-59
8	60+
99	Missing data

START AGE Start age

Measurement Level: Scale

SCHEME Scheme title

Measurement Level: Nominal

Coding for University Staff Interviews

ACCS	Access
APPR	Approach
COMD	Communication/Information (Department/Staff)
COMS	Communication (Students)
COMU	Communication/Information (University/Disability Office)
CONF	Confidentiality
CONS	Consultation
COUN	Counselling
DCRL	Disability Co-ordinator Role
DCRN	Disability Co-ordinator Reason Appointed
DISC	Disability Co-ordinator
DISO	Disability Office
DSCL	Disclosure
EQU	Equipment
EQUA	Equality
EXAM	Examinations
EXPR	Experience of Disability Issues
FEED	Feedback
GDPR	Good Practice/Proactive
IMPR	Impairment/Disability
INCL	Inclusion and Inclusive Practices
INTL	International/Exchange Students
INQY	Inquiry
LANG	Language
LECN	Lecture Notes (copyright/support)
LEGN	Legislation
MDLS	Models of Disability
NTWK	Networks
NOTC	Notices
POWR	Power (see also LECN and SUPT)
REAC	Reactive Provision
RSAD	Reasonable Adjustments (e.g. curriculum design)
STAF	Staff (knowledge of duties and of the University's)
STUD	Student (attitudes/rights)
TRAN	Training
UNIS	University's Response to Legislation

Coding for Student Union and Student Interviews

ACCS	Access
- ACCA	Access - Accommodation
- ACCB	Access – Buildings etc
- ACCC	Access – Campus
- ACCL	Access – Library/Technology
- ACCP	Access – Parking
- ACCT	Access - Transport
- ACLC	Access – Lack of Concentration in Lectures – Access Worries
- ACLK	Access – Lack of Knowledge (example of student knowing best)
- ACLR	Access – Lecture Rooms
- ACLU	Access – Lecturer's Understanding
ACCM	Accommodation
ACHV	Achievement
ADMS	Admissions
CARR	Career/Future
CHCS	Choice of Course
COFY	Confidentiality
COMM	Communications
COMP	Complaints/Inquiry
CONF	Confidence
COOD	Co-ordinator
COPE	Coping
COUN	Counselling
CRSE	Course
CULT	Culture
CVNR	Carers/Volunteers/Notetakers/Readers
DAEQ	Disability Awareness/Equality
DECL	Declaring a Disability
DEFN	Defining Disability
DEPT	Department
DETM	Determination
DISB	Disability/Illness
DISC	Discrimination
DISO	Disability Office
DSAS	Disabled Students' Allowances
- DSAA	DSA – assessment
- DSAF	DSA – Funding/LEA/County Council
- DSAS	DSA – Student Views
DYSL	Dyslexia
DYST	Dyslexia Tutor
EMBR	Embarrassment
EXAM	Examinations/Assessments/Extensions/Course Work
EXCH	Exchange (students)
FEED	Feedback
FINC	Finance
FRUM	Forum/Society
FRDS	Friends

HSAY	Having a say/Representation
IGNR	Ignorance
INDE	Independence
INFO	Information
INTN	International
INTV	Interview
LABL	Labelling
LANG	Language
LECT	Lecture Support
LEGS	Legislation/Rights/Responsibilities
LETN	Lecture Notes
LETS	Lectures
LIBY	Library
LIST	Listening
LTRS	Lecturers/Tutors
MENT	Mental Health
MERE	Me/Researcher
MERT	Merit
MODL	Modules
NOTE	Notes/Overheads
OHEI	Other HEIs (gap year / exchange)
ONLN	Online
PASS	Personal Assistants
PERC	Perceptions
PFRS	Parents/Family/Relationships
POWR	Power/Equality
PREC	Preconceptions – Disability/Impairment Models
PROV	Provision
PTME	Part Time
QUES	Questionnaires/Research
RAAC	Reactive/Proactive
REAS	Reasonable Adjustments
RACE	Race/Racism
RECC	Recording Centre
RGHT	Rights
SAYG	Saying (informing staff/degrading/demoralising)
SCHL	School/College
SDMT	Staff Development
SENDA	SENDA/Legislation
SNMT	Senior Management/University
SOCL	Social
STUD	Students/Friends
STUN	Student Union
STDY	Study Year
SUBJ	Subject/Course - Suitability
SUPP	Support
TRAV	Travel
UNDG	Understanding
UNIV	University
WHYH	Why HE
WKPL	Work/placement

Appendix 'G'

Analysis Across All Academic Departments  
Including Information Regarding Disability Contact and Interviews

Dept.	Total Students	Students with a Known Disability	% of Students with a Known Disability	Questionnaires Returned	Students Interviewed	Disability Contact in Dept.	Disability Contact Interviewed
1	8	2	25.00	0	0	No	
2	29	0	0.00	0	0	No	
3	36	0	0.00	0	0	No	
4	50	0	0.00	0	0	No	
5	50	7	14.00	1	0	Admin	
6	58	2	3.45	0	0	No	
7	65	3	4.62	0	0	No	
8	79	1	1.27	0	0	No	
9	88	4	4.55	0	0	Academic	
10	99	7	7.07	2	0	No	
11	102	1	0.98	0	0	Academic	
12	105	4	3.81	0	0	Academic	
13	111	9	8.11	1	1	No	
14	160	9	5.63	1	0	No	
15	179	11	6.15	1	0	No	
16	209	9	4.31	2		Admin	
17	211	44	20.85	14	2	Admin	Yes
18	212	11	5.19	0	0	Academic	Yes
19	237	8	3.38	1	0	No	
20	335	20	5.97	2	0	No	
21	386	20	5.18	3	0	Admin	
22	421	14	3.33	6	0	No	
23	436	28	6.42	4	4	Academic	Yes
24	473	21	4.44	5	1	Academic	Yes
25	475	29	6.11	13	5	Academic	Yes
26	500	22	4.40	7	2	No	
27	552	18	3.26	4	1	Academic	Yes
28	586	40	6.83	11	3	Academic	
29	597	9	1.51	1	0	No	
30	599	20	3.34	7	2	No	
31	760	18	2.37	5	0	No	
32	1018	55	5.40	10	2	No	
33	2352	45	1.91	15	0	No	
	11578	491	4.24	116	23		

Appendix 'H'

Percentage of Disabled Students by Impairment Category within the Total Number of Students by Academic Department

Dept.	Total Number of all Students	Dyslexia %	Blind/ Partially Sighted %	Deaf/ Hearing Impaired %	Wheel Chair/ Mobility %	Personal Care %	Mental Health %	Unseen Disability %	Multiple Disabilities %	Disability not Listed %	Total % of Disabled Students
1	8	12.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.50	25.00
2	29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5	50	10.00	2.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	14.00
6	58	0.00	0.00	0.00	1.72	0.00	1.72	0.00	0.00	0.00	3.45
7	65	1.54	0.00	0.00	1.54	0.00	0.00	1.54	0.00	0.00	4.62
8	79	0.00	0.00	1.27	0.00	0.00	0.00	0.00	0.00	0.00	1.27
9	88	1.14	0.00	0.00	0.00	0.00	1.14	2.27	0.00	0.00	4.55
10	99	2.02	0.00	0.00	1.01	0.00	0.00	2.02	0.00	2.02	7.07
11	102	0.00	0.00	0.00	0.98	0.00	0.00	0.00	0.00	0.00	0.98
12	105	0.95	0.00	0.00	0.00	0.00	0.00	0.95	0.00	1.90	3.81
13	111	4.50	0.00	0.00	0.90	0.00	0.00	0.90	0.00	1.80	8.11
14	160	3.75	0.00	1.25	0.00	0.00	0.63	0.00	0.00	0.00	5.63
15	179	4.47	0.00	0.00	0.56	0.00	0.00	0.00	0.00	1.12	6.15
16	209	4.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.31
17	211	0.95	0.95	1.90	3.32	0.47	0.95	4.27	2.37	5.69	20.85

Percentage of Disabled Students by Impairment Category within the Total Number of Students by Academic Department  
(Cont...)

Dept.	Total Number of all Students	Dyslexia %	Blind/ Partially Sighted %	Deaf/ Hearing Impaired %	Wheel Chair/ Mobility %	Personal Care %	Mental Health %	Unseen Disability %	Multiple Disabilities %	Disability not Listed %	Total % of Disabled Students
18	212	2.36	0.94	0.00	0.00	0.00	0.47	1.42	0.00	0.00	5.19
19	237	1.69	0.00	0.00	0.00	0.00	0.00	1.27	0.42	0.00	3.38
20	335	3.58	0.30	0.30	0.30	0.00	0.00	1.49	0.00	0.00	5.97
21	386	0.52	0.26	0.52	0.26	0.00	0.26	1.04	0.78	1.55	5.18
22	421	1.66	0.00	0.24	0.00	0.00	0.00	0.71	0.24	0.48	3.33
23	436	1.61	0.00	0.46	0.46	0.00	0.69	1.61	0.23	1.38	6.42
24	473	2.54	0.21	0.21	0.00	0.00	0.00	0.85	0.00	0.63	4.44
25	475	2.53	0.42	0.42	1.26	0.00	0.21	0.42	0.42	0.42	6.11
26	500	2.80	0.00	0.40	0.60	0.00	0.00	0.20	0.00	0.40	4.40
27	552	1.27	0.18	0.18	0.18	0.00	0.00	0.91	0.36	0.18	3.26
28	586	3.41	0.68	0.34	0.85	0.00	0.17	0.34	0.17	0.85	6.83
29	597	0.34	0.34	0.00	0.34	0.00	0.00	0.34	0.00	0.17	1.51
30	599	1.84	0.17	0.00	0.17	0.00	0.00	0.50	0.17	0.50	3.34
31	760	1.71	0.00	0.00	0.00	0.00	0.13	0.26	0.00	0.26	2.37
32	1018	3.73	0.10	0.29	0.00	0.00	0.00	0.69	0.00	0.59	5.40
33	2352	0.55	0.00	0.21	0.00	0.00	0.09	0.81	0.04	0.21	1.91
	11578	1.90	0.16	0.25	0.30	0.01	0.13	0.77	0.16	0.56	4.24

(Source: Data derived from the case study University's database at October 2002)

Sample List of Questions used in the Disability Co-ordinator Interviews

1. How long have you been the disability co-ordinator for the department?
2. Did you have any past experience on disability issues before the post?
3. Have you heard of SENDA - the Special Education and Disability Act – and the DDA - Disability Discrimination Act?
4. Have you received any information or training on SENDA and the DDA? Have other staff members received any training?
5. Do you think SENDA has made any difference to the way the department responds to students?
6. How knowledgeable do you think staff are of their own duties, as well as the institutions duties under the legislation?
7. There is a duty to make reasonable adjustments for disabled students and to take positive steps to make education accessible. This goes beyond treating disabled people less favourably than non-disabled people. Have the department reviewed possible 'reasonable adjustments' they might have to make? For example, within curriculum design or examinations and assessments.
8. Have you noticed any overall difference in the response by the University to disability issues since the implementation of SENDA?
9. How effective is the communication system between yourself and the disability office in informing you of students and requirements? Do you get copies of student reports? Do Admissions inform you of enrolled disabled students?
10. How do communications systems work within the department in relation to a student? For example, do you inform the student's lecturers/tutors?
11. When I was interviewing I noticed that some disabled students felt a reluctance to disclose a disability to the University, one student told me it was a question of 'how much to tell, or not to tell'. Have you come across disclosure as a problem within the department?
12. Do you feel students come to you with difficulties and concerns?



13. Have you noticed students experiencing any difficulties outside of their home department when taking other modules?
14. Students mentioned that their experiences were very much down to the support provided by individual lecturers, for example copies of overheads, copies of lecture notes etc. Have you noticed this at all?
15. Have you noticed any concern over copyright from lecturers over students taping or seeking copies of lecture notes?
16. Have you noticed any difference in student attitudes since the implementation of SENDA?
17. Do you think students are more aware of their rights?
18. Is there any mechanism in which students can feed back disability issues relating to the support within the department? And are students aware of this?
19. One student told me that his department actively sought his advice on disability issues, is this something you would, or could encourage?

**Thank you for taking the time to complete this questionnaire**

(1) Name: (optional) \_\_\_\_\_

**Anonymity will be maintained.** If you do not wish to give your name, please could you provide a contact telephone number or email address in case your returned questionnaire is drawn for the £15 Amazon prize voucher.

(2) Tel.no./email: \_\_\_\_\_

(3) Could you please indicate your graduate status:

Postgraduate  Undergraduate

(4) Course: \_\_\_\_\_

(5) Year of Study: \_\_\_\_\_

(6) Department(s): \_\_\_\_\_  
\_\_\_\_\_

(7) Could you please indicate your gender:

Male  Female

(8) Could you please tick your age range:

under 18    18-20    21-24    25-29    30-39    40-49    50-59    60+

(9) Could you please tick your ethnicity:

White	Black	Black African	Black Other	Indian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	Bangladeshi	Chinese	Asian Other	Other (please specify below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(10) During term time where do you live?

at home with your parents/or guardian

in university maintained accommodation

in privately rented

your own home

or other (please specify below)

---

(11) Could you please tell me the type of impairment/disability you have:

dyslexia

blind/visually impaired

deaf/hearing impaired

wheelchair user/mobility difficulties

personal care support needed

mental health difficulties

an unseen disability (e.g. diabetes,  
epilepsy, asthma, ME)

a disability not listed above  
(please specify below)

---

(12) Do you receive the Disabled Students Allowance (DSA)?

Yes

No

If you would like to provide any additional comments relating to DSA please do:

---

---

---

(13) Have you ever attended a special educational school or college?

Yes

No

If yes, could you please provide details as to the type of school or college and the number of years attended.

---

---

(14) Do you think your previous educational background, whether mainstream or special educational, has affected your outlook on university provision?

Yes

No

If you would like to provide any additional comments please do:

---

---

---

(15) Why did you choose to attend the University of Wales, xxxxxxxx?

---

---

(16) What influenced you in your choice of course?

---

---

(17) Do you know if your subject department has a nominated contact responsible for disability issues?

Main subject department:

Yes

No

second department  
(if applicable)

Yes

No

(18) Have you received any additional assistance from your subject department (e.g. alternative presentation of materials in lectures/tutorials or general support)?

Yes  No

If yes, do you feel the support you have received from your department has been:

very good  good  satisfactory  poor  very poor

second dept (if applicable)

If you would like to provide any additional comments relating to departmental support please do:

---

---

---

---

(19) How well do you think academic staff understand your requirements?

very well  well  satisfactory  poor  very poor

If you would like to provide additional comments relating to staff awareness and understanding please do:

---

---

---

---

(20) Do you receive any additional assessment/examination provision (e.g. extra time, use of a computer, exam paper in alternative formats, separate room and rest periods)?

Yes  No

If yes, do you feel the support you have received has been:

very good  good  satisfactory  poor  very poor

If you would like to provide any additional comments relating to assessment/examination provision please do:

---

---

---

---

(21) Have you received any assistance from the Disability Office (this may include, help in applying for the Disabled Students' Allowance, appointing personal carers, readers and notetakers, or general support)?

Yes  No

If yes, do you feel the assistance offered by the Disability Office is:

very good  good  satisfactory  poor  very poor

If you would like to provide any additional comments relating to the disability office please do:

---

---

---

---

(22) How accessible do you think the university campus is (this may include building and room accessibility, or provision within rooms such as appropriate seating, lighting etc)?

very good      good      satisfactory      poor      very poor

If you would like to provide any additional comments relating to accessibility please do:

---

---

---

---

(23) Do you feel you have been able to participate in student activities as much as you would have liked?

Yes            No     

If no, was this because of your disability?

---

---

(24) Overall how do you rate your experiences so far at xxxxxx University?

very good      good      satisfactory      poor      very poor

If you would like to provide any additional comments relating to your experiences please do:

---

---

---

---



(25) Have you heard of the Special Educational Needs and Disability Act (2001)?

Yes

No

(26) The Special Educational Needs and Disability Act (2001) extended the Disability Discrimination Act (1995) to provide enforceable and comprehensive protection for disabled students. Do you think the legislation will combat disability discrimination in higher education?

Yes

No

Don't  
Know

(27) Do you think the University has discriminated against you in any way because of your disability?

Yes

No

Don't  
Know

If yes, please give details:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



(28) Do you think disabled students should have the opportunity to be able to contribute to disability policy and provision within higher educational institutions?

Yes  No  Don't Know

(29) Would you, personally, like to contribute in the development of disability policy and provision at xxxxxxxx University?

Yes  No  Don't Know

(30) Would you be interested in joining a student union disability forum or society?

Yes  No  Don't Know

If you would like to find out more about a disability forum or society, but wish to remain anonymous to me, please contact the student union for more information.

(31) Would you be interested in helping me develop my research further?

Yes  No

**Thank you for your help and good luck in the prize draw!**  
**Please return the questionnaire by 3<sup>rd</sup> March 2003**

XXXXXXXXXX  
XXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



In Summary:

- I am a research student with a disability based in Social Policy
- I am interested in the experiences of other disabled students
- All responses will be treated in completed confidence and anonymised
- As a thank you, your questionnaire you will be entered into a prize draw for a £15 Amazon voucher
- Questionnaires need to be returned by 3<sup>rd</sup> March 2003 and can be handed in to the reception desk at the main entrance of xxxxxxxxxxxx
- I would like to develop my research further with a smaller group of people and wondered if you would be interested in becoming involved?
- My contact details are xxxxxxxxxxxx/ tel: xxxxxxxxxxxx
- If a Student Union Disability Forum or Society was set-up, would you be interested in joining?

Thank you very much for taking the time to read this letter. I hope you will be able to assist in completing the questionnaire.

Many thanks,

Karen Beauchamp-Pryor  
Research Student

Encs.

Coding for the Student Questionnaire

Sysfile Info: C:\Documents and Settings\...\disab quest.sav  
 File Type: SPSS Data File  
 Creation Date: 22-FEB-2006 15:59:49  
 Label: None  
 N of Cases: 116

ID1      ID  
 Measurement Level: Nominal

GRADST3    Graduate Status  
 Measurement Level: Nominal  
 Value      Label  
           1      Postgraduate  
           2      Undergraduate  
           99     No Response

COURSE4    Course  
 Measurement Level: Nominal  
 Value      Label  
           1      Sports Science  
           2      Nursing Science  
           3      Psychology  
           4      Early Childhood Studies  
           5      Social Science  
           6      History  
           7      Social Policy  
           8      Humanities  
           9      Zoology  
          10     DIPSW  
          11     PGCE  
          12     Marine Biology  
          13     Critical Care  
          14     Ancient History  
          15     Geography  
          16     Development Studies  
          17     Business Information Technology  
          18     Healthcare  
          19     Mathematics  
          20     Topographical Science  
          21     Engineering  
          22     Chemistry  
          23     Sociology  
          24     Environmental Biology  
          25     Translation and Language Technology  
          26     European Business Studies  
          27     American Studies  
          28     Medical Science and Humanities  
          29     Computer Science  
          30     Mathematics for Computer Science  
          31     Child Welfare  
          32     Economics  
          33     Business Management/Studies  
          34     Law and Ethics  
          35     Classics  
          36     English  
          37     Design and Technology  
          38     English Literature  
          39     Power and Aerospace Technology

40	Law
41	Politics
42	Business, Economics and Law
43	Community Health Studies
44	Pre-hospital Emergency Care
45	Philosophy
46	Engineering and Management
47	Anthropology
48	Design and Manufacture
49	Theoretical Physics
50	Recycling Technology
88	Does Not Apply
99	No Response

CSE2ND4 course 2<sup>nd</sup> Subject

Measurement Level: Nominal

Value	Label
(as above for COURSE4 Course)	

YRSTUDY5 Year of Study

Measurement Level: Scale

Value	Label
1	1
2	2
3	3
4	4
5	5
10	Exchange
99	No Response

DEPTCOD6 Dept.1

Measurement Level: Nominal

Value	Label
1	AMST
2	APLS
3	BIOL
4	CHEM
5	CLAS
6	CSCI
7	DACE
8	EBMS
9	ECON
10	EDUC
11	EGSC
12	ENGL
13	FREN
14	FSCI
15	GEOG
16	GRMN
17	HIST
18	HSPC
19	ITAL
20	LAWD
21	MATH
22	MDST
23	PHYS
24	PILY
25	POLS
26	PSYC
27	SCEL
28	SHLS
29	SSID
30	STSC

DEPT2ND6 Second Department  
Measurement Level: Nominal  
Value      Label  
            (as above for DEPTCOD6 Dept.1)

GENDER7 Gender  
Measurement Level: Nominal  
Value      Label  
      1      Male  
      2      Female  
      99     No Response

AGE8 Age Range  
Measurement Level: Scale  
Value      Label  
      1      Under 18  
      2      18-20  
      3      21-24  
      4      25-29  
      5      30-39  
      6      40-49  
      7      50-59  
      8      60+  
      99     No Response

ETHNC9 Ethnicity  
Measurement Level: Nominal  
Value      Label  
      1      White  
      2      Black  
      3      Black African  
      4      Black Other  
      5      Indian  
      6      Pakistani  
      7      Bangladeshi  
      8      Chinese  
      9      Asian Other  
     10      Other  
      99     No Response

ACCOM10 Accommodation  
Measurement Level: Nominal  
Value      Label  
      1      Parents/Guardian  
      2      University Accommodation  
      3      Privately Rented  
      4      Own Home  
      5      Other  
      99     No Response

IMPAIR11 Impairment/Disability  
Measurement Level: Nominal  
Value      Label  
      1      Dyslexia  
      2      Blind/Visually Impaired  
      3      Deaf/Hearing Impaired  
      4      Wheelchair/Mobility  
      5      Personal Care  
      6      Mental Health  
      7      Unseen Disability  
      8      Multiple Disabilities  
      9      Disability Not Listed  
      99     No Response

IMP2ND11 Second Impairment/Disability

Measurement Level: Nominal

Value      Label  
            (as above for IMPAIR11 Impairment/Disability)

IMP3RD11 Third Impairment/Disability

Measurement Level: Nominal

Value      Label  
            (as above for IMPAIR11 Impairment/Disability)

IMP3RD11 Fourth Impairment/Disability

Measurement Level: Nominal

Value      Label  
            (as above for IMPAIR11 Impairment/Disability)

IMPCOM11 Impairment/Disability Comments

Measurement Level: Nominal

Value      Label  
      1      Spondylosis  
      2      Carpel Tunnel Syndrome/RSI  
      3      Arthritis  
      4      Osteoarthritis  
      5      Multiple Sclerosis  
      6      Thumb and Wrist  
      7      Hydrocephalus  
      8      Asphasia Syndrome  
      9      Stroke/Brain Tumour  
     10      Dysphraxia  
     11      Viral Arthritis  
     12      Spinal Injury  
     13      ME  
     88      Does Not Apply

DSA12 DSA

Measurement Level: Nominal

Value      Label  
      0      No  
      1      Yes  
      2      Don't Know  
     99      No Response

DSACOM12 DSA Comments

Measurement Level: Nominal

Value      Label  
      1      Not heard of it  
      2      Process of applying  
      3      Unaware what DSA is (but in receipt)  
      4      Necessity  
      5      Deals direct with LEA  
      6      Disability not recognised  
      7      Not enough information given  
      8      Lack of funding for dyslexia testing  
      9      Does not think eligible  
     10      Money not enough for specialised equipment  
     88      Does not apply

SPED13 Special Education

Measurement Level: Nominal

Value      Label  
      0      No  
      1      Yes  
     99      No Response

EDVIEW14 Affected Outlook

Measurement Level: Nominal

Value	Label
0	No
1	Yes
99	No Response

COM1ST14 Education Comments

Measurement Level: Nominal

Value	Label
1	Lack of opportunities at school
2	Little previous support
3	Stupid/not clever enough at school
4	Help at university offered, but didn't materialise until third year
5	Private/extra support at school
6	Expect high standards at university
7	School was very supportive
8	Mainstream - helped confidence
9	Extra help, helped to get into university
10	Would not have tried to go to university, before being diagnosed dyslexic
11	Always wanted to go to HE
12	Not everyone benefits from special school
13	Enjoyed mainstream
15	Provision is slower, but more thorough at university
16	Left without expectation
17	Learnt to 'make do' at school
18	Did not think would ever go to HE
19	Close knit school/pastoral care
20	Lack of care and anonymity
21	Fight for your needs and equality at university
22	USA exchange - services differ
88	Does not apply

COM2ND14 Second Education Comments

Measurement Level: Nominal

Value	Label
	<u>(as above for COM1ST14 Education Comments)</u>

UNIPIC15 University Choice

Measurement Level: Nominal

Value	Label
1	Location/area
2	Atmosphere/liked it/activities/night life
3	Family support
4	Course/academic standards
5	Part time
6	Entry requirements
7	Finance
8	One campus
9	Accommodation
10	Away from home
11	Work/previous experience/qualifications
12	Mature students welcomed
13	Changed universities as unable to keep up
14	Unsuccessful applications to other universities
15	University had an excellent reputation
16	Family commitments
17	Year abroad/exchange offered
18	Contact/link at University
19	Disability Office helpful/support offered/good disability provision



20	Educational aspiration
21	Why not?
22	Closest disability provision
23	Advertising/local radio
24	Friendly and supportive
25	Resource Unit - material pref. format
88	Does not apply
99	No response

UNI2ND15 University Choice Second Reason

Measurement Level: Nominal

Value	Label
	(as above for UNIPIC15 University Choice)

UNI3RD15 University Choice Third Reason

Measurement Level: Nominal

Value	Label
	(as above for UNIPIC15 University Choice)

CSEPIC16 Course Choice

Measurement Level: Nominal

Value	Label
1	Good at subject/interest
2	Qualification
3	Coursework based
4	Course
5	Facilities
6	Teacher's influence
7	Previous work
8	Job prospects/professional development/career
9	Locality
10	No essays
11	Year abroad
12	Lack of options
13	Guided by university
14	Easiest
15	A levels/previous study
16	Part time
17	Recommendation
18	Academic support offered
19	Support with disability
20	Sponsor Royal Navy
21	Chose course suitable for dyslexia
22	Activities
99	No response

CSE2ND16 Course Choice Second Reason

Measurement Level: Nominal

Value	Label
	(as above CSEPIC16 Course Choice)

CONMN17 Subject Contact Main Subject

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Yes and No
88	Not Applicable
99	No Response

CONSEC17 Subject Contact Second Subject

Measurement Level: Nominal

Value	Label
	(as above for <u>CONMN17 Subject Contact Main Subject</u> )

ADDASS18 Additional Assistance in Department

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Yes and No
88	Not Applicable
99	No Response

ADDDEP18 Additional Assistance Rating

Measurement Level: Ordinal

Value	Label
1	Very Good
2	Good
3	Satisfactory
4	Poor
5	Very Poor
88	Does Not Apply
99	No Response

ADD2ND18 Additional Assistance Rating Second Department

Measurement Level: Ordinal

Value	Label
	(as above for <u>ADDASS18 Additional Assistance in Department</u> )

COM1ST18 Additional Assistance Comments

Measurement Level: Nominal

Value	Label
1	Dependent on DSA award
2	Department approachable/supportive/understanding
3	Help promised/failed to materialise
4	Additional exam time
5	Re-apply each module
6	Lack of equipment
7	Tokenistic
8	Special treatment/favour
9	No support needed
10	Very good tutor
11	Outside modules lacked support
12	Prejudice - staff don't believe in dyslexia/ lack of knowledge
13	Poor communication/organisation between departments/and Disability Office
14	Induction loops and microphones needed
15	Course notes for all
16	Changing
17	Had to inform each lecturer
18	Contacts
19	Failed to provide lecture notes
20	Undermining confidence
21	Library blocks recalls
22	No additional time for assignments
23	Lecturers helpful
24	Lecturers forget handouts and overheads in large print
26	Lecture notes only from main department
27	No help in year one or two - did not know

	help was available
28	Lack of support, but improved with assertiveness
29	Material organised by Resource Unit, but received after lectures
30	Material given in front of other students
31	No support requested
88	Does not apply

COM2ND18 Additional Assistance Second Comments

Measurement Level: Nominal

Value	Label
	(as above for <u>COM1ST18 Additional Assistance Comments</u> )

ACADEM19 Academic Understanding

Measurement Level: Ordinal

Value	Label
1	Very Well
2	Well
3	Satisfactory
4	Poor
5	Very Poor
99	No Response

COM1ST19 Academic Understanding Additional Comments

Measurement Level: Nominal

Value	Label
1	Extensions help
2	Staff fail to remember/not all are aware
3	Individualise dyslexia
4	Lack of communication in depts.
5	Handouts help/difficult without
6	Little staff contact
7	Unaware of effects/lack of awareness
8	Disability confidentiality - not all lecturers are aware
9	Poor support
10	Fight hard for support
11	Changed rooms because of access
12	No additional time for assignments
13	Staff accommodating
14	Induction loops and microphones needed in lecture rooms
15	Not been discussed
16	Supportive/awareness by department staff
17	Lecture failed to inform separate exam room
18	Library staff helpful
19	Poor Communications between Department and Occupational Health Doctor
20	Based at home
21	Failure of Disability Office to follow-up
22	Lecturers forget overheads and handouts
23	Variety of awareness/understanding
24	Main department supportive /other not
25	Actively seek help
26	Fail to recognise the importance of receiving material before lecture
27	Concern over marking
28	No support requested
29	Changing
88	Does not apply

COM2ND19 Academic Understanding Additional Comments

Measurement Level: Nominal

Value      Label  
            (as above for COM1ST19 Academic Understanding  
            Additional Comments)

EXPROV20 Examination/Assessment Provision

Measurement Level: Nominal

Value      Label  
0          No  
1          Yes  
99        No Response

EXSUP20 Examination Support

Measurement Level: Ordinal

Value      Label  
1          Very Good  
2          Good  
3          Satisfactory  
4          Poor  
5          Very Poor  
88        Does Not Apply  
99        no Response

COM1ST20 Examination/Assessment Comments

Measurement Level: Nominal

Value      Label  
1          Excellent/very helpful/reassuring staff  
2          Promised, but not materialised  
3          Lack of equipment  
4          Argument with Disability Office  
5          Less stressful/friendly support  
6          Extremely useful  
7          Offered extra time  
8          Choose options without exams/handwriting  
9          Extra time makes exams too long  
10        Dyslexics should have option of exams or assign  
11        Exam support lack consistency  
12        Not had any yet  
13        USA offers more exam time  
14        Don't know how to arrange  
15        Probably poor support - going by other support  
            provided  
16        Room could have been more accessible  
17        Lack of academic understanding  
18        Failure in appropriate support e.g. readers  
19        Needs to be technical support available in exams  
88        Does not apply

COM2ND20 Second Examination/Assessment Comments

Measurement Level: Nominal

Value      Label  
            (as above for  
            COM1ST20 Examination/Assessment Comments)

DISOFF21 Disability Office Support

Measurement Level: Nominal

Value      Label  
0          No  
1          Yes  
99        No Response

DISSUP21 Disability Office Support Rating

Measurement Level: Ordinal

Value	Label
1	Very Good
2	Good
3	Satisfactory
4	Poor
5	Very Poor
10	Ticked Every Box
88	Does Not Apply

COM1ST21 Disability Office Comments

Measurement Level: Nominal

Value	Label
1	Failure to follow up
2	No support in first year
3	Recent appointment of dyslexia tutor
4	Willing to help/v.helpful
5	Slow/delays
6	Failure to listen/trivialising/patronising
7	Slow/reluctant with minor problems
8	Location of office poor
9	Not helpful
10	Difficult to contact on placement
12	Not able to help
13	Part time students fall through the net
14	Communication poor
15	Where is the Disability Office?
16	Staff not properly trained
17	Depends on what side of the bed DO gets out of
18	Lots promised, but back peddling
19	Uncaring
20	Poorly organised/inefficient
21	Fight for assistance
22	Poor volunteer/care requirements
23	Delays in appointments
24	Failure to implement mobility training
88	Does not apply

COM2ND21 Disability Office Second Comment

Measurement Level: Nominal

Value	Label
	(as above for <u>COM1ST21 Disability Office Comments</u> )

COM3RD21 Disability Office Third Comment

Measurement Level: Nominal

Value	Label
	(as above for <u>COM1ST21 Disability Office Comments</u> )

ACCESS22 Accessibility

Measurement Level: Ordinal

Value	Label
1	Very Good
2	Good
3	Satisfactory
4	Poor
5	Very Poor
99	No Response

COM1ST22 Accessibility Comments

Measurement Level: Nominal

Value	Label
1	Library
2	Lifts
3	Varying access and provision
4	Computers
5	Poor lighting
6	Able bodied - inaccurate perceptions
7	Lack of writing space/desks/height of desks
8	Very hot lecture theatres
9	Disability Office on third floor
10	Inaccessible language tech suite (new)
11	Rooms too small
12	Travel to xxxxxxxx
13	Poor/lack of seating
14	Carrying library books to car
15	Car parking
16	Induction loops and microphones needed in lecture rooms
17	Transport difficult
18	Good ramps
19	Good toilets
20	Lighting - photo sensitive epileptic
21	Unable to use pc's on campus
22	Good - only because other universities are so bad
23	Fallen in dark - clearer marking needed
24	Lack/or no electric points for laptops
25	Wheelchair access in the Disability Office is appalling
26	Tactile paving good - more needed
27	Braille signs needed
28	Law dept., new facilities - inaccessible
29	Heavy fire doors
88	Does not apply

COM2ND22 Accessibility Second Comment

Measurement Level: Nominal

Value	Label
	<u>(as above for</u>
	<u>COM1ST22 Accessibility Comments</u>

COM3RD22 Accessibility Third Comment

Measurement Level: Nominal

Value	Label
	<u>(As above for</u>
	<u>COM1ST22 Accessibility Comments</u>

PARTIC23 Participation

Measurement Level: Ordinal

Value	Label
0	No
1	Yes
99	No Response

COM1ST23 Participation Comments

Measurement Level: Nominal

Value	Label
1	Focus on work and organisation/ work twice as hard
2	Part time
3	No
4	Location

5	Missed out - disability
6	Sometimes lack confidence
7	Family commitments
8	Yes
9	Other students don't want to include me
10	SU lacks awareness
11	Transport
12	Partly
13	Societies quite good except drama
88	Does not apply

OVEXP24 Overall Experiences

Measurement Level: Nominal

Value	Label
1	Very Good
2	Good
3	Satisfactory
4	Poor
5	Very Poor
99	No Response

COM1ST24 Overall Experience Comments

Measurement Level: Nominal

Value	Label
1	No because of age
2	Due to lecturer support
3	Friendly atmosphere
4	Personal and mental health problems
5	Disappointed with disability support from dept
6	Should have sought more help
7	Poor communication/organisation between depts.
8	Staff more interested in research than students
9	Everyone helpful/supportive
10	SU unapproachable
11	Rapport with notetakers
12	Racist staff Accommodation/Disability Office
13	Best support from library
14	Problems in receiving help and support
15	Very good dept. with pressure
16	Encourage other disabled students into HE
17	Enjoy university - but disability depressing
18	Racism
19	General stupidity towards dyslexia
20	Advice and support centre - excellent
21	Lots of problems equipment and training
22	Poor outside social, but learning experience ok
23	Better in repeat year
88	Not applicable

COM2ND24 Overall Experiences Second Comment

Measurement Level: Nominal

Value	Label
	(as above for
	<u>COM1ST24 Overall Experience Comments</u>

SENDA25 SENDA

Measurement Level: Nominal

Value	Label
0	No
1	Yes
99	No Response

DISCRM26 SENDA Combat Discrimination

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Don't Know
3	Litigation entails considerable strength
4	Very little to combat
5	Difficult to get rid of discrimination and negative experience
99	No Response

UNIDIS27 University Discriminated

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Don't Know
99	No Response

COM1ST27 Disc Comments 1

Measurement Level: Nominal

Value	Label
1	Internal/external communication
2	Academics lack of awareness
3	Have to prove disability with each module
4	Lack of equipment
5	Work marked/process
6	Delays by disability office/lack of help
7	Difficult to write complaining - dyslexia
8	Excluded new language suite
9	Estates Office
10	Two-way also failed to inform
11	XXXXXXX discriminated
12	Work requires proof reading
13	No help without assessment
14	Lack of awareness/understanding
15	Failure of staff to inform separate examination room of missing information on exam paper
16	Lack of awareness in marking
17	Part time fall through help network
18	Insufficient notes
19	Living in halls - lack of understanding by residents
20	Turned application down for non academic reasons
21	Racism
22	Just a statistic for XXXXXX to look good
23	Better pastoral care needed
24	Constant struggle to integrate fully
88	Does not apply

COM2ND27 Discrimination Second Comment

Measurement Level: Nominal

Value	Label
	(as above for <u>COM1ST27 Disc Comments 1</u> )



POLPRV28 Contribute to Policy and Provision

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Don't Know
99	No Response

CONTRI29 Personally Contribute

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Don't Know
99	No Response

COM1ST29 Personally Contribute Comments

Measurement Level: Nominal

Value	Label
1	Part time / commitments
2	End of course
3	Don't feel eligible/know enough
4	Particularly mental health provision
5	Enable XXXXXX more disability friendly, know strengths and weaknesses
6	Covers needs comprehensively
7	Definitely
88	Does not apply

FORUM30 Disability Forum/Society

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Don't Know
3	Forum yes / Society no
99	No Response

COM1ST30 Forum Comments

Measurement Level: Nominal

Value	Label
1	Disability not really bad enough
2	Part time / commitments
3	End of course
4	Travel difficult
5	Help disability issues
6	Hard of hearing makes it difficult
7	Forum yes, society no
8	Setting it up
88	Does not apply

HELP31 Help Further with my Research

Measurement Level: Nominal

Value	Label
0	No
1	Yes
2	Maybe/unsure
99	No Response

## Summary of the Views and Experiences of Disabled Students Participating in the Case Study Research

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<b>Tom</b> Year 1 Full-time Undergraduate Male, 18-20, White Lived on campus Interviewed: October 2003  Dept 25 No. 95	Wheelchair user/mobility difficulties - required personal care support. Also had an unseen disability.	Mainstream Education.	Supplied his own hoist for his University room, otherwise would not have been able to attend University. Initially supplied with an unsuitable bed as it had no sides, which led to several bad falls.	Received DSA. Long delays experienced in obtaining equipment and note takers. Inadequate PA support. Felt Disability Office lacked understanding and failed to listen.	Department had a nominated disability contact. Receives additional assistance which had been good. Found lecturers very supportive and particularly flexible.	Examinations well time-tabled. Additional assistance had been very good and Tom used a scribe. Had submitted essays instead of sitting examinations.	Enjoys University life, although restricted due to study commitments.	Aware of the DDA and felt the University had not discriminated against him. Had initiated a complaint concerning the lack of support by the Disability Office in his first year.	Would like to contribute to University disability policy and provision and felt his complaint would be useful to illustrate where support had failed.
<b>Paul</b> Year 2 Full-time Postgraduate Male, 30-39, Black African Privately rented accommodation Interviewed: June 2003  Dept 28 No 96	Wheelchair user/mobility difficulties. Experienced high levels of pain which affected his work.	Had always enjoyed mainstream education.	Felt access was poor exacerbated by restrictions in car parking. In addition, the lack of suitable toilets for disabled people.	Received DSA. Support recommended by hospital specialist was not implemented by the Disability Office. Found the Disability Office to be unhelpful and felt even racist.	No nominated department disability contact and no additional support provided. Had a good relationship with academic staff.	Course had no examinations.	Would like to participate more in social activities but felt other students did not want to include him.	Aware of the DDA and considered he had been discriminated against.	Would like to contribute to University disability policy and provision. Paul felt very isolated and welcomed the opportunity to meet with other disabled people.

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><b>Phil</b> Year 3 Part-time Postgraduate Male, 60+ White Lived in his own home Interviewed: June 2003  Dept 13 No 97</p>	<p>Wheelchair user/mobility difficulties.</p>	<p>Mainstream education.</p>	<p>In general good, but unable to access Physics Library and also a lack of suitable toilets.</p>	<p>Received DSA. Provided equipment, software, PA support, but lengthy delays up to 18 months Found the Disability Office to be very helpful.</p>	<p>No department disability contact, but received additional assistance which had been good. Mainly worked from home.</p>	<p>No examinations.</p>	<p>Phil would have liked to attend campus more often, but was unable to due to inadequate PA support.</p>	<p>Aware of the legislation and felt he had not been discriminated against.</p>	<p>Would like to contribute to policy and provision, but would find it difficult due to lack of PA support.</p>
<p><b>Christine</b> Year 2 Part-time Postgraduate Female, 40-49, White Lived in her own home Interviewed: May 2003  Dept 28 No 98</p>	<p>Visually impaired.</p>	<p>Attended mainstream education, but felt she had been disadvantaged.</p>	<p>Satisfactory but discussed inadequate library equipment and software.</p>	<p>Received DSA. As an undergraduate lacked information and support. The University also continually failed to appoint notetakers.</p>	<p>No department disability contact, but additional support provided. Lectures generally helpful, but tended to forget to implement support.</p>	<p>No examinations. As an undergraduate computer and software supplied during examinations was unreliable.</p>	<p>Would like to have participated more.</p>	<p>Aware of the legislation and felt she had been discriminated against in the past.</p>	<p>Would like to contribute to policy and provision.</p>

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint Procedures	Participation and feedback within University policy and provision
<p><b>Juliet</b> Year 1 Full-time Undergraduate Female, 18-20 White Lived in University accommodation Interviewed: March 2003</p> <p>Dept 30 No 99</p>	<p>ME (Myalgic Encephalomyelitis/ Encephalopathy).</p>	<p>Mainstream.</p>	<p>Satisfactory.</p>	<p>Received DSA. Delays in attending assessment and in receiving equipment, note takers etc.</p>	<p>Was not aware of a disability contact in her departments. Received additional departmental support which had been very good. Switched from full-time to part- time, partly due to lengthy three hour lectures.</p>	<p>No examinations.</p>	<p>Unable to participate in student activities as much as she would have liked due to her disability.</p>	<p>Had not heard of the legislation and did not know whether the legislation would combat discrimination. Did not feel she had been discriminated against at the University.</p>	<p>Was unsure as to whether she would personally like to contribute to disability policy and provision, but was interested in joining a disability forum or society.</p>
<p><b>Carol</b> Year 1 Full-time Undergraduate Female, 40-49 White Lived in her own home Interviewed: March 2003 November 2003</p> <p>Dept 23 No 100</p>	<p>Brain tumour, stroke, speech difficulties, visually impaired, mobility difficulties, aphasia, dysphasia, epileptic.</p>	<p>Mainstream education – she felt she had very different expectations from other disabled students as she was able to compare previous University experiences prior to being disabled.</p>	<p>Poor as all buildings had fluorescent lighting which triggered her epileptic attacks. Unable to use library facilities and computers on campus because of this.</p>	<p>Received DSA. Delays in receiving equipment, software and training. Disappointed with Disability Office support.</p>	<p>Disability contact in main department, but not in other subject areas. Support in her academic department had been very good, but poor in other subjects.</p>	<p>Received additional examination assistance which initially had been good. However, at second interview she explained that she had experienced difficulties in contacting the examinations office for advice following an epileptic attack.</p>	<p>Would like to participate more in students activities and felt her experiences at the University had been disappointing.</p>	<p>Aware of the legislation and believed she had been discriminated against. Had contacted the DRC and was pursuing a discriminatory case against the University.</p>	<p>Would welcome the opportunity of being able to provide feedback and contribute to policy decisions.</p>

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><u>Sue</u> Year 1 Full-time Undergraduate Female, 18-20 White Lived on campus Interviewed: June 2003</p> <p>Dept 24 No 101</p>	Blind Mental health difficulties.	Attended mainstream education, but had difficulties accessing course material.	Accessibility generally good, but no suitable PC's in the library with speech reading software.	Received DSA. Experienced delays in note takers being appointed. Also delays when contacting Disability Office.	Department disability contact, but did not know who it was. Support had been good, although lecture handouts were often late.	Received additional assistance, which has been very good.	Felt she had been able to participate in student activities and enjoyed University Life.	Had heard of the legislation, but thought it would not combat discrimination. Reluctant to make personal complaints as it might reflect on future support.	Would like to contribute to University policy and provision.
<p><u>Stephen</u> Year 2 Full-time Undergraduate Male, 18-20 White Lived in privately rented accommodation Interviewed: March 2003</p> <p>Dept 32 No 102</p>	Dyslexia and dysphraxia.	Attended specialist dyslexic schools for two years. Found provision slower at University but thorough.	Viewed accessibility in terms of physical disabilities and not relevant to dyslexia.	Received DSA. Disliked the assessment as Stephen felt the assessor had fixed preconceptions about what a dyslexic student would need.	Not aware of a department disability contact and no additional support received. Considered there was a variety of awareness within the department.	Received additional assistance which had been very good. Would have preferred a degree entirely course work based as his marks were significantly lower in examinations compared with practical subjects or in modules where he could work at his own pace.	Had been able to fully participate in student life and enjoyed University.	Heard of the legislation and believed there was very little discrimination to combat.	Thought students should be able to contribute, but personally felt it would be unnecessary for him to do so, as his support needs were comprehensively met.

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><b>Rebecca</b> Year 1 Full-time Undergraduate Female, 18-20 White, Lived in University maintained accommodation Interviewed: March 2003</p> <p>Dept 23 No 103</p>	Viral arthritis.	Mainstream education.	Found access to be good on campus.	Did not receive DSA and had received no additional support from the Disability Office. Rebecca was registered as a disabled student, but no-one had mentioned to her about claiming DSA.	Disability contact in main department, but not in optional modules. Very good support in main department, but no support in second department and a lack of awareness.	Additional examination support received which had been very good. Rebecca received additional time and was allowed to walk around during the examination period to ease the pain.	Had been able to join in student activities and enjoyed University life.	Had not heard of the legislation.	Would like to be able to provide feedback on policy and provision and become more involved.
<p><b>Tony</b> Year 3 Full-time Undergraduate Male, 21-24 White, Lived in privately rented accommodation Interviewed: March 2003</p> <p>Dept 25 No 104</p>	Dyslexia.	Attended mainstream education, but found little or no provision which left him with low expectations.	Accessibility good.	Paid for dyslexia test himself and was applying for DSA. Had received some support from the Disability Office which he found very good. Felt if he had been diagnosed earlier his overall marks would have been much improved.	No known disability contact and no additional assistance received.	Received extra time for examinations and found support to be good.	Had been able to participate in student activities and enjoyed University life.	Had not heard of the legislation and did not think it would combat discrimination. Felt he might have possibly been discriminated against due to ignorance or lack of understanding by staff.	Believed students should have the opportunity to contribute to policy and provision, but unsure as to whether he would personally wish to contribute.

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint Procedures	Participation and feedback within University policy and provision
<p><b>Justine</b> Year 2 Full-time Undergraduate Female, 21-24 White Lived in privately rented accommodation Interviewed: March 2003 Dept 30 No 105</p>	Visually impaired.	Attended mainstream education, but had no support and struggled.	Considered access to be satisfactory.	Received DSA but experienced delays in receipt of equipment and also experienced ongoing technical problems.	No department disability contact, but did receive additional support which was good. Not all staff were aware of her visual impairment and she believed all her lecturers should know without her having to inform them.	No examinations, which was influential in her choice of course.	Had very positive experiences of University life and had been able to participate as much as she would like.	Had heard of the legislation, but was unsure as to whether it would combat discrimination.	Did not feel it was necessary for students to contribute to disability policy, and provision, although would still consider contributing.
<p><b>Lucy</b> Year 3 Part-time Undergraduate Female, 50-59 White Lived in her own home Interviewed: March 2003 Dept 17 No 106</p>	Deaf/hearing impaired and wheelchair user.	Attended mainstream education.	Found accessibility good.	Received DSA, which funded equipment, software and RNID notetakers.	Was aware of a department disability coordinator and received additional department support which was very good.	Additional assistance was provided which enabled Lucy to dictate her examination answers. This was a new experience which she found quite difficult.	Lucy had very good experiences at University, although she would like to have participated more in student activities.	Had heard of the legislation and thought it would help to combat discrimination.	Would like to contribute to University policy and provision, but was concerned this would be impractical because of her hearing impairment. Lucy believed it would be an opportunity to share her own experiences and to broaden people's knowledge.

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint Procedures	Participation and feedback within University policy and provision
<p><b>James</b> Year 3 Full-time Postgraduate Male, 21-24 White Lived on campus Interviewed: March 2003 November 2003 Dept 25 No 107</p>	<p>Wheelchair user and required personal care support.</p>	<p>Attended mainstream schooling which James believed made him more self-reliant and provided the skills necessary to help him integrate into HE.</p>	<p>Considered access to be good in comparison with other universities, but felt that students were discriminated against in accessing Student Union facilities.</p>	<p>Received DSA.</p>	<p>Disability contact in his department and support received had been of a very high standard.</p>	<p>Received additional support which had been very good.</p>	<p>Had been active in the Student Union and had recently stood in the elections. He did, however, feel he had been unable to campaign effectively due to poor physical access.</p>	<p>Heard of the legislation, but thought it would not help to combat discrimination in HE. Believed the University had discriminated against him in the past.</p>	<p>Would like the opportunity of contributing to disability policy and provision in the University.</p>
<p><b>Rachel</b> Year 2 Full-time Undergraduate Female, 18-20 White Lived in privately rented accommodation Interviewed: March 2003 Dept 26 No 108</p>	<p>Dyslexia.</p>	<p>Attended mainstream education.</p>	<p>Considered access as poor.</p>	<p>Received DSA. At her assessment Rachel felt the assessor was unwilling to listen to her views, but did listen to her mother's who was able to intervene on her behalf. She had not received any support from the Disability Office.</p>	<p>No department disability co-ordinator and had not received any additional support from the department. Considered academic understanding as poor. Rachel chose the course as she thought she would experience fewer difficulties with her dyslexia.</p>	<p>Received additional examination support and found the examination staff approachable. Her marks were significantly lower in her examinations compared to course work.</p>	<p>Had been able to fully participate in student life, but felt very self-conscious about being dyslexic.</p>	<p>Was not aware of the legislation and felt it would not combat discrimination.</p>	<p>Believed students should be able to participate in University disability policy and provision, but was unsure as to whether she would like to contribute.</p>



Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><b>Marcie</b> Year 3 Full-time Undergraduate Female, 18-20 White Lived in privately rented accommodation Interviewed: March 2003</p> <p>Dept 27 No 109</p>	Wheelchair user.	Attended mainstream education and was the first mobility impaired student at her school.	New department facilities were inaccessible. Availability of disabled car parking spaces were limited which restricted access to parts of the campus.	Received DSA. The Disability Office assisted with the application and the support provided was good.	Disability co-ordinator in the department, but was unaware additional support was available to her in her first and second year. Some lecturers disliked her using a tape recorder.	Additional assistance provided which had been good. However, examination rooms were difficult to access.	Enjoyed University life and had been able to fully participate in student activities.	Heard of the legislation. but was unsure as to how effective it would be in combating discrimination.	Believed students should be able to participate in planning policy and provision, but unsure as to whether she would wish to do this. Although, would be interested in joining a disability forum.
<p><b>David</b> Year 2 Part-time Undergraduate Male, 40-49 White Lived in council accommodation Interviewed: March 2003 November 2003</p> <p>Dept 17 No 110</p>	Mobility difficulties due to a spinal injury, required personal care support. Often had periods of ill health and excessive pain.	Mainstream education.	Access was satisfactory.	Received DSA and told costs associated with purchasing books, inks, internet access could be reclaimed, but had found difficulties in making claims. Continual technical problems with PC hardware and software.	Disability co-ordinator within department and received additional assistance which had been very good.	Received additional support which had been very good.	Had been unable to participate in student activities partly due to his disabilities and family commitments.	Had not heard of the legislation.	Would like to see more consultation and would be interested in contributing.

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><b>Sophie</b>  Year 1  Full-time  Undergraduate  Female, 18-20  White  Lived in  University  maintained  accommodation  Interviewed:  March 2003  November 2003</p> <p>Dept 23  No 111</p>	<p>Repetitive strain injury experienced high levels of pain.</p>	<p>Attended mainstream education which she felt helped her to be fairly independent. This was beneficial when starting University.</p>	<p>Considered access to be poor. Sophie used a lap top in her lectures and found that in some lecture rooms there were no electric sockets available. In addition, the desks in lecture theatres were the wrong height for laptop users, which exacerbated her RSI.</p>	<p>Received DSA. Sophie met with the Disability Office when she applied to the University and thought the support offered had sounded 'wonderful'. In hindsight, she believed she had mislead and would have liked to have received more accurate information. Sophie experienced long delays in assessment and in receiving equipment and software. She felt she had to be very proactive.</p>	<p>Disability coordinator in main academic department. Received additional support, which had been very good in main subject area. Little, or no support in other modules which led to her becoming increasingly depressed.</p>	<p>Additional assistance for examinations which had been good.</p>	<p>Enjoyed University and had been able to participate in student activities, although the pain affected her.</p>	<p>Had not heard of the legislation and thought it was unlikely to combat discrimination. In Sophie's second year, following increased frustration, she made an official complaint regarding the inefficiency of the Disability Office.</p>	<p>Believed students should have a greater say and contribution to policy and provision and would like to have had the opportunity of doing so.</p>

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><b>Natalie</b> Year 1 Full-time Postgraduate Female, 21-24 Half Welsh/half Kurdish Muslim Lived in privately rented accommodation Interviewed: March 2003  Dept 32 No 112</p>	Dyslexia.	Attended mainstream education.	Access to the Disability Office poor as located on the third floor.	Received DSA as an undergraduate, but was unaware she could claim as a postgraduate. She found the Disability Office to be 'uncaring and very poorly organised'.	No department co-ordinator and no additional support provided. Lack of understanding by academic staff.	Additional time allowed during examinations, but the barriers encountered in sitting multiple choice papers she believed nearly led to her failing her degree.	Had been able to participate in student activities, but felt that there was a general lack of understanding towards dyslexia.	Was not aware of the legislation, but thought that it would not combat discrimination. She was unsure whether she had been discriminated against but felt that as a mixed race disabled female she was only wanted on campus to make the University statistics look good.	She believed students should be able to contribute more towards policy decisions and provide feedback. Would like to be able to participate in such a process.
<p><b>Emma</b> Year 2 Full-time Undergraduate Female, 21-24 White Lived in privately rented accommodation Interviewed: March 2003  Dept 26 No 113</p>	Mental health difficulties.	Attended mainstream education where she felt she received a high level of pastoral care. When she started HE she found the anonymity of University life difficult.	Considered not applicable.	Did not receive DSA and had no contact with the Disability Office. She did not disclose her disability when applying to HE.	No department contact and no additional support received. Emma felt this was a contributory factor leading to her suspending her studies.	Received additional support during examinations which had been very good.	Enjoyed University life and had been able to participate in student activities. Would like to have been more involved with student representation, but felt it was difficult for disabled people to do so.	Had not heard of the legislation and was unsure whether she had been discriminated against by her department.	Would have liked greater involvement by disabled students and personally to contribute.

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><b>Kevin</b>            Year 3            Full-time            Postgraduate            Male, 25-59            White            Lived on campus            Interviewed:            March 2003</p> <p>Dept 25            No 114</p>	<p>Wheelchair user, required PA support also had a hearing and speech impairment.</p>	<p>Attended mainstream school.</p>	<p>Access satisfactory.</p>	<p>Received DSA. Disappointed with the level of support from the Disability Office which he viewed as very poor. In particular with regards to arranging PA support and slow communications. Now bypasses the Disability Office and resolves problems himself.</p>	<p>No known department disability co-ordinator and no additional assistance received from department. However, had a good relationship with his personal tutor who he had found very supportive.</p>	<p>Received additional examination/ assessment support.</p>	<p>Had been able to participate in student activities and enjoyed University.</p>	<p>Had heard of the legislation, but was unsure as to whether legislation would combat discrimination. Felt that no-one was prepared to tackle the issues students had raised concerns over and in particular, the complaints made against the Disability Office.</p>	<p>Unsure as to whether he would personally wish to contribute to the development of disability policy and provision, but felt that those students who would like to contribute should have the opportunity.</p>
<p><b>Dawn</b>            Year 2            Full-time            Undergraduate            Repeated year 1            Female, 21-24            White            Lived on campus            Interviewed:            March 2003</p> <p>Dept 28            No 115</p>	<p>Blind.</p>	<p>Attended mainstream education. Dawn's sight began to deteriorate at the age of 15. She stayed in mainstream education but felt she then had to learn to "fight for [her] needs to be met" and "to be treated equally by both students/staff".</p>	<p>Access had generally been very good with tactile paving aiding route planning and orientation. More tactile paving was needed, together with signage in Braille. Unable to study in the library as PC's did not have screen reading software.</p>	<p>Received DSA. Delays experienced in receiving equipment. The appointment of note takers and readers poorly organised.</p>	<p>Not aware of a co-ordinator. Support has been good, but could be better particularly when studying elective modules. Experienced delays in receiving handouts from lecturers and disliked being given them in front of other students.</p>	<p>Examination papers provided in Braille with additional time provided. Lack of technical support and backup during examinations.</p>	<p>Would like to have participated more, but found it difficult to join societies and become involved with the SU. The SU newspaper only provided in print format.</p>	<p>Aware of the legislation, but felt that it would take time to get rid of the discrimination and the negative experiences encountered by students.</p>	<p>Felt participation by disabled students would demonstrate the strength and weaknesses of policies and prioritise the areas that needed tackling.</p>

Case Study	Impairment	Previous education	Access Issues	DSA Assessment and support	Teaching and Learning Experience/ Staff awareness	Examination/ Assessment Provision	Social activities/ participation	Knowledge of DDA/complaint procedures	Participation and feedback within University policy and provision
<p><u>Lee</u> Year 1 Full-time Undergraduate Repeated Year 1 Male, 18-20 White Lived on campus Interviewed: November 2003 (did not initially complete questionnaire – was helped to complete it at a later date) Dept 25 No 116</p>	<p>Blind and hearing impaired, also had mental health difficulties.</p>	<p>Attended a school for blind and visually impaired students and had never met a sighted person of the same age before starting HE.</p>	<p>The building work on campus was causing him problems, which he felt could have been avoided if someone had kept him informed.</p>	<p>Received DSA. The support received during his first year from the Disability Office had been very poor. No mobility trainers were appointed and he was unable to find his way around campus during his first term.</p>	<p>Disability co-ordinators in all his departments. Good support from his main department, but not the departments in which he was undertaking elective modules.</p>	<p>Received additional examination support which had been very good.</p>	<p>Had found it difficult to socialise in his first year, but had begun to participate more in his repeat year Had also become involved with the SU and societies.</p>	<p>Aware of the legislation and hoped it would combat discrimination. He believed he was discriminated against in his first year and had made an official complaint to the University.</p>	<p>Was very interested in establishing a forum from which disability issues could be raised.</p>
<p><u>Simon</u> Year 1 Full-time Undergraduate Male, 39 Black Lived in own accommodation Interviewed: March 2003 (did not complete questionnaire)  Dept 26 No 117</p>	<p>Dyslexia.</p>	<p>Mainstream education. Dyslexia was not recognised whilst at school and he was told he did not work hard enough.</p>	<p>Unknown.</p>	<p>Received DSA. Delays experienced in receiving equipment. Disliked his report being circulated in its entirety to academic departments due to its sensitivity.</p>	<p>Disliked declaring his disability at the application stage as he was concerned he might not get on his course. Reluctant to discuss issues with his personal tutor as he was worried as to how much he could reveal about his disability.</p>	<p>Additional support provided.</p>	<p>Unknown.</p>	<p>Unknown.</p>	<p>Felt it was important for student input, otherwise it was professionals and academic staff making all the decisions and creating positions for themselves.</p>

HESA definitions for Subject of Study for 2001/02 for  
England, Wales, Scotland and Northern Ireland

Programmes of study have been aggregated to 19 broad subject areas. The relationship of the academic content of the programme to the 19 areas has been compiled according to the following rules:

- a programme with a single subject is allocated to that area
- if a combination of two subjects lies within one area, the programme is allocated to that area
- if a combination of two subjects lies within more than one area, with a major/minor split, the programme is allocated to the area relating to the major part of study
- if a combination of two subjects lies within more than one area, with an equal split, the programme is allocated to the 'Combined' area.

It should be noted that all subject combinations (major or minor) containing initial teacher training (ITT) are included in the 'Education' subject area.

#### Major Subject

The 19 broad subject areas are disaggregated into 161 Principal Subjects. Similarly to above, rules are used to determine the principal subject as follows:

- a programme with a single subject is allocated to that subject
- in a combination of two subjects with a major/minor split, the programme is allocated to the major subject of study
- in a combination of two subjects with a balanced split then if the two subjects fall within the same subject area the programme is allocated to a 'balanced combinations within subject area' category, otherwise it is allocated to a 'balanced combinations across subject areas' category.
- in a combination of three subjects (which are treated as balanced combinations), if the three subjects fall within the same subject area then the programme is allocated to a 'balanced combinations within subject area' category, otherwise it is allocated to a 'balanced combinations across subject areas' category.
- all subject combinations (major or minor) containing initial teacher training (ITT) are included in the 'Teacher Training' subject.

Appendix 'O'

Qualifiers by Subject of Study 2001/02

Subject	All Students	Group (i) Dyslexia/ Unseen Disability %	Group (ii) Remaining Impairment Categories %
(B7) Nursing	35085	2.31	0.54
(N1) Business & management studies	26595	2.80	1.09
(Y4) Other combined or general courses/modular courses	24838	1.10	4.94
(G5) Computing science	20608	3.57	1.62
(YZ) Balanced combinations across different subject areas	18807	3.99	1.43
(W2) Design studies	12902	8.20	1.68
(M3) Law	11043	2.54	1.35
(X1) Teacher training	8719	3.97	0.87
(B9) Other medical subjects	8624	4.04	1.16
(Q3) English	7847	2.52	1.55
(C8) Psychology (not solely as social science)	6372	4.28	1.59
(L5) Social work	6335	5.08	2.46
(V1) History	5711	3.89	2.01
(L3) Sociology	5571	3.77	2.08
(H6) Electronic engineering	5550	3.15	1.44
(A3) Clinical medicine	4817	2.41	0.81
(L1) Economics	4799	2.75	0.83
(N4) Accountancy	4565	2.06	1.14
(C9) Other biological sciences	4540	4.36	0.84
(H3) Mechanical engineering	4369	3.66	0.82
(N7) Catering & institutional management	4329	3.95	1.04
(C1) Biology	4281	4.72	1.17
(G1) Mathematics	4009	3.17	1.22
(K2) Building	3789	3.11	1.16
(W1) Fine art	3753	10.50	3.22
(W4) Drama	3726	6.55	1.93
(F1) Chemistry	3516	3.95	1.11
(P4) Media studies	3389	4.43	1.18
(H1) General engineering	3277	2.99	0.92
(W3) Music	3270	5.38	1.47
(M1) Politics	3194	4.45	1.38
(N5) Marketing & market research	3011	3.52	0.73
(QZ) Balanced combinations within languages	2998	3.20	1.37
(H2) Civil engineering	2869	3.03	0.63
(X3) Academic studies in education	2723	2.53	1.40
(X5) Techniques in teaching adults	2594	2.20	1.62
(F8) Geography studies as a science	2585	4.26	0.85

Subject	All Students	Group (i) Dyslexia/ Unseen Disability %	Group (ii) Remaining Impairment Categories %
(X2) Physical education	2556	5.91	0.86
(K1) Architecture	2436	4.60	0.82
(H7) Production engineering	2378	4.79	1.01
(L8) Geography (unless solely as a physical science)	2332	4.16	1.20
(F3) Physics	2232	4.61	1.34
(Y1) Combined or general science	2129	3.24	1.22
(L7) Psychology (without significant element of biological science)	1871	4.12	2.03
(B3) Pharmacy	1841	2.82	1.20
(Y3) Combined or general arts	1780	3.99	2.19
(K4) Town & country planning	1768	4.13	1.64
(B1) Anatomy & physiology	1655	4.05	0.91
(LZ) Balanced combinations within social, economic & political studies (excl. law)	1647	3.95	1.76
(NZ) Balanced combinations within business & administrative studies	1642	2.98	0.85
(C7) Biochemistry	1627	3.07	1.29
(V8) Theology & religious studies	1580	6.20	2.66
(W9) Art & design other	1530	9.35	1.83
(N6) Industrial relations	1372	2.92	0.80
(X9) Other topics in education	1368	3.73	1.68
(H5) Electrical engineering	1361	1.76	0.51
(W5) Cinematics	1274	9.42	1.96
(HZ) Balanced combinations within engineering & technology	1214	4.70	0.66
(N3) Financial management	1212	2.81	0.83
(F6) Geology	1184	6.50	2.11
(L4) Social policy & administration	1151	4.78	3.04
(P3) Communication studies	1136	4.23	0.97
(V4) History of art	1114	6.37	1.26
(V7) Philosophy	1094	5.30	2.01
(R1) French language, literature & culture	1058	2.65	1.13
(H4) Aeronautical engineering	988	2.02	0.81
(H8) Chemical engineering	981	3.16	0.61
(B8) Medical technology	965	2.38	0.83
(C3) Zoology	936	5.77	0.96
(Y2) Combined or general social science	905	3.65	1.99
(P6) Journalism	905	1.77	1.10
(J4) Polymers & textiles	853	5.86	0.82
(A4) Clinical dentistry	807	1.86	0.62
(T9) Other or unspecified modern languages	781	2.69	1.15
(X6) Education for those with special needs	714	0.98	0.98
(B2) Pharmacology	712	2.11	1.54
(V6) Archaeology	710	6.20	2.82



Subject	All Students	Group (i) Dyslexia/ Unseen Disability %	Group (ii) Remaining Impairment Categories %
(M9) Other social studies	702	3.85	2.56
(L6) Anthropology	700	7.00	2.14
(B5) Ophthalmics	659	1.67	0.76
(D1) Veterinary sciences	638	3.76	0.31
(C5) Microbiology	620	3.87	1.13
(Q1) Linguistics	590	2.54	1.69
(Q4) American studies	544	5.33	2.39
(A1) Pre-clinical medicine	542	1.66	0.18
(D4) Food science	536	4.85	0.75
(CZ) Balanced combinations within biological sciences	528	6.44	0.76
(C4) Genetics	515	4.27	1.75
(R4) Spanish language, literature & culture	480	1.25	0.83
(N8) Land & property management	473	5.07	0.63
(J5) Other materials technology	452	5.09	0.44
(VZ) Balanced combinations within humanities	443	4.51	2.71
(T8) Other language studies	419	1.19	1.19
(D9) Other agricultural subjects	412	7.04	2.91
(R2) German language, literature & culture	408	3.43	1.47
(P2) Information science	403	4.47	2.23
(F4) Archaeology as a physical science	396	4.04	2.02
(B4) Nutrition	396	3.28	0.76
(J9) Other technologies	393	4.58	2.04
(FZ) Balanced combinations within physical sciences	371	3.77	1.35
(K3) Environmental technologies	359	4.18	0.56
(F5) Astronomy	358	1.40	1.96
(C6) Molecular biology & biophysics	358	4.47	0.56
(J6) Maritime technology	337	7.42	2.67
(Q2) Comparative literature	336	3.27	1.19
(B6) Audiology	332	3.31	1.81
(WZ) Balanced combinations within creative arts & design	317	7.89	1.26
(X4) Techniques in teaching children	284	2.82	1.41
(V3) Economic & social history	261	4.21	2.68
(G4) Statistics	252	2.78	1.59
(PZ) Balanced combinations within librarianship & information science	248	9.68	1.61
(V9) Other humanities	239	3.77	4.60
(H9) Other engineering	228	7.02	0.44
(Q5) Celtic languages, literature & culture	223	2.24	6.73
(BZ) Balanced combinations within subjects allied to medicine	196	5.61	0.00
(F7) Oceanography	161	6.83	1.86

Subject	All Students	Group (i) Dyslexia/ Unseen Disability %	Group (ii) Remaining Impairment Categories %
(D3) Forestry	143	6.29	0.00
(GZ) Balanced combinations within mathematical sciences (excl. computing science)	140	2.14	0.71
(W6) Crafts	129	9.30	4.65
(J8) Biotechnology	102	2.94	2.94
(X8) Management & organisation of education	96	2.08	1.04
(W8) Beauty & hairdressing	95	2.11	6.32
(XZ) Balanced combinations within education	94	6.38	3.19
(C2) Botany	93	9.68	1.08
(J1) Minerals technology	92	5.43	0.00
(N2) Operational research	89	4.49	2.25
(T6) Modern Middle Eastern languages, literature & culture	86	1.16	1.16
(R8) Russian languages, literature & culture	81	2.47	1.23
(T4) Japanese languages, literature & culture	76	5.26	3.95
(T3) Chinese languages, literature & culture	75	2.67	0.00
(Y6) Research methods	66	1.52	1.52
(D8) Agricultural sciences	54	14.81	3.70
(G9) Other mathematical sciences	52	0.00	1.92
(P5) Publishing	51	5.88	0.00
(R6) Latin American languages, literature & culture	51	0.00	0.00
(F2) Materials science	47	6.38	0.00
(T5) Other Asian languages, literature & culture	44	2.27	2.27
(J2) Metallurgy	39	0.00	5.13
(R7) Scandinavian languages, literature & culture	39	5.13	0.00
(A2) Pre-clinical dentistry	38	0.00	0.00
(V5) History & philosophy of science	36	5.56	2.78
(Q9) Other ancient languages & related studies	35	2.86	0.00
(K9) Other architectural studies	34	5.88	0.00
(Q6) Latin language & literature	25	0.00	4.00
(T1) Slavonic & East European languages, literature & culture	25	8.00	0.00
(J3) Ceramics & glasses	24	16.67	0.00
(T7) African languages, literature & culture	22	0.00	0.00
(P1) Librarianship	17	5.88	0.00
(DZ) Balanced combinations within agriculture & related subjects (excl. veterinary sciences)	15	0.00	6.67
(Y5) Combined general & leisure courses not elsewhere specified	13	7.69	7.69
(R5) Portuguese language, literature & culture	8	37.50	0.00

Subject	All Students	Group (i) Dyslexia/ Unseen Disability %	Group (ii) Remaining Impairment Categories %
(X7) Technology in education	5	0.00	0.00
(KZ) Balanced combinations within architecture, building & planning	0	0.00	0.00

**BIBLIOGRAPHY**

## Bibliography

Abberley, P., (1992), 'The significance of the OPCS disability surveys', *Disability, Handicap and Society*, 7, 2, 139-155

Adams G. R., and Schvaneveldt, J. D., (1985), *Understanding Research Methods*, London: Longman

Agar, M., (1990), 'Invisible and in the dark', *Community Care*, 832, 28-29

Albrecht, G., and Levy, J., (1981), 'Constructing Disabilities as Social Problems'. In G. Albrecht, (ed), *Cross National Rehabilitation Policies: A Sociological Perspective*, London: SAGE Publications

Allen, P., (1997), 'Black Students in Ivory Towers', *Studies in the Education of Adults*, 29, 2, 179-190

Anderson, Sir , (1960), *Grants to Students*, London: HMSO

Archer, L., Hutchings, M., and Ross, A., (2003), *Higher Education and Social Class: Issues of Exclusion and Inclusion*, London: Routledge Falmer

Arnstein, S., (1969), 'A ladder of Citizen Participation', *American Institute of Planners Journal*, 35, 4, 216-224

Ash, A., Bellew, J., Davies, M., Newman, T., and Richardson, L., (1997), 'Everybody in? The experience of disabled students in further education', *Disability and Society*, 12, 4, 605-621

Association of University Teachers (AUT), (2006), *Special Educational Needs and Disability Act 2001 (SENDA) at*  
<http://www.aut.org.uk/index.cfm?articleid=157>

Audin, K., Davy, J., and Barkham, M., (2003), 'University Quality of Life and Learning (UNIQuoLL): an approach to student well being, satisfaction and institutional change', *Journal of Further and Higher Education*, 27, 4, 365-382

Bajekal, M., Harries, T., Breman, R., and Woodfield, K., (2004), *Review of Disability Estimates and Definitions*, A study carried out on behalf of the Department for Work and Pensions, HMSO: London

Baker, J., (1969), *Arguing for Equality*, London : Verso

Barbalet, J.M., (1988), *Citizenship*, Milton Keynes: Open University Press

Barnes, C., (1991), *Disabled People in Britain and Discrimination: A Case for Anti-Discrimination Legislation*, London: Hurst & Co

- Barnes, C., (1992), 'Qualitative Research: valuable or irrelevant?', *Disability, Handicap and Society*, 7, 2, 115-124
- Barnes, C., (1996), 'Disability and the Myth of the Independent Researcher', *Disability and Society*, 11, 1, 107-110
- Barnes, C., and Mercer, G., (2006), *Independent Futures: Creating user-led disability services in a disabling society*, Bristol: Policy Press
- Barnes, C., Mercer, G., and Din, I., (2003), *Research review on user involvement in promoting change and enhancing the quality of social care services for disabled people*, Final report for SCIE
- Barnes, M., and Prior, D., (1995), 'Spoilt for Choice? How Consumerism Can Disempower Public Service Users', *Public Money and Management*, July-September, 53-8
- Barnes, M., and Shardlow, P., (1996), 'Effective Consumers and Active Citizens: Strategies for Users' Influence on Service and Beyond', *Research Policy and Planning*, 14, 1, 33-8
- Barnes, M., and Shardlow, P., (1997), 'From Passive Recipient to Active Citizen: Participation in Mental Health User Groups', *Journal of Mental Health* 6, 3, 289-300
- Baron, S., Phillips, R., and Stalker, K., (1996), 'Barriers to training for disabled social work students', *Disability and Society*, 11, 361-377
- Barton, L., (1996), *Disability and Society: Emerging Issues and Insights*, Harlow: Longman
- Barton, L., (1997), 'Inclusive education: romantic, subversive or realistic?', *Inclusive Education*, 1, 3, 231-242
- Basit, T. N., (1997), "'I Want More Freedom, but not Too Much": British Muslim Girls and the dynamism of family values', *Gender and Education*, 9, 4, 425-439
- BBC, (2005), 'Special needs' education queried, BBC News 8<sup>th</sup> June <http://news.bbc.co.uk/1/hi/education/4071122.stm>
- Beauchamp-Pryor, K., (2004), 'Power, Policy and Provision: disabling barriers in higher education in Wales'. In C.Barnes and G.Mercer (eds), *Disability Policy and Practice: Applying the Social Model*, Leeds: The Disability Press
- Becker, H. S., (1967), "'Whose Side Are We On?'" *Social Problems*, 14, 239-247

Beresford, P., (1993), 'A Programme for Change: Current Issues in User Involvement and Empowerment'. In P.Beresford and T.Harding (eds), *A Challenge to Change*, London: National Institute of Social Work

Beresford, P., (2001a), 'Service users, social policy and the future of welfare', *Critical Social Policy*, 21, 4, 494-512

Beresford, P., (2001b), 'Service Users', *British Journal of Social Work*, 31, 629-630

Beresford, P., and Croft, S., (1989), 'User Involvement, citizenship and social policy', *Critical Social Policy*, 26, 5-18

Beresford, P., and Croft, S., (1993), *Citizen Involvement: a practical guide for change*, Basingstoke: Macmillan Press Ltd

Bird, J., (1996), *Black Students and Higher Education*, Buckingham: SRHE/OUP

Blackburn, R. M., and Jarman, J., (1993), 'Changing Inequalities in Access to British Universities', *Oxford Review of Education*, 19, 2, 197-215

Blackstone, W. T., (1969), *The Concept of Equality*, Mineapolis, Burgess Publishing Company

Borland, J., and James, S., (1999), 'The learning experience of students with disabilities in higher education: a case study of a UK university', *Disability and Society*, 14, 85-101

Bryman, A., (2001), *Social Research Methods*, Oxford: Oxford University Press

Burr, V., (1995), *An Introduction to Social Constructionism*, London: Routledge

Bynoe, I., Oliver, M., and Barnes, C., (1990), *Equal Rights for Disabled People*, London: Institute for Public Policy Research

Campbell, J., and Oliver, M., (1996), *Disability Politics: Understanding our past, changing our future*, London: Routledge

Carr, S., (2004), *Has service user participation made a difference to social care services?* Position Paper No.3, London: Social Care Institute for Excellence

Chadwick, A., (1996), 'Knowledge, Power and the Disability Discrimination Bill', *Disability and Society*, 11,1, 25-40

Chamba, R., Ahmad, W., Hirst, M., Lawton, D., and Beresford, B., (1999), *Minority Ethnic Families Caring for a Severely Disabled Child*, Joseph Rowntree Foundation (Ref: 539)

Chard, G., and Couch, R., (1998), 'Access to Higher Education for the Disabled Student: a building survey at the University of Liverpool', *Disability and Society*, 13, 4, 603-623

Christenson, S. L., Rounds, T., and Gorney, D., (1992), 'Family factors and student achievement: An avenue to increase students' success', *School Psychology Quarterly*, 7, 178-206

Clark, R. M., (1983), *Family life and school achievement: Why poor black children succeed or fail*, Chicago: University of Chicago Press

Cole-Hamilton, I., and Vale, D., (2000), *Shaping the future: the experiences of blind and partially sighted children and young people in the UK*, Summary Report, London: RNIB

Collins, I. P., and Paykel, E. S., (2000), 'Suicide amongst Cambridge University Students 1970-1996', *Social Psychiatry Psychiatr Epidemiol* 35, 128-132

Committee of Vice Chancellors and Principals (CVCP), (1997), *Participation, Access and the Regional Context* (unpublished paper), London: CVCP

Committee on Restrictions Against Disabled People (CORAD), (1982), *Report by the Committee on Restrictions Against Disabled People*, London: HMSO

Concerned for Working Children, (2003), *Pyramid of Participation*, available online at <http://www.workingchild.org/>

Cooper, D., and Corlett, S., (1996), 'An overview of current provision'. In S. Wolfendale and J. Corbett (eds), *Opening Doors: Learning Support in Higher Education*, London: Cassell

Corbett, J., (1996a), *Bad-Mouthing: The Language of Special Needs*, London: Falmer

Corbett, J., (1996b), 'Sharing skills: international perspectives on policy and practice'. In S. Wolfendale and J. Corbett (eds), *Opening Doors: Learning Support in Higher Education*, London: Cassell

Crawford, M., Rutter, D., and Thelwall, S., (2003), *User Involvement in change management: A review of the literature*, Report to NHS Service Delivery and Organisation Research and Development Programme (NHS SDO)



Crick, B., (1992), 'Well, is equality dead?'. In M. Newton and S. Hall (eds), *Is Equality Dead*, London: Fabian Society

Croft, S., and Beresford, P., (1990), *From Paternalism to Participation: Involving People in Social Services*, London: Open Services Project/Joseph Rowntree Foundation

Croft, S., and Beresford, P., (1993), 'The politics of participation', *Critical Social Policy*, 2, 20-44

Croft, S., and Beresford, P., (1995), 'Whose Empowerment? Equalizing the Competing Discourses in Community Care'. In R. Jack (ed), *Empowerment in Community Care*, London: Chapman and Hall

Cropanzano, R., Byrne, Z., Bobocel, D., and Rupp, D., (2001), 'Moral virtues, fairness heuristics, social entities, and other denizens of organisational justice', *Journal of Vocational Behaviour*, 58, 164-209

Crow, L., (1992), 'Renewing the social model of disability', *Coalition*, July, 5-9

Crow, L., (1996), 'Including all of our lives: renewing the social model of disability'. In C. Barnes, and G. Mercer (eds), *Exploring the Divide: Illness and Disability*, Leeds: Disability Press

Dansco, C., Greaves, H., Howell, S., Ryan, M., Sinclair, R., and Tunnard, J., (2003), 'The involvement of children and young people in promoting change and enhancing the quality of services', *A research report for SCIE from the National Children's Bureau*

Davies, A., (1993), 'Who Needs User Research? Service Users as Research Subjects or Participants, Implications for User Involvement in Service Contracting'. In M. Barnes and G. Wistow (eds) *Researching User Involvement* (seminar series), Leeds: The Nuffield Institute for Health Services Studies

Davies, C., Doyle, C., and Robson, K., (2004), *Taking Away the Strain*, A Research Report to the Disability Rights Commission in Wales, Cardiff: DRC

Davies, C. A., (1999), *Reflexive Ethnography: A guide to researching selves and others*, London: Routledge

Department for Education and Employment (DfEE), (1992), *Further and Higher Education Act*, London: HMSO

Department for Education and Employment (DfEE), (1994), *A Consultation on Government Measures to Tackle Discrimination Against Disabled People*, London: HMSO

Department for Education and Employment (DfEE), (1995a), *The Disability Discrimination Act*, London: HMSO

Department for Education and Employment (DfEE), (1995b), *Guidance on matters to be taken into account in Determining questions relating to the definition of disability*. London: HMSO.

Department for Education and Employment (DfEE), (1997), *Excellence in Schools*, London: HMSO

Department for Education and Employment (DfEE), (2001), *Special Educational Needs and Disability Act*, London: HMSO

Department for Education and Science (DfES), (1944), *Education Act*, London: HMSO

Department for Education and Skills (DfES), (2002), GCSE and GNC special schools passes (Area 6P)

Department for Education and Skills (DfES), (2003a), *Disability Discrimination Act 1995 (Amendment) (Regulations 2003)*. London: HMSO

Department for Education and Skills (DfES), (2003b), *The Future of Higher Education*, London: HMSO.

Department for Education and Skills (DfES), (2003c), *Widening participation in higher education*,  
[www.dfes.gov.uk/hegateway/uploads/EWPparticipation.pdf](http://www.dfes.gov.uk/hegateway/uploads/EWPparticipation.pdf)

Department for Education and Skills (DfES), (2004), *The Higher Education Act*, London: HMSO

Department for Education and Skills (DfES), (2004), *DfES representative personal communiqué*, dated 29<sup>th</sup> March

Department for Education and Skills (DfES), (2004), *Policy Officer personal communiqué*, dated 6<sup>th</sup> April

Department for Education and Skills (DfES), (2005), *Ethnicity and Education: The Evidence on Minority Ethnic Pupils*, Research Topic Paper: RTP01-05, Nottingham: DfES Publications

Department of Health (DH), (1989a), *Working for Patients*, HMSO: London

Department of Health (DH), (1989b), *Children Act*, HMSO: London

Department of Health (DH), (1989c), *Caring for People*, HMSO: London

Department of Health (DH), (1990a), *The NHS and Community Care Act*, HMSO: London

Department of Health (DH), (1990b), *Community Care in the Next Decade and Beyond*, HMSO: London

Department of Health (DH), (1991), *Patient's Charter*, HMSO: London

Department of Health (DH), (1992), *The Health of the Nation*, HMSO: London

Department of Health (DH), (1995), *Patient's Charter*, HMSO: London

Department of Health (DH), (1997), *The New NHS*, HMSO: London

Department of Health (DH), (1998), *Health in Partnership*, HMSO: London

Department of Health (DH), (1999), *Patient Partnership Strategy*, HMSO: London

Department of Health (DH), (2000a), *The NHS Plan*, HMSO: London

Department of Health (DH), (2000b), *A Quality Strategy for Social Care*, HMSO: London

Department of Health (DH), (2001a), *Involving Patients and the Public*, HMSO: London

Department of Health (DH), (2001b), *The Health and Social Care Act*, HMSO: London

Department of Health (DH), (2001c), *Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century*, White Paper Cmnd 5086, London: HMSO

Department of Health (DH), (2002), *Requirements for Social Work Training*, HMSO: London.

Department of Health (DH), (2005), *How to estimate the numbers of people with a learning disability in your area; or check your current results*, available online at <http://www.valuingpeople.gov.uk/documents/HousingSPEstimateNumbers.pdf>

Department of Health and Social Security (DHSS), (1994), *Civil Rights (Disabled Persons) Bill Compliance Cost Assessment*, London: DHSS

Department for Social Security (DSS), (1995), *Disability Discrimination Bill Receives Royal Assent*, 95/143, London: DSS

Department for Trade and Industry (DTI), (2006), *Equality Act*, London: HMSO

Department for Work and Pensions (DWP), (2000), *Race Relations Amendment Act (RRAA)*, London: HMSO

Department for Work and Pensions (DWP), (2003), *Draft Disability Discrimination Bill*, London: HMSO

Department of Work and Pensions (DWP), (2004), *The Disability Discrimination Bill*, London: HMSO

Department for Work and Pensions (DWP), (2005), *Disability Discrimination Act (DDA)*, London: HMSO

Desforges, C., and Abouchaar, A., (2003), *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievement and Adjustment: A Review of Literature*, Brief No: 433, DfES Publications

Disability Alliance, (1988), *The Financial Circumstances of Disabled People Living in Private Households: A Disability Alliance Briefing on the Second OPCS Report*, London: Disability Alliance

Disability Equality in Education (DEE), (2004), *DEE Statistics*, available online at [http://www.diseed.org.uk/ Statistics\\_showing\\_need\\_for\\_inclusion.htm](http://www.diseed.org.uk/Statistics_showing_need_for_inclusion.htm)

Disability Rights Commission (DRC), (2001), *Disability Discrimination Act 1995: Part 4, Consultation Report*, Stratford Upon Avon: DRC

Disability Rights Commission (DRC), (2002a), *Code of Practice: Post 16 Education and Related Services*, Stratford-upon-Avon: DRC

Disability Rights Commission (DRC), (2002b), *Good Practice Guidelines Staff Development*, Stratford upon Avon: DRC

Disability Rights Commission (DRC), (2002c), *Good Practice Guidelines Estate Provision*, Stratford upon Avon: DRC

Disability Rights Commission (DRC), (2003a), *Policy Officer communiqué* dated 30<sup>th</sup> May 2003

Disability Rights Commission (DRC), (2003b), *Disability Briefing*, February, available online at <http://www.drc-gb.org/publicationsandreports/campaigndetails.asp?section=oth&id=262#0>

Disability Rights Commission (DRC), (2003c), *Young Disabled People*, Stratford upon Avon: DRC

Disability Rights Commission (DRC), (2004), *Policy Officer personal communiqué*, dated 16<sup>th</sup> January

Disability Rights Task Force (DRTF), (1999), *From Exclusion to Inclusion: Final Report of the Disability Rights Task Force*, London: HMSO.

- Disability Rights Task Force (DRTF), (2004), *DRTF member/disability campaigner personal communiqué*, dated 17<sup>th</sup> January
- Donaldson, L., (1995), 'The Listening blank', *Health Service Journal*, September, 22-23
- Drake, R. F., (1992), *A little brief authority: A sociological analysis of consumer participation in voluntary agencies in Wales*, Cardiff: PhD thesis
- Drake, R. F., (1996a), 'Charities, Authority and Disabled People: a qualitative study', *Disability and Society*, 11, 1
- Drake, R. F., (1996b), 'A critique of the role of the traditional charities'. In L. Barton (ed), *Disability and Society, Emerging Issues and Insights*, London: Longman
- Drake, R. F., (1999), *Understanding Disability Policies*, Basingstoke: Macmillan
- Drake, R. F., (2002), 'Disabled people, voluntary organisations and participation in policy making', *Policy and Politics*, 30, .3, 373-385
- Duckett, P. S., and Pratt, R., (2001), 'The Researched Opinions on Research: visually impaired people and visual impairment research', *Disability and Society*, 14, 1, 85-101
- Dyslexia Institute, (2005), *Frequently Asked Questions*, available online at <http://www.dyslexia-inst.org.uk/faqs.htm>
- Education Learning Wales (Elwa), (2003), *The Higher Education Quality Assurance and Standards Framework*, Circular W03/08HE, Cardiff: EIWA
- Ellis, K., (1993), *Squaring the circle, User and carer participation in needs assessment*, York: Joseph Rowntree Foundation
- Epstein, J. L., (1987), 'Parent Involvement: What research says to administrators', *Education and Urban Society*, 19, 119-136
- Epstein, J. L., (1991), 'Effects on student achievement of teachers' practices of parent involvement', *Advances in Reading/Language Research: Literacy Through Family, Community and School Interaction*, Greenwich, CT, JAI Press, 5, 261-276
- Fan, X., and Chen, M., (2001), 'Parental Involvement and Students' Academic Achievement:: A Meta-Analysis', *Educational Psychology Review*, 13, 1, 1-22
- Farleigh, A., (1990) 'Invisible communities', *Community Care*, 806, 30-31

Fehrmann, P. G., Keith, T. Z., and Reimers, T. M., (1987), 'Home influence on school learning: Direct and indirect effects of parental involvement on high school grades', *Journal of Educational Research*, 80, 330-337

Felton, A., and Stickley, T., (2004), 'Pedagogy, power and service user involvement', *Journal of Psychiatric and Mental Health Nursing*, 11, 1, 89-98

Femia, J. V., (1988), *Gramsci's Political Thought: Hegemony, Consciousness, and the Revolutionary Process*, Oxford: Clarendon Press

Ferguson, I., (1997), 'The Impact of Mental Health User Involvement', *Research Policy and Planning*, 15, 26-30

Finkelstein, V., (1980), *Attitudes and Disability: Issues for Discussions*, New York: World Rehabilitation Fund

Finkelstein, V., (1993), 'The Commonality of Disability'. In J.Swain, V.Finkelstein, S.French and M.Oliver (eds), *Disabling Barriers: enabling environments*, Buckingham: Open University Press

Finkelstein, V., (2001), 'The Social Model of Disability Repossessed' paper presented *Manchester Coalition of Disabled People*, available online at <http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/soc%20mod%20repossessed.pdf>

Fisher, S., (1994), *Stress in Academic Life: the mental assemblyline*, Buckingham: Open University

Fisher, S., and Hood, B., (1987), 'The stress of the transition to university: A longitudinal study of psychological disturbance, absent-mindedness and vulnerability to homesickness', *British Journal of Psychology*, 78, 425-441

Forbes, J., and Sashidharan, S.P., (1997), 'User Involvement in Services – Incorporation or Challenge?', *British Journal of Social Work*, 27, 481-98

Fowler, R., Hodge, B., Kress, G., and Trew, T., (1979), *Language and Control*, London: Routledge and Kegan Paul

French, S., (1993), 'Disability, impairment or something in between'. In J.Swain, V.Finkelstein, S.French and M.Oliver (eds), *Disabling Barriers: enabling environments*, Buckingham: Open University Press

French, S., (1994a), 'What is disability?'. In S. French (ed), *On Equal Terms Working with Disabled People*, Oxford: Butterworth-Heinemann Ltd

French, S., (1994b), 'Disabled people and professional practice'. In S. French (ed), *On Equal Terms Working with Disabled People*, Oxford: Butterworth-Heinemann Ltd

- French, S., (1994c), 'Researching Disability'. In S. French (ed), *On Equal Terms Working with Disabled People*, Oxford: Butterworth-Heinemann Ltd
- Fuller, M., Healey, M., Bradley, A., and Hall, T., (2004), 'Barriers to learning: a systematic study of the experience of disabled students in one university', *Studies in Higher Education*, 29, 3, 308-318
- Furedi, F., (2005), 'I refuse to hand it to students on a plate', *Times Higher Education Supplement*, 25<sup>th</sup> March
- Gaine, C., (1989), 'On Getting equal opportunities policies and keeping them'. In M. Cole (ed), *Educating for Equality: Some Guidelines for Good Practice*, London: Routledge
- Gaventa, J., (1980), *Power and Powerlessness: Quiescence and Rebellion in an Appalachian Valley*, Oxford: Clarendon Press
- Gencoz, T., and Or, P., (2006), 'Associated Factors of Suicide Among University Students: Importance of Family Environment', *Contemporary Family Therapy*, 28, 261-268
- Ghate, D., and Daniels, A., (1997), *Talking about my generation: a survey of 8-15 year-olds growing up in the 1990s*. London: NSPCC
- Gillborn, D., (2000), *Educational Inequality: Mapping Race, Class and Gender: A synthesis of research evidence*, London: Office for Standards in Education
- Goode, J., (2007), 'Managing' disability: early experiences of university students with disabilities', *Disability and Society*, 22, 1, 35-48
- Gooding, C., (1996), *Blackstone's guide to the Disability Discrimination Act 1995*, London: Blackstone
- Gooding, C., (2000), Disability Discrimination Act: from statute to practice, in *Critical Social Policy*, 20, 4, 533-549
- Grabb, E., (1993), 'General Introduction'. In J. Curtis, E. Grabb, and N. Gubby (eds), *Social Inequality in Canada: Patterns, Problems, Policies*, Ontario: Prentice-Hall
- Gramsci, A., (1971), *Selections from the Prison Notebooks*, London: Lawrence and Wishart
- Haggis, T., and Pouget, M., (2002), 'Trying to be Motivated: perspectives on learning from younger students accessing higher education', *Teaching in Higher Education*, 7, 3, 323-336

Hall, T., and Healey, M., (2004), *The Experience of Learning at University by Disabled Students in Geography, Earth and Environmental Sciences and Related Disciplines. Report on the Inclusive Project (ICP) Student Survey*, Cheltenham: Geography Discipline Network (GDN)

Hall, T., Healey, M., and Harrison, M., (2002), 'Fieldwork and disabled students: discourses of exclusion and inclusion', *Transactions of the Institute of British Geographers NS*, 2, 213-231

Hall, J., and Tinklin, T., (1998), *Students First: The Experiences of Disabled Students in Higher Education*, Report No.85, Scotland: The Scottish Council for Research in Education, available online at <http://www.scre.ac.uk/resreport/rr85/index.html>

Hamilton, T. K., and Schweitzer, R. D., (2000), 'The cost of being perfect: perfectionism and suicide ideation in university students', *Australian and New Zealand Journal of Psychiatry*, 34, 829-835

Hammersley, M., (1995), *The Politics of Social Research*, London: SAGE Publications

Hampshire Centre for Independent Living (HCIL), (1990), *Consumer Consultation*, Hampshire: Hampshire Centre for Integrated Living

Hansard, (1991), *Disabled People*, Nicholas Scott, 28<sup>th</sup> March, cols 1143-1149, London: HMSO

Hansard, (1995a), *Disability Discrimination Bill*, Lord Lester, 22<sup>nd</sup> May, col. 807 London: HMSO

Hansard, (1995b), *Disability Discrimination Bill*, Skill quote, 22<sup>nd</sup> May, col. 876, London: HMSO

Hansard, (1995c), *Disability Discrimination Bill*, Lord Beloff, 22<sup>nd</sup> May, cols. 875-876 London: HMSO

Hansard, (2004a), *Higher Education Bill*, Baroness Sharp of Guildford, 22<sup>nd</sup> June, col. 1156-8, London: HMSO

Hansard, (2004b), *Higher Education Bill*, Lord Roberts of Conwy, 22<sup>nd</sup> June, col. 1157, London: HMSO

Hansard, (2004c), *Higher Education Bill*, Baroness Ashton of Upholland, 14<sup>th</sup> June, col. 572, London: HMSO

Hansard, (2004d), *Higher Education Bill*, Baroness Sharp of Guildford 14<sup>th</sup> June, col. 572, London: HMSO

Hansard, (2004e), *Higher Education Bill*, Baroness Warwick, 22<sup>nd</sup> June, col. 1156-8, London: HMSO



Harris, M., 2004, 'Strings attached: Martin Harris, the director of fair access, explains what he will require universities to do if they want to charge full fees', *Guardian*, (9<sup>th</sup> November)

Hawton, K., Haigh, R., Simkin, S., and Fagg, J., (1995a), 'Attempted suicide in Oxford University students 1976-1990', *Psychological Medicine*, 25, 179-188

Hawton, K., Simkin, S., Fagg, J., and Hawkins, M., (1995b), 'Suicide in Oxford University Students, 1976-1990', *British Journal of Psychiatry*, 166 44-50

Hayton, A., and Paczuska, A., (2002), *Access, Participation and Higher Education: Policy and Practice*, London: Kogan Page

Healey, M., (2003), 'Towards the inclusion of disabled students on fieldwork', *The Skill Journal*, 75, 11-16

Higher Education Funding Council for England (HEFCE), (1993), *1993/94 Special Initiative to Encourage Widening Participation for Students with Special Needs*, Ref: 9/93, Bristol: HEFCE

Higher Education Funding Council for England (HEFCE), (1995), *Access to Higher Education: Students with Special Needs*, Ref: M2/95, Bristol: HEFCE

Higher Education Funding Council for England/Higher Education Funding Council for Wales (HEFCE/HEFCW), (1999), *Guidance on base-level provision for disabled students in higher education institutions*, Ref: 99/04, Bristol: HEFCE

Higher Education Funding Council for England (HEFCE), (2003), *Disability funding 2003-04*, available online at <http://www.hefce.ac.uk/widen/SLDD/grant0304.xls>

Higher Education Funding Council for England (HEFCE), (2005), *How the mainstream disability allocation is calculated*, available online at <http://www.hefce.ac.uk/widen/slidd/allocat.asp>

Higher Education Funding Council for England (HEFCE), (2006), *Recurrent grants for 2006-07*, Ref: 2006/08, Bristol: HEFCE

Higher Education Funding Council for Wales (HEFCW), (1993), *Academic Infrastructure*, Ref: W93/16HE, Cardiff: HEFCW

Higher Education Funding Council for Wales (HEFCW), (1994a), *Students with Disabilities: The Outcomes*, Ref: W94/61HE, Cardiff: HEFCW

Higher Education Funding Council for Wales (HEFCW), (1994b), *Academic Infrastructure*, Ref: W94/87HE, Cardiff: HEFCW

Higher Education Funding Council for Wales (HEFCW), (2003), *The Higher Education Quality Assurance and Standards Framework for Wales*, Ref: W03/08HE, Cardiff: HEFCW

Higher Education Funding Council for Wales (HEFCW), (2004), *Supplementary Capital Funding Allocation 2003-94 and Capital Funding for Disability Provision 2004-05 and 2005-06*, Ref: W04/20HE, Cardiff HEFCW

Higher Education Funding Council for Wales (HEFCW), (2005a), *A new disability Co-ordination Service for HEIs in Wales: Consultation*, Ref: W05/34HE, Cardiff: HEFCW

Higher Education Funding Council for Wales (HEFCW), (2005b), *Supplementary Capital Funding for Disability Provision 2004-05*, Ref: W05/11E, Cardiff: HEFCW

Higher Education Funding Council for Wales (HEFCW), (2006), *Recurrent Grant 2006/07*, Ref: W06/09HE, Cardiff: HEFCW

Higher Education Wales (HEW), (2001), *Written evidence to the National Assembly for Wales Independent Inquiry into Student Hardship and Funding: from Uncertain Charity to Certain Clarity*, Cardiff: HEW

Hirst, M., and Baldwin, S., (1994), *Unequal Opportunities: Growing up Disabled*, Social Policy Research Unit, London: HMSO

Hodge, S., (2005), 'Participation, discourse and power: a case study in service user involvement', *Critical Social Policy*, 25, .2, 164-179

Holloway, S., (2001), 'The experience of higher education from the perspective of disabled students', *Disability and Society*, 16, 597-615

Home Office, (2000), *Race Relations (Amendment) Act*, London: HMSO

Hooks, B., (1989), *Talking back: thinking feminist, thinking black*, Boston: South End Press

Hopkins, L., (2006), 'Students with disabilities in Higher Education: A Narrative Approach', conference paper presented at the *Disability Studies Association Conference*, Lancaster University, 18-20 September

Hugman, R., (1991), *Power in Caring Professions*, Hampshire: Macmillan

Humphreys, C., (2005), 'Service User Involvement in Social Work Education: A Case Example', *Social Work Education*, 24, 7, 797-803

Hunt, P., (1981), 'Settling accounts with the parasite people: A critique of "A Life Apart" by E.J. Miller and G.V. Gwynne', *Disability Challenge*, 1: 37-50, UPIAS

Hurst, A., (1993), *Steps Towards Graduation: Access to higher education for people with disabilities*, Aldershot: Avebury

Hurst, A., (1995), *The Seed-time and the Harvest: Towards the Development of a Community of Scholars*, available online at <http://www.leeds.ac.uk/disability-studies/archiveuk>

Hurst, A., (1996), 'Equal opportunities and access: developments in policy and provision for disabled students 1990-1995'. In S. Wolfendale and J. Corbett (eds), *Opening Doors: learning support in Higher Education*, London: Cassell

Hurst, A., (1999), 'The Dearing Report and Students with Disabilities and Learning Difficulties', *Disability and Society*, 14, 1, 65-83

Hussain, Y., Atkin, K., and Ahmad, W., (2002), *South Asian disabled young people and their families*, Joseph Rowntree Foundation (Ref 742)

Hutton, A., Jagusz, S., Sugden, K., and Turner, C., (2002), *Learning from Barnardo's Voice Initiative – Summary*, available online at [http://www.barnardos.org.uk/learning\\_from\\_barnardo\\_s\\_voice\\_initiative\\_-\\_summary.pdf](http://www.barnardos.org.uk/learning_from_barnardo_s_voice_initiative_-_summary.pdf)

Imrie, R., (1996), *Disability and the City: International Perspectives*, London: Paul Chapman

Imrie, R., (1997), 'Challenging disabled people's access in the built environment: evidence from the United Kingdom', *Town Planning Review*, 68, 293-318

Imrie, R., and Kumar, M., (1998), 'Focusing on Disability and Access in the Built Environment', *Disability and Society*, 13, 3, 357-374

Janzon, K., and Law, S., (2003), *Older people influencing social care: Aspirations and realities*. Research review on user involvement in promoting change and enhancing the quality of social care services, Final report for SCIE

Jones, J. M., (1972), *Prejudice and Racism*, Reading, Massachusetts: Addison-Wesley

Joseph, J., (2003), *Review of Disabled Students Allowances*, Presentation to Skill Council 14<sup>th</sup> June, on behalf of DfES

Karl, M., (1995), *Women and Empowerment: Participation and Decision Making*, New Jersey: Zed Brooks

Keith, T. Z., (1991), 'Parent involvement and achievement in high schools'. In S. Silvern, (ed.), *Advances in Reading/Language Research: Literacy*

*Through Family, Community and School Interaction*, 5, JAI press Greenwich, CT

Khoo, R., McVicar, A., and Brandon, D., (2004), 'Service user involvement in postgraduate mental health education. Does it benefit practice?' *Journal of Mental Health*, 13, 5, 481-492

Kitchen, R., (2000), 'The Researched Opinions on Research: disabled people and disability research', *Disability and Society*, 15, 1, 25-47

Laar, C. V., (2000), 'The paradox of low academic achievement but high self-esteem in African American students: An attributional account', *Education Psychology Review*, 12,1, 33-59

Labour Force Survey, (2002), at [www.statistics.gov.uk](http://www.statistics.gov.uk)

Labour Force Survey, (2003), (spring) [www.statistics.gov.uk](http://www.statistics.gov.uk)

Labour Force Survey, (2004), at [www.statistics.gov.uk](http://www.statistics.gov.uk)

Laski, H., (1969), 'Liberty and Equality'. In W. T. Blackstone, (ed), *The Concept of Equality*, Mineapolis, Burgess Publishing Company

Leicester, M., and Lovell, T., (1994), 'Race, gender and disability: a comparative perspective', *Journal of Further and Higher Education*, 18, 52-56

Lindow, V., and Morris, J., (1995), *Service User Involvement: Synthesis of Findings and Experience in the Field of Community Care*, York: Joseph Rowntree Foundation

Low, C., (2001), 'Have Disability Rights Gone Too Far?', speech given at the *City University in London*, available online at [http://www.disabilityworld.org/03-04\\_01/news/low.shtml](http://www.disabilityworld.org/03-04_01/news/low.shtml)

Lowe, H., and Cook, A., (2003), 'Mind the Gap: are students prepared for higher education', *Journal of Further and Higher Education*, 27, 1, 53-76

Luff, D., (1999), 'Dialogue Across the Divides: Moments of Rapport and Power in Feminist Research with Anti-Feminist Women', *Sociology*, 33, 4, 687-703

Lukes, S., (1974), *Power: A radical View*, London: Macmillan

Macaro, E., and Wingate, U., (2004), 'From sixth form to university: motivation and transition among high achieving state-school language students', *Oxford Review of Education*, 30, 4., 467-488

Macpherson, W., (1999), *The Stephen Lawrence Inquiry*, Cmnd 4262-1, London: HMSO

Magnus, A., (2006), 'Disability and Higher Education – what are the barriers to participation?'. Conference Paper presented at the *Disability Studies Association Conference*, Lancaster University, 18-20 September

Mangione, T. W., (1995), *Mail Surveys: Improving the Quality*, California: SAGE Publications

Manning, N., (1985), *Social Problems and Welfare Ideology*, Aldershot: Gower

Marshall, T. H., (1950), *Citizenship and Social Class*, Cambridge: Cambridge University Press

Martin, J., Meltzer, H., and Elliot, D., (1988), *OPCS Surveys of Disability in Great Britain: Report 1 – The prevalence of disability among adults*, London: HMSO

Mason, J., (1998), *Qualitative Researching*, London: SAGE Publications

May, T., (1999), *Social Research*, Buckingham: Open University Press

Mayer, J. E., and Timms, N., (1970), *The client speaks: Working class impressions of casework*, London: Routledge & Kegan Paul

McInnis, C., James, R., and McNaught, C., (1995), *First Year on Campus: diversity in the initial experiences of Australian undergraduates*, Melbourne: University of Melbourne Centre for the Study of Higher Education

Miles, M. B., and Huberman, A. M., (1984), *Qualitative data analysis: a sourcebook of new methods*, London: SAGE Publications

Miller, D., (1999), *Principles of Social Justice*, London: Harvard University Press

Molyneux, J., and Irvine, J., (2004), 'Service user and carer involvement in social work training: a long and winding road?', *Social Work Education*, 23, 3, 293-308

Morris, J., (1996), *Pride Against Prejudice*, London: The Women's Press Ltd.

Morris, J., (1992), 'Personal and Political: a feminist perspective on researching physical disability', *Disability, Handicap and Society*, 7, 2, 157-166

Morris, J., (1993), 'Gender and disability'. In J.Swain, V.Finkelstein, S.French and M.Oliver (eds), *Disabling Barriers: enabling environments*, Buckingham: Open University Press

Myers, L., and Parker, V., (1996), 'Extending the role of the co-ordinator for disabled students'. In S. Wolfendale and J. Corbett (eds), *Opening Doors: Learning Support in Higher Education*, London: Cassell

NATFHE/DRC/SKILL, (2006), *Compliance with Part IV of the Disability Discrimination Act – Recording of Lectures by Disabled Students* (letter) available online at <http://www.skill.org.uk/news/policy/word/guidance.doc>

National Committee of Inquiry into Higher Education (NCIHE), (1997a), *Higher Education in the Learning Society*, London: HMSO

National Committee of Inquiry into Higher Education (NCIHE), (1997b), Report Six: widening participation in Higher Education by students from lower socio-economic groups and students with disabilities, London: HMSO

National Disability Team (NDT) and Skill, (2004), *Aspiration raising and transition of disabled students from Further Education to Higher Education*

National Statistics, (2005), *Census 2001*, available online at <http://www.statistics.gov.uk/>

National Union of Students (NUS), (2004), Student with Disability (SWD) Committee Report, *NUS SWD Conference*, Blackpool

National Union of Students (NUS), (2004), *NUS Disability Officer personal communiqué*, dated 25<sup>th</sup> March 2004

New College Worcester (NCW), (2004), *NCW Examination Results*, available online at [http://www.rnibncw.ac.uk/?\\_id=1](http://www.rnibncw.ac.uk/?_id=1)

Northern Officers Group, (2003), *Defining Impairment and Disability*, available online at <http://www.suntimes.btinternet.co.uk/info/disdefine.htm>

Oakley, A., (1981), 'Interviewing Women: a contradiction in terms'. In H.Roberts (ed), *Doing Feminist Research*, London: Routledge

O'Connor, U., and Robinson, A., (1999), 'Accession or Exclusion? University and the Disabled Student: A Case Study of Policy and Practice', *Higher Education Quarterly*, 53, 1, 88-103

Oliver, M., (1990), *The Politics of Disablement*, Basingstoke: Macmillan Press

Oliver, M., (1992), 'Changing the social relations of research production?', *Disability, Handicap and Society*, 7, 2, 101-114

Oliver, M., (1993), 'Disability, citizenship and empowerment' Workbook 2 of the course *The Disabling Society* (K665), Milton Keynes: Open University

- Oliver, M., (1996), *Understanding Disability: From Theory to Practice*, Basingstoke: Macmillan Press
- Oliver, M., (1997), 'Emancipatory Research: Realistic goal or impossible dream?' In C. Barnes and G. Mercer (eds), *Doing Disability Research*, Leeds: Disability Press
- Osborne, J., (1995), 'Academics, self-esteem and race: A look at the underlying assumptions of the disidentification hypothesis', *Personality and Social Psychology Bulletin*, 21, 449-455
- Parekh, B., (1983), 'Educational Opportunity in Multi-ethnic Britain'. In N. Glazer and K. Young (eds), *Ethnic Pluralism and Public Policy*, London: Heinemann Educational Books
- Parker, V., (1999), 'Personal Assistance for Students with Disabilities in HE: the experience of the University of East London', *Disability and Society*, 14, 4, 483-504
- Parson, J. E., Adler, T. F., and Kaezala, C. M., (1982), 'Socialization of achievement attitudes and beliefs: Parental influences', *Child Development*, 53, 105-111
- Paterson, L., 1997, 'Trends in higher education participation in Scotland', *Higher Education Quarterly*, 51, 29-48
- Payne, G., and Payne, J., (2005), *Key Concepts in Social Research*, London: SAGE Publications
- Plant, R., (1990), *Citizenship and Rights in Thatcher's Britain*, London: Institute of Economic Affairs Health and Welfare Unit
- Polat, F., Afroditi, K., Boyle, W. F., and Nelson, N., (2001), *Post-16 Transitions of pupils with special educational needs*, DfES Research Report RR315
- Preece, J., (1995), 'Disability and Adult Education – the consumer view', *Disability and Society*, 10, 1, 87-102
- Preece, J., (1999), 'Families into Higher Education Project: an Awareness Raising Action Research project with Schools and Parents', *Higher Education Quarterly*, 53, 3, 197-210
- Priestley, M., (1999), *Disability Politics and Community Care*, London: Jessica Kingsley
- Quality Assurance Agency (QAA), (1999), *Code of practice for the assurance of academic quality and standards in higher education, Section 3: student's with disabilities*, Gloucester: QAA

Quality Assurance Agency (QAA), (2003), *Handbook for Institutional Review: Wales* (Version: September 2003), Gloucester: QAA

Ramsden, B., (2002), *Patterns of Higher Education Institutions in Wales*, Cardiff: HEW/HEFCW

Rawls, J., (1971), *A Theory of Justice*, Oxford: Oxford University Press

Reay, D., Davies, J., David, M., and Ball, S., (2001), 'Choice of degree and degrees of choice?: Class, 'race' and the higher education choice process' *Sociology*, 35, 4, 855-874

Rees, T., (2001), *Independent Investigation Group on Student Hardship and Funding in Wales*, A Report to the Minister for Education and Lifelong Learning at the National Assembly for Wales, Cardiff: WAG

Rees, T., (2005), *Fair and Flexible Funding: A Welsh Model to Promote Quality and Access in Higher Education*, Cardiff: WAG

Rieser, R., (2006), 'Meeting the challenge of developing inclusive education. An overview and analysis of applying social model thinking to the development of inclusive education', conference paper presented at the *Disability Studies Association Conference*, Lancaster University, 18-20 September

Reimer, J., (1977), 'Varieties of Opportunistic Research', *Urban Life*, 5, 4, 467-477

Reeve, D., (2004), 'Psycho-emotional Dimensions of Disability and the Social Mode'. In C. Barnes and G. Mercer (eds.) *Implementing the Social Model of Disability: Theory and Research*, Leeds: The Disability Press

Ribbens, J., (1990), 'Interviewing – an "Unnatural Situation"?', *Women's Studies International Forum*, 12, 6, 579-92

Riddell, S., (1996), 'Theorising special educational needs in a changing political climate'. In L. Barton, (ed), *Disability and Society: Emerging Issues and Insights*, Longman: Harlow

Riddell, S., and Banks, P., (2001), *Disability in Scotland: A Baseline Study*, Edinburgh: Disability Rights Commission

Riddell, S., Tinklin, T., and Wilson, A., (2004), 'Disabled Students in Higher Education: a reflection on research strategies and findings'. In C. Barnes and D. Mercer (eds), *Disability Policy and Practice: Applying the Social Model*, Leeds: Disability Press

Riddell, S., Tinklin, T., and Wilson, A., (2005), *Disabled Students in Higher Education, Perspectives on widening access and changing policy*, Abingdon: Routledge



Rights Now Campaign, (1994a), *The Right Response to Disability Discrimination: The Rights Now Campaign's response to the consultative document on Government measures to tackle discrimination against disabled people*, London: Rights Now Campaign

Rights Now Campaign, (1994b), *Accounting for Discrimination: Estimating the costs of excluding disabled people from the workforce*, London: Rights Now Campaign

Rights Now Campaign, (1995), *Civil Rights or a Discriminating Law*, London: Rights Now Campaign

Rioux, M., and Bach, M., (1994), *Disability is Not Measles: New Paradigms in Disability*, Ontario: L'Institut Roehrer

Robbins, Lord, (1993), *Higher Education: Report of the Committee appointed by the Prime Minister under the Chairmanship of Lord Robbins, 1961-1963*, London: HMSO

Roberts, C., Davies, E., and Jupp, T., (1992), *Language and Discrimination*, London: Longman

Robson, C., (2004), *Real World Research*, Oxford: Blackwell Publishing

Rose, D., Fleischmann, P., Tonkiss, F., Campbell, P., and Wykes, T., (2003), *Review of the literature: User and carer involvement in change management in a mental health context: Report to NHS Service Delivery and Organisation Research and Development Programme (NHS SDO)*

Royal National Institute for the Blind (RNIB), (2000), 'Shaping the future: the experiences of blind and partially sighted children and young people in the UK', *Shaping the Future Conference* (mini-conference summary, London: RNIB

Rush, B., (2004), 'Mental health service user involvement in England: lessons from history', *Journal of Psychiatric and Mental Health Nursing*, 11, 3, 313-318

Sarantakos, S., (2005), *Social Research*, Basingstoke: Palgrave Macmillan

Schmidt, J. A., and Padilla, B., (2003), 'Self-Esteem and Family Challenge: An Investigation of Their Effects on Achievement', *Journal of Youth and Adolescence*, 32, 1, 37-46

Scottish Higher Education Funding Council (SHEFC), (2006), *Main grants in support of teaching and research for higher education institutions for academic year 2006-07*, Edinburgh: SFC

Shakespeare, T., (1996), 'Disability, identity, difference', in C.Barnes, and G.Mercer (eds), *Accounting for Illness and Disability: bridging the divide*, Leeds: Disability Press

Shaping Our Lives, (2003), *Shaping our lives – from outset to outcome*, York: Joseph Rowntree Foundation

Shier, H., (2001), 'Pathways to Participation: Openings, Opportunities and Obligations', *Children and Society*, 15, 107-117

Simmons, R., and Birchall, J., (2005), 'A Joined-up Approach to User Participation in Public Services: Strengthening the "Participation Chain"', *Social Policy and Administration*, 39, 3, 260-283

Silver Jubilee Access Committee, (1979), *Can Disabled People Go Where You Go?*, London: SJAC

Skill, National Bureau for Students with Disabilities, 2001, *Review of Disabled Students Allowances*, London: Skill

Skill, (2004), *Policy Officer personal communiqué*, dated 27<sup>th</sup> February

Skill, (2004), *Policy Officer personal communiqué*, dated 5<sup>th</sup> March

Skill, (2004), *Chief Executive personal communiqué*, dated 18<sup>th</sup> August

Smith, F. M., and Hausafus, C. O., (1998), 'Relationship of Family Support and Ethnic Minority Students' Achievement in Science and Mathematics', *Science Education*, 82, 1, 111-125

Soorenian, A., (2006), 'An Investigation into International Disabled Students' experiences in UK Higher Education', conference paper presented at the *Disability Studies Association Conference*, Lancaster University, 18-20 September

Spender, D., (1990), *Man Made Language*, London: Routledge & Kegan Paul

Strategy Unit, (2005), *Improving the Life Chances of Disabled People*, [www.strategy.gov.uk](http://www.strategy.gov.uk)

Swain, J., French, S., and Cameron, C., (2003), *Controversial Issues in a Disabling Society*, Buckingham: Open University Press

Swann, Lord, (1985), *Education for All: Final Report of the Committee of Inquiry into the Education of Children from Ethnic Minority Groups*, Cmnd 9453, London: HMSO

Tawney, R. H., (1964), *Equality*, London: George Allen & Unwin

Taylor, G., (1996), 'A sense of real achievement? The experience of deaf students in social work and youth and community work training', *Social Work Education*, 15, 1, 46-74

Taylor, G., and Palfreman-Kay, J. M., (2000), 'Helping Each Other: relations between disabled and non-disabled students on Access programmes', *Journal of Further and Higher Education*, 24, 1, 39-53

Thomas, C., (1999), *Female Forms: Experiencing and understanding disability*, Buckingham: Open University Press

Thomas, C., (2004), 'Developing the Social Relational in the Social Model of Disability: a theoretical agenda'. In C.Barnes and G.Mercer (eds), *Implementing the Social Model of Disability: Theory and Research*, Leeds: The Disability Press

Thomas, M., and Pierson, J., (1995), *Dictionary of Social Work*, London: Collins

Thompson, N., (1997), *Anti-Discriminatory Practice*, Basingstoke: Macmillan

Thompson, N., (1998), *Promoting Equality, Challenging discrimination and oppression in the human services*, Basingstoke: Palgrave

Thompson, P., Lavery, M., and Curtice, J., (1990), *Short Changed by Disability*, London: Disability Income Group

Tinklin, T., Riddell, S., and Wilson, A., (2004), 'Policy and provision for disabled students in higher education in Scotland and England: the current state of play', *Studies in Higher Education*, 29, 5, 637-657

Turner, B. S., (1993), *Citizenship and Social Theory*, London: SAGE Publications

Union of the Physically Impaired Against Segregation (UPIAS), (1976), *Fundamental Principles of Disability*, London: Union of the Physically Impaired Against Segregation

Vernon, A., (1997), 'Reflexivity: The dilemmas of researching from the inside'. In C.Barnes and G.Mercer (eds), *Doing Disability Research*, Leeds: Disability Press

Warnock, M., (1978), *Special Educational Needs : Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*, London: HMSO

Warnock, M., (2005), *Special Educational Needs: a New Look*, Philosophy of Education Society of Great Britain

Watson, N., (2002), 'Well, I Know this is Going to Sound Very Strange to You, but I Don't See Myself as a Disabled Person: identity and disability', *Disability and Society*, 17, 5, 509-527

Welsh Affairs Committee, (2004), *The Empowerment of Children and Young People in Wales: First Report of Session 2003-04*, London: HMSO

Welsh Assembly Government (WAG), (2001), *Policy Review of Higher Education*, Cardiff: WAG

Welsh Assembly Government (WAG), (2002), *Reaching Higher: Higher Education and the Learning Country – A Strategy for the higher education sector in Wales*, Cardiff: WAG

Welsh Assembly Government (WAG), (2003), *No top up fees for Wales*, Press Release, Cardiff: WAG

Welsh Assembly Government (WAG), (2004), *Independent complaints adjudicator for Welsh Students*, Press Release, 22<sup>nd</sup> December, Cardiff: WAG

Welsh Assembly Government (WAG), 2005, *Policy Review of Service Provision for Disabled Young People in Wales*, Cardiff: WAG

Wheatley, E., 1994, 'Dances with Feminists: Truths, Dares and Ethnographic Stares', *Women's Studies International Forum*, 17, 4, 421-423

Williams, V., (2003), *Has anything changed? User involvement in promoting change and enhancing the quality of services for people with learning difficulties*, Final report for SCIE

Yin, R. K., (1991), *Case Study Research: Design and Methods*, California: SAGE Publications

Young, I. M., (1990), *Justice and the Politics of Difference*, Princeton: Princeton University Press

Zarb, G., (1995), *Removing Disabling Barriers*, London: Policy Studies Institute