The role of disability services in the development of inclusive teaching and learning: a critical realist analysis

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List of Figures and Tables

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Author's declaration: I declare that the thesis is my own work and has not been submitted in substantially the same form for the award of a higher degree elsewhere. No sections of the thesis have been published or submitted for a higher degree elsewhere. The thesis is not the result of joint research and is my own work alone.

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Abstract

Since the 2016/17 reforms of the Disabled Students' Allowance (DSA), progress toward inclusive teaching and learning underpinned by a social model of disability has been slow. Previous research has focused on commonly recognised barriers to change such as poor communication, lack of buy-in at senior level, agenda fatigue, and the knowledge and attitude of academics. What has not been examined is the role of disability services and existing models of disability support in this phenomenon.

This study aims to contribute to our existing understanding of why English universities have been slow to adopt inclusive teaching and learning as a way of supporting students with SpLDs by focusing on the role of disability services. As this research aims to provide an explanatory rather than simply a descriptive account, a critical realist-informed methodology was adopted. Data resulting from interviews with thirteen disability practitioners were analysed in an attempt to expose underlying structural mechanisms.

Findings from this study show that a series of unresolvable tensions mean that disability services face an impossible situation. Disability services preside over a deficit-based model of supporting students with SpLDs, which they adhere to in absence of a truly inclusive approach. The effort taken to maintain this current model results in less time available to advocate for and develop the inclusive approaches that could reduce the need for the current model. Ultimately, disability services face a Catch-22 situation from which there can be no immediate reprieve without a shift in the underlying structural mechanisms that generate these constraints.

These findings are important because they help to explain why the move to a social model of disability remains 'aspirational' and why inclusive approaches to meeting the needs of students with SpLDs have not become embedded in English HEIs. A number of recommendations are made for addressing the constraints identified.

Chapter 1: Introduction

1.1 Background

It is now more than twenty five years since Dearing's (1997) review of higher education (HE) set out a vision for widening participation in an inclusive learning society (Thompson, 2019). Since then, the student population in the UK has increased and diversified to include previously underrepresented groups. Students with a known disability now account for 16 percent of students enrolled in UK higher education providers, up from 6.5 percent over a twenty year period (HESA, 2007; HESA, 2024). According to available data, the largest group of disabled students continues to be those categorised as having a specific learning difference (SpLD) such as dyslexia, though the number of students with a declared mental health condition has risen rapidly since 2010 (Hubble and Bolton, 2021; Ryder and Norwich, 2019). As the student population has increased and diversified, the challenge facing universities to ensure they are catering to the needs of these students has also risen.

In the same period of widening participation, the Special Educational Needs and Disability (SENDA) Act 2001 and subsequent Equality Act 2010 placed an anticipatory duty on education providers to make reasonable adjustments to working practices, including learning, teaching and assessment. This means that higher education providers should take 'positive steps to ensure that disabled students can fully participate' in the same standard of education offered to all students (Equality and Human Rights Commission, 2014, p. 90). The sector response at the time is represented in a number of reports commissioned by the Higher Education Authority (HEA) focusing on inclusive teaching and learning (Bridger and May, 2010; Hockings, 2010; Thomas and May, 2010). Inclusive teaching and learning, or 'the ways in which pedagogy, curricula and assessment are designed and delivered' (Hockings, 2010, p. 1) was adopted by the HEA both as an approach to student retention and success in the context of widening participation and as a way of meeting statutory obligations in relation to the Equality Act. As Wilson and Martin (2017) point out, this era marked a shift in the sector toward meeting student need by embracing diversity and embedding inclusive practices rather than focusing on supporting specific groups of students with discrete, ‘bolt-on’ interventions.

The shift toward inclusive teaching and learning in relation to disabled students specifically was given even greater impetus with the reforms to the Disabled Students’ Allowances (DSA) introduced in 2016/17. The coalition government of the time aimed to rebalance the responsibility to provide support away from government and toward institutions as part of their legal duty under the Equality Act 2010 (Hubble and Bolton, 2021; Willetts, 2014; Wilson and Martin, 2017). In response, the Disabled Students Sector Leadership group (DSSLG) was formed from within the sector to support HE providers in developing their own inclusive practices to support disabled students effectively. It produced guidance on inclusive teaching and learning and encouraged providers to adopt a social model of disability as the underlying principle of pedagogical design (DSSLG, 2017). The guidance also claimed that the key barriers to implementation of an inclusive approach were the ‘standard barriers to any major change in higher education’ and suggested simple changes such as providing focused reading lists and recording teaching sessions (DSSLG, 2017, p. 18). Although not suggesting that the shift would be easy, the report implied a sense from within the sector that the changes required to teaching and learning were both necessary and achievable.

1.2 Research Problem

Despite some evidence of progress in the sector (Johnson et al., 2019; Williams et al., 2019), research undertaken in the years following the 2016/17 DSA reforms indicates that universities have been slow to move away from additional learning support models toward inclusive approaches to teaching and learning (Dobson, 2019; Newman, 2020). This was recognised in a briefing by the Office for Students, which concluded that adherence to a social model of disability ‘remains aspirational’ and that despite outward commitments, many institutions continued to view disabled students as a ‘problem to be solved’ (Office for Students, 2019, p. 2). Much of the literature concerned with identifying the barriers to implementation has focused on the knowledge, attitudes and awareness of academic staff (Barkas et al., 2022; Bunbury, 2020; Karousoi, 2017; Wray and Houghton, 2019) along with poor communication among services (Clouder et al., 2020), pressure from external agendas such as the Teaching Excellence Framework (TEF) (Martin et al., 2019), and lack of buy-in at a strategic level (Newman and Conway, 2017). Although some literature (Rodger et al., 2015; Wray and Houghton, 2019) hints at the existence of disability support arrangements as being a barrier in itself, research has largely ignored the role of current disability services in the slow move to adopt a social model of disability and related inclusive teaching practices.

In recent years, the Covid-19 pandemic brought with it both challenges and opportunities for disabled students and the promise of rapid developments in approaches to teaching and learning. Research undertaken by the Disabled Students' Commission (DSC) recognised that many changes being implemented in the remote learning context, such as lecture recordings and flexible assessment procedures, benefitted disabled students, including those with SpLDs. However, the research and subsequent Disabled Students' Commitment also identified concerns that, unless changes were properly embedded in the return to in-person teaching, pedagogical gains would remain temporary (DSC, 2022; DSC, 2023b). The Disabled Students' Commitment represents a restatement of the principles outlined in the DSSLG report, and calls again for a sector-wide commitment to a 'widespread adoption of inclusive practice' (DSC, 2023a). However, without a full understanding of the barriers to adoption that continue to exist, the opportunities presented by the Covid-19 pandemic are likely to remain unrealised.

Most recently, the legal case of University of Bristol vs Abrahart[1] and subsequent advice note issued by the Equality and Human Rights Commission has made the

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[1] In 2018, Natasha Abrahart, a student at the University of Bristol, committed suicide on the day she was due to give an assessed presentation. Although she did not have a formal diagnosis, the university was aware that she was under the care of the local mental health crisis team, but failed to make reasonable adjustments in relation to the presentation. The university was judged to have discriminated against Natasha and that this contributed to her death.

importance of taking an anticipatory approach to applying reasonable adjustments more pressing than ever (EHRC, 2024). From inside the disability support sector, however, there remains a widespread recognition that despite the decades' long focus on inclusive practice, real change has failed to become embedded in higher education teaching and learning. For example, a recent webinar hosted by the National Association of Disability Practitioners (NADP) on Working Together to Advance Culture Change posed the question, 'Why is it then, that we have not seen the tipping point reached, the culture changes embedded, such that webinar events such as this are no longer necessary?' (NADP, 2024). This research aims to respond to this question.

1.3 Personal Journey to Research

My interest in the focus of this research was prompted not only by the intractability of the problem but also by my own sense of professional frustration. I started my career in higher education as a specialist study skills tutor in a campus-based disability service, having worked for many years as a primary school teacher specialising in literacy and special educational needs (SEN). Additional qualifications and experience in inclusion, as well as years teaching in diverse, inner city classrooms, formed my professional beliefs that most learning needs can and should be met by quality first classroom teaching and that additional intervention should be determined by need rather than by diagnostic label. When I moved into HE, I experienced what felt like a very different approach to supporting learning differences, one which relied on externally-funded, bolt-on support accessed via diagnostic assessment. Although one-to-one work with students was rewarding and obviously beneficial to the students themselves, the approach felt at odds with my previously-held beliefs around inclusive education. I began to wonder why the inclusive practices I had taken for granted in the compulsory state sector had taken, and continued to take, so long to become embedded in higher education contexts.

Other disability practitioners shared their frustrations with me over the years both informally and as participants in an earlier study conducted as part of my PhD programme (Beck, 2021). Study skills tutors and disability advisers seemed caught in a system that constrained their attempts to remove pedagogical barriers for students with SpLDs rather than remediate difficulties in the individual. I had the same conversations repeatedly and realised that at least some of the barriers appeared to be created from ways of working inside disability services themselves, rather than being generated by external factors such as institutional policy and practices or disability-related legislation. I felt that explaining the role of disability services in the intractability of the problem might contribute to a fuller understanding of why inclusive approaches had been so slow to develop, an understanding that had until now, failed to consider this aspect.

1.4 Purpose and Research Questions

The overall aim of this research is to contribute to an understanding of why the development of inclusive teaching and learning underpinned by a social model of disability has been slow and remains ‘aspirational’ for many higher education institutions. The scope of the research is limited to understanding the role of disability services themselves, which is currently underexamined in the existing literature presented in Chapters 2 and 3 of this thesis. The research is undertaken with a particular focus on students with SpLDs as the largest group of students with a known disability and with arguably the most to gain from the adoption of inclusive approaches in the classroom. The scope is also limited to the English context because of localised differences in funding regimes across the four home nations in relation to student education in general and disability support in particular; however, many of the findings and resulting recommendations are likely to be applicable more broadly. In pursuit of the overall aim, the research will address the following questions:

RQ 1. What role do disability services currently play in the development of inclusive teaching and learning in English higher education institutions (HEIs)?

RQ 2. How do disability services enable or constrain and how are they enabled or constrained from contributing to the development of inclusive teaching and learning in English HEIs?

RQ 3. What are the implications of the research findings for the practices of disability services and for students identified as having a specific learning difference in English HEIs in the move toward a social model of disability?

1.5 Defining Key Terms

1.5.1 Specific learning difference (SpLD)

Specific learning difficulty or difference is an umbrella term for a range of neurodevelopmental conditions with cognitive strengths and weaknesses including dyslexia, ADHD and dyspraxia (Snowling, 2005). The focus for this research is dyslexia and much of the literature focuses on dyslexic students in particular, though the conditions are often co-occurring and have overlapping cognitive profiles (Cooper, n.d.). Students in higher education with a dyslexic profile are generally understood to have difficulties with academic and study skills including note-taking, organisation, and expressing ideas in writing (Mortimore and Crozier, 2006). It is beyond the scope of this research to present a detailed examination of the debates surrounding the use of the term, particularly in relation to dyslexia, though these debates are summarised briefly in Chapter 2. The term SpLD has been chosen for the purposes of this research because it is the way in which students with diagnostic evidence of dyslexia are categorised by the Higher Education Statistics Agency (HESA) for the purpose of recording disability status. It does not reflect my own position on the ‘dyslexia debate’, which is irrelevant to the research aim. However, it is understood that the development of inclusive teaching and learning will benefit all students with similar differences or difficulties, whether or not they are recorded as having an SpLD. The terms SpLD and dyslexia are used synonymously throughout this thesis.

My own position on the ‘dyslexia debate’ has been influenced by my professional background and experiences and has shifted over time. The dyslexia label has little currency in primary education, where severity of need and response to intervention determine the provision of support for difficulties in acquiring basic literacy skills. Therefore, I naturally questioned the value of pursuing the label and instead focused on meeting the individual learning needs of pupils as a SEN co-ordinator and specialist teacher. Moving into HE as a specialist tutor for students with diagnostic evidence of a dyslexia label, however, challenged my previously held assumptions about the usefulness of the term. In this sector, the label clearly does have currency, both as a route to additional support and as a way for adult learners to understand and explain the difficulties they may have experienced throughout their education. While my position on the dyslexia label could now be best described as ambivalent, I continue to adhere to the principle that whatever the diagnostic status of the learner, the vast majority of students with a dyslexic profile can and should have their needs met by quality-first, inclusive teaching.

1.5.2 Social model of disability

While the original government statement announcing reductions in the DSA did not mention models of disability, it emphasised HEIs' anticipatory duties and the need to 'mainstream support' (Willetts, 2014). In other words, HEIs should operate a model of support that does not rely on students' disability status and instead provide support for learning as an 'inextricable part of every department's or faculty's provision' (Avramidis and Skidmore, 2004, p. 78). Influential reports from inside the sector have since explicitly linked the move away from individual specialist support to a social model of disability which focuses on reducing barriers in the learning environment rather than on remediating or 'fixing' individual impairments (DSSLG, 2017; Office for Students, 2019). For the purposes of this study, therefore, a social model of disability is broadly defined as the understanding that disabling barriers are caused by the ways in which teaching and assessment are designed and delivered and that these barriers can be removed or reduced.

1.5.3 Inclusive teaching and learning

Inclusive teaching and learning has broader applications than in relation to disability, though it is often used synonymously with a social model of disability in discussions around developing approaches to support for disabled students that do not rely solely on individual and/or specialist provision. There is no agreed set of specific practices constituting inclusive teaching and learning, though common practices in relation to students with SpLDs might include the following: making lecture materials available in advance, recording lectures, creating accessible digital resources, adopting multisensory and/or multimodal teaching approaches, and designing alternative assessments (Grace and Gravestock, 2009; Pino and Mortari, 2014). For the purposes of this study, inclusive teaching and learning is understood as a pedagogical approach to supporting the needs of students with SpLDs which is designed into programmes for everyone rather than bolted on as an afterthought for a few. This may include, though is not restricted to, an approach known as Universal Design for Learning (UDL) (CAST, 2023). Terms used synonymously are inclusive approach, inclusive practices and inclusive pedagogy.

1.6 Research Design

This study is underpinned by a critical realist paradigm, primarily because of the potential of the approach to make causal inferences to explain social phenomena. I did not want to produce research that was largely descriptive in nature; rather, I sought to develop an explanatory theory about the role of disability services in the slow development of inclusive teaching and learning. Moreover, a critical realist-informed approach allowed for the consideration of both structure and agency in analysis, and provided the analytical tools to expose causal mechanisms at every level of a complex social system, from the observable to the underlying structures.

An intensive, qualitative approach was taken in order to provide the kind of data that could generate an explanatory rather than a descriptive account (Ackroyd and Karlsson, 2014). Thirteen disability practitioners across a range of institution types in England were interviewed using a semi-structured schedule, which was developed through the use of pilot interviews. Practitioners were either study skills tutors, disability advisers or working in both roles as dual-role practitioners. Data were analysed thematically using abductive and retroductive reasoning in a process developed from those proposed by Wiltshire and Ronkainen (2021), Fryer (2022) and Christodoulou (2023).

1.7 Significance and Contribution to Knowledge

This study builds on existing research examining the barriers to implementing inclusive teaching and learning in higher education underpinned by a social model of disability. Although much work has been carried out in this area since the DSA reforms of 2016/17, it has mainly focused on the attitudes and experiences of academics and disabled students themselves. This is clearly worthy of interrogation and has contributed much to our understanding of the phenomenon, for example by exposing a pervading deficit or medical model of disability among academic staff (Bunbury, 2020; Karousoi, 2017; Wray and Houghton, 2019). However, the role of disability services and existing disability support arrangements is less well examined. It is this gap in our understanding of why HEIs have been slow to develop inclusive approaches that this research addresses.

By taking a critical realist approach, this study contributes an explanatory theory rather than a merely descriptive account. Critical realism seeks to understand how underlying structures interact with actions of individual agents to produce, or not produce, outcomes in certain contexts, rather than focusing on surface-level behaviours. This is important because until now, much research in this area has focused on the behaviours of staff and students in higher education. This has led to a comprehensive, rich description of the problem, but has not necessarily resulted in the development of an explanation of why the move to a social model of disability has been slow. Adopting a critical realist ontology has allowed this research to provide a nuanced analysis of the role of disability services in this phenomenon. The implications of this are that practical recommendations resulting from my analysis can address the underlying causes of the problem rather than the observable symptoms or surface behaviours.

1.8 Thesis Structure

This thesis has eight chapters overall. This chapter has articulated and contextualised the research problem and provided the rationale for the study. It has also introduced the overall aim of the research and the research questions, and briefly outlined the methodological approach taken.

Critical realist research is often described as theory-driven in that it seeks to improve on existing theoretical explanations for the social world (O'Mahoney and Vincent, 2014). Taken together, Chapter 2 and Chapter 3 represent a review of the relevant existing literature that forms the initial theoretical framework for the study. Chapter 2 focuses on the theoretical assumptions underpinning a shift toward inclusive teaching and learning, tracing the historical development of the social model of disability and examining the development of inclusion in education. Chapter 3 focuses on the more practical aspects of the research phenomenon, specifically the current model of disability support for student with SpLDs and the barriers to implementing inclusive approaches already identified in the extant literature since the DSA reforms of 2016/17.

Chapter 4 outlines the research approach and provides a rationale for the adoption of a critical realist informed methodology. It then describes the research design before outlining the process taken to data collection and analysis. The chapter ends with a summary of the research findings along with an explanation of how these will be presented in the subsequent chapters.

Chapters 5, 6 and 7 present a discussion of the findings organised by themes that arose from analysis of the data and that also represent the three, interconnected domains of a stratified ontology. Chapter 5 focuses on the real domain of underlying structures in which disability services operate in a marketised higher education system. Chapter 6 focuses on the actual domain of events where current models of disability and support practices operate. Chapter 7 focuses more on the subjective experiences of disability practitioners at an empirical level; this is less about structure and more about the agential aspects, which both enable and constrain action.

Chapter 8 concludes the thesis by restating the overall aim of the research and addressing the research questions. It summarises the contribution to knowledge made by the thesis and outlines several recommendations based on its findings.

Chapter 2: Disability and Inclusion

2.1 Introduction

According to the Office for Students (2019, p. 1) the social model of disability is ‘widely accepted’ as the most effective way of meeting disabled students’ needs in higher education contexts, but not ‘universally applied’ across the sector. As with the Disabled Student Sector Leadership Group (DSSLG, 2017) report, the social model is regarded as resulting in, if not synonymous with, inclusive practice or inclusive teaching and learning. The aim of Chapter 2, therefore, is to situate calls for a social model of disability and concomitant inclusive practices in their theoretical and historical context. It is not the aim of this chapter to rehearse complex debates about the social model from Disability Studies over the last fifty years (Thomas, 2002), but rather to identify underlying theoretical tensions that may present a barrier to its application in practice.

The chapter is structured in two parts. The chapter begins in section 2.2 with an examination of models of disability including the rise of the social model and alternative responses before applying the debate to the specific case of specific learning difference (SpLD)/dyslexia. Section 2.3 of the chapter will then consider inclusion as the manifestation of the social model of disability in an educational context and its development as a policy over the last forty years. Summary paragraphs will be presented at the end of each section. Finally, conclusions will be drawn at the end of the chapter that will partly form the basis of an initial explanatory theory or framework in relation to the research aim.

2.2 Models of Disability

The ways in which disability has been understood and conceptualised have developed over time and can be characterised by different models. Although various models of disability have been documented (Griffo, 2014; Retief and Letšosa, 2018), it is the medical and social models, often presented as theoretically dichotomous, that have dominated discourses of disability over the last forty years (Haegele and Hodge, 2016). Put simply, the medical model sees disability as the result of a pathological in-person defect or deficit to be diagnosed and 'fixed' (Graham-Matheson, 2012), whereas the social model regards disability as a socially constructed form of oppression experienced by people who have impairments (Lawson and Beckett, 2021). As these models of disability have been pivotal in the formulation and implementation of disability-related law and policy (Lawson and Beckett, 2021), a closer examination of the assumptions inherent in the different models might contribute to an understanding of why a full realisation of the social model in higher education is yet to occur.

2.2.1 Development of the British Social Model

Born out of the social justice movements of the 1960s and 70s, specifically the activism of the Union of the Physically Impaired Against Segregation (UPIAS, 1976), the social model was initially conceived by disabled academic and activist Mike Oliver (1986; 1990a; 1990b) and developed by notable others such as Len Barton (1996) and Colin Barnes (1999). Frustrated by what he termed the dominant 'personal tragedy' theory of disability, Oliver attempted to develop a social theory of disability from the experience of disabled people themselves that would inform a political movement and deliver services 'commensurate with their own self-defined needs' (1990b, p. 11). The individualised personal tragedy view of disability, he claimed, was not universal across all societies, present or historical, therefore indicating its social construction. For Oliver, an individual, medicalised experience of disability was produced by the material conditions of capitalism, in which people with impairments who could not 'meet the demands of individual wage labour' (1990b, p. 47) were controlled and excluded. Oliver's (1990b) analysis, itself developed from the work of Finkelstein (1980), lent heavily on Marxist historical materialism and the work of Foucault (1979) and represented a call to action for disabled people to end their own oppression, or at least an improvement in 'the material conditions and social relations of disability' (Oliver, 1990b, p. 132).

Perhaps the most controversial principle of the social model, as originally conceived, is the separation of disability from impairment and the implicit ontology of impairment itself. Whereas for Oliver (1986), disability is a problematic social category similar to gender or ‘race’, impairment as a physical or psychological limitation is far less problematic. Barnes (1999) is also clear that impairment refers to conditions, either physical, sensory or intellectual, and that these conditions are rooted in biology. What disability theorists promoting the social model rejected was the presumption of biological or psychological inferiority placed on people with impairments by a medicalised understanding of disability (Barton, 1996), not necessarily the biological conditions themselves. Indeed, Oliver (1990a) claimed not to have discussed the medical model at all , preferring instead to refer to an individual model with medicalisation being a significant feature. The important distinction for Oliver (1990a) was instead between illness and disability, with the latter being a long-term social state for which medical treatment would be inappropriate. What disabled activists like Oliver and others called for was acceptance, to have their collective voice heard and to be the architects of their own solutions rather than have solutions imposed from above, including any medical intervention (Barton, 1996; Oliver, 1990a). In short, the social model of disability is synonymous with bringing about a political solution to the problem of the oppression experienced collectively by disabled people, but has very little to say about the nature of impairment per se.

Ultimately, despite its dominance as the ‘big idea’ in all things disability-related (Oliver, 2013), the articulation and development of the social model was a political project, driven by activists with specific, pragmatic aims. As Barnes (1999) asserts, Disability Studies, synonymous with the social model in Britain in the 1980s and 90s, is rooted in the activist movement and the writings of disabled scholars themselves. In separating impairment from disability, the social model supported a singular focus on the structural forces – social, political and cultural – which shape the experiences of people labelled as ‘disabled’ in society. After the enactment of the Disability Discrimination Act (DDA) 1995, Oliver and Barnes (2006) were scathing of this ‘narrow legalistic approach’ to disability politics and what they saw as the cooption of the language of the social model by government and big charities, which promote only the ‘illusion of equality’. For the architects of the British social model, then, only radical social change and the struggle for a just society for all would deliver the long-term political solution to disability oppression. Given this uncompromising stance and explicit commitment to a Marxist-inflected materialist analysis, it is perhaps unsurprising that the social model has ‘generated controversy and disagreement almost since its inception’ (Gallagher et al., 2014, p. 1128), both from inside and outside the academic arena occupied by disability studies.

2.2.2 Challenges and Alternatives

Since the turn of the millennium, academics writing in the area of disability studies have been increasingly influenced by postmodern or poststructuralist approaches. What has been termed critical disability studies (CDS) presents a challenge to the material analysis of the social model and its implicit modernist assumptions. Whereas social model theorists separate impairment from disability in a bid to focus analysis on disabling environments rather than functional limitations (Barnes, 2014), proponents of CDS regard the category of impairment itself as problematic and worthy of analytic attention. Writers influenced by the work of postmodern feminist theorists such as Judith Butler (1999) claim that binary categories such as disabled and non-disabled, or impairment and disability, are false and symptomatic of a Cartesian dualism evident in the social model (Gallagher et al., 2014; Hughes and Paterson, 1997). Instead, CDS theorists suggest that impairment itself is socially, culturally and discursively constituted rather than biologically fixed and therefore as worthy of deconstruction as the category of disability (Hughes and Paterson, 1997). Critics of this approach, however, question the value of this type of theorising as a basis for the pursuit of social justice (Vehmas and Watson, 2014), and claim that denying the division of biological and social aspects of disability has no political or practical value for improving the lives of disabled people (Barnes, 2014, p. 22). This defence of the social model emphasises again the politically pragmatic nature of the approach to disability and singular focus on improving the lives of disabled people in material ways.

For as long as these debates within disability studies have surrounded the social model, researchers and academics from health-related fields have developed and extended the medical model, regarding it as merely insufficient rather than oppressive to people with disabilities (Hogan, 2019a). The foundations of a ‘biopsychosocial’ model (BPS) are generally credited to American psychiatrist George Engel in the 1970s, who criticised the prevailing biomedical model of illness for failing to take into account psychological and social dimensions (Hogan, 2019b; Petasis, 2019). This view ultimately influenced the development and revision of World Health Organisation's (WHO) International Classification of Functioning, Disability and Health (ICF), which is widely used in research into disability from a health perspective and in person-centred care (Wade and Halligan, 2017). The ICF (WHO, 2022) considers not only body functions and structure, but also activities and participation, as well as environmental and personal components of health, leading some to characterise the framework as a middle ground encompassing insights from both medical and social models (Petasis, 2019; Shakespeare et al., 2017). Whereas it is true that some disabled scholars were consulted in the development of the ICF, others criticise the framework and the BPS model on which it is arguably based as continuing to locate the problem of disability within the individual (Hogan, 2019a; Shakespeare et al., 2017). Despite these reservations, it is clear that an extended medical model of disability, although influenced by the development of the social model, continues to dominate health care practice and policy, both in the UK and internationally.

The brief overview of responses to the social model presented here, from inside both disability studies and in medical-related fields, does not reflect the full range of debate and alternatives offered since its inception nearly forty years ago, nor does it seek to. Notable omissions include the human rights model of disability (Lawson and Beckett, 2021) and those views influenced by critical realist perspectives, which arguably tread a middle ground between positivistic medical and social constructivist conceptions of disability (Anastasiou and Kauffman, 2012; Qu, 2020). However, despite obvious disagreement at the level of ontological and epistemological argument, disability theorists agree that an abandonment of the social model and return to the medical model of disability is certainly not desirable (Gallagher et al., 2014). The use of a purely medical model does, nevertheless, endure where determining what qualifies as a disability has obvious implications, for example the distribution of government aid (Koon, 2022) such as with the Disabled Students Allowance (DSA) in UK higher education. Indeed, Oliver himself noted that the persistent medicalisation of disability serves as evidence of the continuing need for the State to 'restrict access to the disability category' (1986, p. 12). This tension between attempting to pursue a social model of disability while continuing to rely on a medical model of identification is clearly evident in the literature surrounding the nature and identification of dyslexia, to which this review now turns.

2.2.3 Models of Disability and the 'Dyslexia Debate'

It is not possible here to discuss fully the historical development of the dyslexia label from its initial identification in the nineteenth century as 'word blindness' and classification as a neurodevelopmental disorder (American Psychological Association, 2021) to its more recent conception as neurodivergence (Sewell, 2022). This would be unnecessary and beyond the scope of study; however, it is important to consider how the category of SpLD can be understood in different ways, reflective of the various models of disability previously outlined in this chapter. The debates around definition and causation are much the same as with disability more generally and hint at tensions between pursuing a social model of disability support underpinned by a medical model of identification.

A medical or individualised, deficit-based model continues to dominate research and practice in dyslexia, though many competing theories of causation have been posited. The influential Rose Report recommends a working definition of dyslexia as a 'developmental difficulty of language learning and cognition' (Rose, 2009, p. 9) with deficits in phonological awareness, verbal memory and verbal processing skills. As Macdonald (2019) points out, the evidence presented by the report demonstrates that research in the field of dyslexia is dominated by a 'psycho-medical' approach. Dyslexia is considered the result of impairments at a biological or cognitive level leading to observable difficulties with literacy that persist into adulthood. There is disagreement in the field, however, with the main theories of causation focused on either phonological deficit, magnocellular deficit or cerebellar deficit (Kelly and Phillips, 2016), with the phonological deficit hypothesis having become the dominant explanation (Elliott and Grigorenko, 2014). Generally however, when understood in these terms, dyslexia is a disabling impairment based on individual deficits that can be alleviated through interventions designed to mitigate the effects on literacy skills acquisition.

Despite the dominance of psycho-medical perspectives, researchers in the fields of education and sociology have this century, begun to apply a social model approach to dyslexia that highlights disabling environmental barriers to explain the difficulties faced by people with similar underlying impairments. Work by Riddick (2001) and Macdonald (2009) focuses on the cultural, social and political framing of literacy practices as disabling barriers rather than individual deficits. According to a social model perspective, efforts should be made to remove these disabling barriers that exclude dyslexic people rather than focusing on remediating individuals' impairments (Macdonald, 2019). This approach is perhaps exemplified in the dyslexia friendly schools initiative and associated quality mark (BDA, 2024), which emphasises developing inclusive learning environments and teaching practices to meet the needs of all learners in the classroom (Riddick, 2006). However, despite greater awareness of the dyslexia category of impairments as 'an artefact of social processes' (Gibbs and Elliott, 2015, p. 324), the label persists because it continues to serve a purpose. In higher education contexts, one of these purposes is to identify those students who are eligible for access to institutional reasonable adjustments (Beck, 2022) or the DSA.

The shift in understanding of dyslexia as a social construction has led some to align dyslexia to the neurodiversity paradigm. Originating from autism advocacy and activism of the 1990s, the first use of the term is commonly attributed to Judy Singer in her 1998 undergraduate thesis on exploring a new social movement based on 'Neurological Diversity' (cited in Arnold, 2017). It has since been expanded to include the full range of neurodevelopmental conditions including ADHD, dyspraxia, dyslexia and dyscalculia (Sewell, 2022) and even some mental health conditions such as schizophrenia and psychopathy (Mirand-Ojeda et al., 2025). In essence, the neurodiversity paradigm approaches dyslexia and all SpLDs as a normal part of human diversity and moves away from deficit-based understandings toward identity politics (Cooper, n.d.). In education, this implies recognising cognitive strengths and differences as well as difficulties, and developing teaching strategies on this basis rather than emphasising remediation of deficits (Sewell, 2022). The neurodiversity movement also calls for inclusive and accessible environments (Mirand-Odeja et al., 2025) and in that way it is 'loosely' related to the social model of disability (Sewell, 2022); however, it appears to more closely reflect the ontology of disability espoused by CDS theorists in its questioning of differences as impairments.

In higher education, autism spectrum conditions and SpLDs including dyslexia continue to be treated separately for the purpose of reporting disability status and for the type of DSA-funded support recommended. As such, SpLD has been chosen over the term neurodivergence, though in line with a paradigm that challenges the language of deficit, the 'D' in understood to mean difference rather than difficulty. This lack of clarity around the dyslexia label means that moves toward inclusion as the basis for supporting dyslexic students is undermined by a continued commitment to diagnostic assessment as a route to individual adjustments. The contested nature of the dyslexia label (Solvang, 2007) is played out in the English HE context through inconsistent diagnostic assessment practices. Ryder and Norwich point out that the lack of a clearly articulated definition of dyslexia and threshold criteria means that the 'widespread assumption' (2019, p. 124) that students with a diagnosis are disabled is difficult to challenge. This means that dyslexic students are automatically offered individual adjustments even though many might reasonably have their needs met by inclusive approaches in the classroom. Therefore, a policy of integration or inclusion for students with SpLDs is undermined by the continued authority granted to 'semi-medical experts', which 'keeps the medical model operative' (Solvang, 2007, p. 90). Further discussion of the rise of educational inclusion as a policy, and factors confounding its success, is presented in section 2.3 of this chapter.

2.2.4 Summary

The British social model was founded on the conception of disability as a socially constructed category used to oppress a group of people by a capitalist class, much the same as race or gender. Original proponents of the model saw the only solution to the oppression of people with impairments, and therefore to the problem of disability itself, as nothing less than radical social change. Despite postmodern theorists extending the analysis to include impairments themselves as socially constructed rather than biologically fixed, a medical model of disability still dominates in UK and international policy particularly around health-related concerns. The endurance of an individualised, medical model of disability is seen particularly where deciding who qualifies for that category has implications for accessing resources. This domination and endurance of the medical model is seen in the case of dyslexia in higher education despite the rise of the neurodiversity paradigm, which challenges the pathologising of differences in cognition. Continued reliance on deficit-based diagnostic assessment is fuelled by a lack of clarity on what exactly dyslexia is and how it qualifies as a disability for the purposes of accessing additional support.

2.3 Inclusion: the social model in education

Section 2.2 of this chapter charted the rise of the social model as a response to a medicalised, individual of model disability. In the context of education, this rise is reflected in the move over the last forty years from a policy of integration to one of inclusion of children with disabilities and 'special educational needs'. According to Swain et al. (2003), Oliver himself regarded the term inclusion as being developed by disabled people from a social model perspective and as representing a challenge to the politically and professionally developed term of integration. Since its inception, however, inclusion as an educational agenda has been marred in debate (Graham-Matheson, 2012), and many would agree that its success has been qualified.

2.3.1 From integration to inclusion in mainstream schooling

The influential Warnock report (1978) and subsequent Education Act 1981 established the current framework for special provision in UK schools (Norwich, 2002), but its introduction and legacy are not without controversy. The report abandoned the use of phrases such as 'sub-normal' or 'handicapped' replacing them with the category of special educational need (SEN) and, subject to four provisos, 'formalised an inclusive principle of educating all children in the mainstream' (Norwich, 2002, p. 485). However, whilst recognising that the UK education system since Warnock has focused on need rather than disability, some commentators claim that the report still reflected a deficit-based, medical model of disability (Graham-Matheson, 2012; Slee, 2011).

Moreover, as Tomlinson (2017, p. 40) points out, the more egalitarian, integrationist aims of the report were ‘constrained by competition over resources and increasing alarm bells about declining standards in education’. In the context of an increasingly market-driven education system, the integration of pupils labelled with various types of SEN in mainstream schools presented a dilemma, a situation which was to persist with a move in rhetoric away from integration toward inclusion.

The 1990s saw a shift, both internationally and in the UK, toward a discourse of inclusion, exemplified by United Nations Educational, Scientific and Cultural Organization’s(UNESCO, 1994) Salamanca Statement and Framework for Action on SEN. The statement focused on the uniqueness of every child and the fundamental right to education, and called for education systems to cater for a wide diversity of need in regular schools with child-centred pedagogies. As Slee (2011) points out, however, the statement lacked detail about what specific reforms schools should make to be more inclusive and ‘child-centred’. In the UK, the New Labour government of the 90s and 00s ostensibly embraced the ideology of inclusion, but early policy definitions of the concept remained steeped in deficit language and contained contradictory positions, such as a continued commitment to special schools (Hodkinson, 2019). Furthermore, the ‘regimes of accountability’ operating in a market-driven, neoliberal education system, such as league tables and Ofsted, meant that progress toward inclusion was slow (Hodkinson, 2019, p. 109). This issue of neoliberal government agendas operating in contradiction to the vision of inclusion offered by the Salamanca Statement (1994) is only one of a number of tensions that has existed in policy and in the wider academic debate on educational inclusion.

Educational inclusion has been hotly debated in the years since the Salamanca Statement, both as a policy aim and as a philosophical position. For Slee (2011), tokenistic reforms have been evident rather than the radical change required by education systems to truly meet the needs of a diverse pupil body. In a market-driven education system that emphasises competition, according to Slee, the values of inclusion are confounded, resulting in perverse effects such as excluding pupils likely to have a negative impact on school performance data. In addition to debates on the paradox in policy and practice of inclusion in a neoliberal context, there exists the philosophical question of what Norwich (2002; 2008) terms a ‘dilemma of difference’. Simply put, this is the issue of whether or not to recognise difference, with each option containing negative consequences: stigmatisation, devaluation and rejection on the one hand, and not providing for individual need in terms of quality and opportunity of education on the other. The move toward inclusion in the UK schools, therefore, can be seen as marred by contradiction, compromise and confusion, often resulting effectively in integration by another name.

Mike Oliver’s (cited in Swain et al., 2003) vision of educational inclusion based on a social model of disability presents a radical agenda for change and not just full acceptance of disabled children in mainstream school, but a genuine celebration of diversity and difference. The political nature of education policy and practice in the UK, however, means that the rhetoric of inclusion is situated in a wider, neoliberal political context, often with competing and contradictory agendas. While the HE sector escapes some of the dilemmas faced by the compulsory state school system, it has also faced a certain amount of ambiguity around defining and implementing ‘inclusion’ as a pedagogical programme. The next section will identify the main drivers for inclusion in a HE context and the range of theoretical and practical responses, along with the challenges of implementing such interventions in a market-driven system.

2.3.2 Inclusion in Higher Education

Over the past four decades, a shifting landscape in UK higher education has generated a number of factors driving the move towards inclusion in general and inclusive approaches to teaching and learning more specifically. Student diversity has increased hugely with internationalisation and the lucrative international student market (Wingate, 2015) as well as ‘massification’ (Becher and Trowler, 2001) and the widening participation agenda (Thompson, 2019). More than fifty percent of school leavers now enter higher education along with increased numbers of mature students (Bridger and May, 2010). These factors mean that students ‘are likely to be less well prepared’ for traditional forms of university study than was previously the case (Becher and Trowler, 2001, p. 5). Moreover, in an increasingly competitive market with increased student choice (Brown and Carasso, 2013) and emphasis on student satisfaction (Nixon et al., 2018; Thiel, 2019), there appears a need to improve the quality of educational experience so that students feel they are getting 'value for money' (Stentiford and Koutsouris, 2022). Finally, as Barnes (2007) points out, new social movements have found a natural home in the progressivism of many university campuses, which have played a role in providing the 'intellectual heart' to political movements that arguably align closely with the ideals of inclusive education.

Further legislative impetus was provided for a move towards inclusion by the introduction of the Equality Act 2010, legislation that brought protection from discrimination for people with one or more of nine characteristics, including disability. The act reemphasised universities' anticipatory duty to make reasonable adjustments to practices and physical spaces, or by providing additional aids and services. In response, the Higher Education Authority (HEA) commissioned a number of reports during 2010 to support the development of inclusive policy and practice (Bridger and May, 2010),inclusive approaches to teaching and learning (Thomas and May, 2010) and inclusive curriculum design (Morgan and Houghton, 2011). Hockings' (2010) synthesis of relevant research into inclusive learning and teaching published by the HEA emphasised the need for the learning environment to change rather than individual students, and indicated a shift in rhetoric away from the need for individual interventions toward systemic change. Indeed, as Wilson and Martin (2017, p. 7) point out, 'rhetoric around the advantages of nurturing diversity began to permeate the sector.' This shift was also reflected in attempts to reform the DSAs and rebalance the responsibility for supporting disabled students away from government toward institutions as part of their anticipatory duty under the Equality Act, a policy that will be examined in greater depth in Chapter 3.

Trends in instructional approaches that were already in evidence in higher education have been afforded greater importance in the transition to inclusive teaching and learning. Thirty years ago King (1993) commented on the need to move from the traditional, transmissional model of teaching where the lecturer is 'sage on the stage' toward a constructivist model of teaching influenced by the sociocultural theories of Vygotsky (Vygotsky and Cole, 1978) where the lecturer facilitates learning as the ‘guide on the side’. This model emphasises active and collaborative approaches to learning, which centre the student in the process of constructing meaning from information presented to them. Active learning approaches include a range of methodologies including collaborative group work, role play, problem-based learning and ‘flipped classroom’ (Carvalho et al., 2021), all aimed at deepening learning through increased student engagement, contribution and participation (Mercat, 2022). The range of benefits of adopting active learning approaches evident in research literature include the promotion of higher level learning and critical thinking, increased student enjoyment and engagement in class, and improved grade averages (De Hei et al., 2015; Laal and Ghodsi, 2012; Nicol et al., 2018). Despite the assumption that this student-centred model of learning aligns with the principles of inclusive practice, the ‘guide on the side’ approach did not develop explicitly to reduce or eradicate barriers to inclusion for disabled students. Specific pedagogical responses to address this aim in HE will therefore now be considered briefly.

The various pedagogical approaches aimed at addressing student diversity, and specifically the inclusion of disabled students, reflects tensions evident in mainstream schooling, in particular around the dilemma of difference. An approach that emphasises the unique difference of every student rather than recognise and address common needs – such as dyslexia – is a universal design for learning (UDL) (CAST, 2023). The UDL framework guides the design of learning programmes that offer flexibility in the domains of student engagement, representation of information and expression of ideas in order to meet the diverse needs of all learners in the classroom, reducing the need for additional support (CAST, 2023; Stentiford and Koutsouris, 2022). The UDL approach has been adapted for HE by various scholars (see Behling and Tobin, 2018) and has been made a central part of the educational offer by some institutions with a strong widening participation agenda, such as De Montford University (2023), despite some criticism that it lacks practical application (Norwich, 2013). While UDL emphasises unique need, other approaches address commonality around certain diagnostic categories, such as dyslexia. Checklists of good practice for students with dyslexia, for example in Grace and Gravestock (2009), are provided with the assertion that adjustments made to address the needs of a specific group will in fact benefit many or all students. Despite the broad difference in premise of the two approaches, then, it is clear that the essential meaning of inclusive practice demonstrated by each is that diverse learning needs should to the greatest extent possible, be met in the classroom without recourse to additional intervention, ultimately for the benefit of all students. This essential element reflects the position adopted in this thesis and communicated in the 'Defining Key terms' section of Chapter 1.

2.3.3 Summary

The trend away from a deficit-based view of special educational needs in mainstream schools over the past forty years has clearly shifted the rhetoric around student diversity; however, progress toward a vision of full inclusion in schools has been confounded in part by a market-driven education system in which success relies on league table positions based on measurable academic achievement. In higher education, an ever-increasing, diverse student population has necessitated the development of student-centred pedagogies, which align with an inclusive approach. The effect of the market is not absent, however, with an additional motivation to offer improved educational experiences and value for money for the student consumer.

2.4 Conclusion

The aim of this chapter was to situate calls for a social model of disability and concomitant inclusive practices in their theoretical and historical context in order to identify underlying theoretical tensions that may present a barrier to the inclusive approach being realised in practice. In examining the development of the British social model and educational inclusion, fundamental tensions were identified that might contribute to an explanation of why the development of inclusive teaching and learning has been slow in higher education.

The social model of disability, as originally conceived, represents a radical agenda for social change with the pragmatic aim of improving the lives of disabled people;

however, an extended medical model still dominates much social policy in the UK and internationally. This persistence could be a result of the state's need to restrict access to a category that confers eligibility to financial aid, such as the DSA, therefore creating a barrier to implementing a social model of disability in any practical sense. In relation to RQs 1 and 2, disability services' are implicated in the medical gate-keeping of DSA-funded support to students with SpLDs through the requirement to produce diagnostic evidence, whether or not they would favour a social model understanding of dyslexia. In this way, disability services are not only constrained in their ability to move away from the dominant medical model, but they also constrain the development of social model-based approaches by continuing to define SpLDs through a psycho-medical lens.

This fundamental tension between models of disability can be also be seen in an educational context, where inclusion is considered an expression of the social model. Moves toward inclusion over the last forty years or more have been constrained in schools by such competing agendas as accountability and competition in an increasingly market-driven system. As Ridell (1998) pointed out more than two decades ago, in a liberal system where the onus is on the individual to affect change, a radical project such as presented by Oliver's (1990b) social model of disability, which focuses on dismantling a system of oppression, is unlikely to be successful. Likewise in higher education, despite progress toward increasingly inclusive pedagogies, no single pedagogical approach to dismantling barriers faced by students with SpLDs has been articulated sector-wide. Based on the evidence from the compulsory school system, it could be posited that operating in a market-driven, neoliberal context has constrained this activity; however, it is unclear whether this is the case and in what ways. In relation to RQ 2, therefore, disability services operate within and may be constrained by a wider, marketised system where educational inclusion could be considered anti-thetical to market-based principles of competition and individual student choice.

Having considered the theoretical aspects underpinning the move to inclusive teaching and learning, Chapter 3 will focus on the practical aspects of existing model of support in English HEIs and recent research that attempts to identify barriers to implementing inclusive approaches.

Chapter 3: SpLDs and Models of Support in Higher Education

3.1 Introduction

While Chapter 2 focused on the development of the social model of disability and of inclusion in relation to English education more generally, this chapter will consider the policies and practices of higher education in relation to supporting disabled students, specifically those identified as having an SpLD. The aim of this chapter is to set the critical-realist informed research questions within this policy context in order to identify barriers to the implementation of an inclusive approach that exist at the level of events and experiences. The chapter is structured in two parts with a summary paragraph at the end of each section. Section 3.2 examines what is currently known about disability services, their role in relation to students with a specific learning difference (SpLD) and how they operate, and initial responses of the sector to the reforms of the Disabled Students Allowance (DSA) in 2016/17. Section 3.3 of the chapter will then review the extant literature concerned with understanding barriers to implementation, first from the perspective of students and academic staff and then from disability practitioners themselves. Along with insights gathered from Chapter 2, the content of this chapter will form the basis of an initial explanatory theory in response to the research questions.

3.2 Traditional Model(s) of Support

3.2.1 Expansion of the Disabled Students' Allowance

The creation and development of government-funded support for disabled students in England from the 1980s onwards in some ways mirrors the move toward integration of disabled pupils in mainstream schools. A timeline produced by the National Network of Assessment Centres (NNAC, 2014) and an article by Wilson and Martin (2017) offer an overview of the historical context of disability support and important moments in its development. As Wilson and Martin (2017, p. 3) point out, support for disabled students prior to the 1980s was 'sparse and numbers were not reliably recorded'. By 1986, however, the formation of the National Federation of Assessment Centres (NFAC) and introduction of the Disabled Students Award was one of several initiatives that set in motion a growth in infrastructure that allowed students with physical or sensory impairments to be assessed and apply for allowances to cover travel and specialist equipment costs. The Award changed to the DSA in 1989, by which time approximately 500 students – full time undergraduates under the age of 25 – received the funding. The focus initially was the provision of specialist assistive technology (AT), with the introduction of non-medical helper (NMH) and a general allowance in 1991. Throughout these early years of the scheme, it could be suggested that the focus of support was on helping students with 'visible disabilities' to integrate with the emphasis clearly on using newly emerging technological aids to address challenges resulting from individual impairments. This then set the blueprint for disability support as the DSA expanded in response to legislation.

In 1996, eligibility for the DSA expanded to include students with SpLDs and mental health impairments, arguably to some extent in response to the introduction of the Disability Discrimination Act (DDA) in the previous year. Eligibility for the DSA is based on accepted evidence, which for students with SpLDs comes in the form of a diagnostic report conducted and written by a qualified assessor. As Ryder and Norwich (2018) point out though, guidelines on diagnostic assessments do not currently provide an agreed working definition of dyslexia and practice among assessors is variable, often relying on professional experience rather than the results of recommended psychometric tests. Moreover, there remains a 'widespread assumption' in the sector that all dyslexic students, no matter the severity of their impairments, are 'disabled' and therefore automatically entitled to DSA-funded support and a range of institutional adjustments (Ryder and Norwich, 2018, p. 124). This may in part explain the rapid growth in the numbers of students with diagnosed SpLDs, accounting for thirty-four percent of all student disabilities by 2019/20 with a rise of six percent since 2014/15 alone (Hubble and Bolton, 2021). A rise in the numbers of students identified as having an SpLD, and therefore eligible for support, is in part fuelled by the application of a medicalised model of disability.

This growth in the numbers of disabled students in HE and those applying for the DSA was matched by a growth in the institutional services to support them in the process.

Wilson and Martin (2017) report that a number of HEFCE (Higher Education Funding Council for England) funded initiatives throughout the 1990s led to the development of university disability support services. One such initiative led to the creation of the National Association of Disability Officers (NADO), which would later become the National Association of Disability Practitioners (NADP), a professional network for people working in post-16 support, primarily as Disability Advisers (DAs). Guidance produced by HEFCE (1999) at the time recommended one DA for every 200 disabled students, though recent evidence suggests this baseline has long since been exceeded, with some DAs claiming caseloads of up to 800 students (Borkin, 2023). One could argue that with the adoption and expansion of an integrationist DSA funding model, the development of separate institutional services to administer support and ever increasing caseloads, development of inclusive practice has not traditionally been at the forefront of a DA’s professional remit. Instead, for students with SpLDs, support has been ‘packaged’ in terms of DSA-funded assistive technology and NMH along with a range of institutional reasonable adjustments.

3.2.2 DSA-funded support for students with SpLDs

Since DSA eligibility was extended to students with evidence of an SpLD diagnosis, the support available, whatever the severity of impairment, mimicked the approach already in place for students with sensory and physical impairments: AT and NMH, along with a general allowance to cover such expenses as printing costs. In terms of NMH, Specialist One-to-One Study Skills Support is primarily recommended by Needs Assessors to students with an SpLD diagnosis (SFE, 2016). Guidance provided by Student Finance England (SFE) offers an overview of the role, which can be seen as perpetuating a deficit model of SpLDs and concomitant need for remediation:

> This specialist one-to-one support addresses the issues which some students might have in acquiring, recalling and retaining information in written and spoken language as well as the range of memory, organisational, attention and numeracy difficulties (SFE, 2016, p. 56)

The only mandatory qualification required for the role is membership of one of four recognised bodies (SFE, 2019), all of whom require members to hold at least a level 5 dyslexia/SpLD qualification, or to commit to completing a relevant course within three years in addition to substantial relevant experience (The Dyslexia Guild, n.d.). Along with the NMH Quality Assurance Framework from the now obsolete quality assurance group (DSA-QAG, 2018), the SFE guidance and mandatory qualifications documents represent the auditable, administrative standards to which providers of DSA-funded human support are held to account. These alone, however, do not fully explain individual practitioners' interpretation of the role in their work with students, or indeed their place, if any, within an emerging social model of disability support.

Although a number of practitioner handbooks and texts exist devoted to the topic of supporting dyslexic adult learners, there is very little research concerning the efficacy of specialist study skills tuition and its place in developing inclusive teaching and learning beyond the one-to-one tutorial. Content of support focuses on common aspects of academic skills development from academic reading and writing, to time management and revision strategies (Fidler and Everatt, 2012; Hargreaves and Crabb, 2016; Pavey et al., 2009). While many texts emphasise the use of multisensory techniques (Morgan and Klein, 2000; Newman, 2019), approaches are selected based on an individual student's profile of strengths and teaching methods are necessarily diverse and tailored to meet individual need (Fraser, 2012; Murphy, 2001). Other than perhaps the length and frequency of tutorials, some might suggest that there is nothing particularly 'special' or different about this support compared to general one-to-one academic skills appointments often available to any student via library-based learning development teams (Campbell, 2017). Indeed, some have commented on the need for study skills support for many students, not just those with SpLDs (Mortimore and Crozier, 2006; Pollak, 2012). It is not clear then, what benefit or value DSA-funded NMH for students with SpLDs provides beyond the obvious value of having regular, tailored academic skills tuition, which may indeed lead to increased attainment and retention of those students (Graham, 2020). Moreover, the question remains of whether the need for one-to-one support exists in part because of a lack of inclusive teaching on programmes of study and whether or not specialist tutors can and do contribute to the development inclusive pedagogies within their institutions.

Features of an increasingly marketised DSA funding model as well as local, institutional factors may also have an impact on the ways in which the AT and NMH recommended for students with SpLDs can influence or contribute to inclusive practices. Currently, software packages recommended by Needs Assessors must come from a list of recognised AT service providers maintained by the Department for Education (SFE, 2021). This may lead to a situation observed in research whereby software packages provided are not appropriate for individual students' contexts (Kirby et al., 2008) or that the now ubiquitous mainstream mobile apps are used instead by students and lecturers alike, therefore rendering the expensive AT packages redundant (Hayhoe et al., 2015). Although no such list exists for NMH providers, SFE states that the most 'cost effective' of two quotes should be recommended by Needs Assessors (Student Loans Company, 2015), therefore characterising the value of specialist tuition in monetary terms only. Furthermore, with DSA-funded specialist tutors 'increasingly unlikely' to be employed directly by the university (Martin et al., 2019, p. 15) there exists a range of contract types, from those in substantive posts to those working freelance for external suppliers. The level of influence tutors have over practice within their institutions, therefore, may be limited despite evidence that tutors have a strong professional desire to influence pedagogical practices beyond the confines of their prescribed role (Beck, 2021). The influence of marketisation can be seen, therefore, in the provision of funded support for students with SpLDs and the ways in which AT and NMH can act as a potential barrier to the development of inclusive pedagogies.

3.2.3 Equality Act and Reasonable Adjustments

In addition to DSA-funded support, students registering with university disability services will likely be provided with a number of individual reasonable adjustments, often in the form of a support plan or similar (Lukianova and Fell, 2016). Since the introduction of the Equality Act 2010, the previous obligation under the DDA 1995 and Special Educational Needs and Disability Act (SENDA) 2001 to provide anticipatory reasonable adjustments has been reemphasised and exists for all students with a disability whether they have declared this to their higher education institution (HEI) or not (Cameron et al., 2019). In order to be compliant in this respect then, universities would need to adopt inclusive policies and practices aimed at meeting the potential needs of all students, within reasonable expectations. This would be in addition to the responsive, individual adjustments required once a student's particular needs are disclosed. In relation to students with SpLDs, however, all too often these individual adjustments, which might include extra time in exams and coursework extensions (Pino and Mortari, 2014), are generic in nature and commonly applied despite having no theoretical and pedagogical basis (Healey et al., 2008). In some cases, therefore, HEIs might be seen as focusing on the compliance aspect of the duty rather than applying reasonable adjustments on a case-by-case basis, perhaps in part as a result of large caseloads and difficulties with scalability of the practice.

The sector-wide practice of applying individual reasonable adjustment for students with a declared disability including SpLDs, also has a mixed reception from students themselves. Research suggests that while some students display positive attitudes to the adjustments offered, particularly extensions to assessments (Clouder et al., 2020), others criticise the 'one size fits all' approach and question whether individual support plans meet their specific needs or merely the needs of the institution (Kendall, 2016). The process is often considered onerous and the need to provide documentary evidence of a 'diagnosis' leads some students with SpLDs to avoid registering with disability services for fear of stigma or because they do not wish to claim the identity of 'disabled' (Jacobs et al., 2020; Kendall, 2016; Mortimore and Crozier, 2006). Despite some criticism about the application of reasonable adjustments, students may themselves recognise the apparent impossibility of offering genuinely individualised accommodations tailored to specific needs in large organisations such as most HEIs (Beck, 2022). It is perhaps worth questioning, therefore, the value of producing personalised support plans for every disabled student when many of the recommended adjustments could reasonably be designed into the delivery of courses, relying much more on the anticipatory duty as a way of meeting the diverse needs of students, including those with SpLDs.

3.2.4 Reform and Rebalancing: 2016/17 onwards

Building on the gradual shift to inclusive practice and given the changes in higher education since the inception of the DSA, not least a rapid increase in the number of disabled students, it is not surprising that an intent to modernise the scheme was announced by the coalition government in 2014. A statement by David Willetts (2014), the then Minister for Universities and Science, made it clear that the aim of the proposed changes was to achieve ‘value for money’, or simply to save money (Snaith et al., 2016), through a process of rebalancing responsibilities between the government-funded DSA and HEIs themselves. Specifically in relation to SpLDs, Willetts announced that ‘mild difficulties’ (without providing a definition) would be best supported by institutions as part of their anticipatory duty, and that he expected that the need for NMH support would be removed by inclusive course design in some cases. Five key changes were confirmed by a Conservative government starting the academic year 2016/17 in a statement by Joe Johnson MP (2015), including making HEIs responsible for covering the cost of band 1 and 2 NMH. Bands 3 and 4, which includes specialist one-to-one study skills support for SpLDs, would remain under DSA funding arrangements. This apparent reneging on the original proposal made by Willetts in relation to SpLDs might be considered a lost opportunity, but perhaps inevitable given the previously discussed issues with identification and assessment (Ryder and Norwich, 2018). What is clear, however, is that need for HEIs to develop and embed their inclusive practices became more pressing than ever.

As well as an attempt to encourage HEIs to take their anticipatory duty seriously, the proposed changes to the DSA and explicit commitments to achieving value for money should be viewed in the context of a neoliberal economic discourse that has framed government reforms of higher education in the UK over at least the last thirty years (Marginson, 2013; Wilkinson, L.C. and Wilkinson M. D., 2023). Neoliberalism as a political project is based on the view that individual citizens are responsible for their own wellbeing and are able to make their own choices based on economics self-interest (Lynch, 2006). There are obvious tensions with implementing inclusion as a practical project in education and a political ideology that encourages choice and competition according to the logic of the market, a tension that was highlighted in relation to compulsory education in section 2.3.1 in the previous chapter. As Raaper et al. (2023, p.133) point out, a neoliberal logic premised on competition and individualism ‘engenders widespread ableism’ and leaves disabled students excluded.

The authors of the paper suggest that the reforms to the DSA, although framed as an opportunity to develop inclusion through pedagogical innovation, have merely led to a situation where support for disabled students has ‘offloaded’ to individual lecturers and the disabled students themselves. It is clear, then, that although the government reforms to the DSA might be interpreted as an opportunity for implementing inclusive practices, the original intent was one of providing value for money in a marketised higher education. This in itself may be a source of tension that has contributed to the slow move to inclusive teaching and learning as a way of supporting disabled students.

Following the announcement of the 2016/17 reforms to the DSA, a raft of initiatives was forthcoming from within the sector aimed at supporting HEIs to move toward an inclusive, social model of disability support. In terms of additional government funding, both Snaith et al. (2016) and Houghton (2017) point out that HEFCE increased disabled student opportunity funding available to HEIs by twenty-five percent between the years 2014/15 and 2015/16, ostensibly to bridge the potential gap left by cuts to the DSA. This rose further from 2016 onwards, from £20 million to £40 million (Office for Students, 2019). Two reports commissioned by HEFCE in 2015 sought to gain a greater understanding of the needs of students with SpLDs (Rodger et al., 2015), as the largest group catered for by HEIs, or with mental health conditions (Williams et al., 2015), with findings signalling a ‘refocusing’ toward UDL approaches and away from the application of individual reasonable adjustments (Wilson and Martin, 2017). Likewise, guidance produced by the DfE on behalf of the DSSLG (2017) was aimed at helping HEIs to understand the benefits of inclusive teaching and learning as a route to excellence for all, not only as a way of fulfilling statutory obligations to disabled students. These initiatives, along with several others from a range of organisations (Houghton, 2017), demonstrate a concerted effort by both government and experts within the sector to encourage HEIs to end reliance on the DSA model of individual support in favour of an inclusive approach to learning and teaching.

Despite the raft of additional funding and sector guidance, evaluative research conducted in the years following the reforms shows a mixed picture of success in progress toward inclusive practice across the sector, particularly in relation to support for SpLDs. A small-scale evaluation of the effectiveness of DSAs commissioned by the DfE found some evidence to suggest that inclusivity has ‘improved over time’, based on survey responses from disabled students (Johnson et al., 2019, p. 12). This finding is supported by a more comprehensive review commissioned by the Office for Students, which concluded that there is positive progress toward inclusive models of support against a range of key indicators, based on survey of sixty-seven HE providers. The report did also, however, point out that despite this progress, there is ‘further work to do’ and it remains a long-term journey toward an inclusive approach (Williams et al., 2019, p. 4). In relation to supporting students with SpLDs, a documentary analysis based on a sample of eleven HEIs conducted by Dobson (2019) concluded that an additional ‘bolt on’ support model is still preferred, rather than adapting delivery of lectures and seminars. Overall, findings would appear to support the claim by the Office for Students (2019) that although HEIs appear to have embraced some aspects inclusive practice, the move to a social model of disability support is not universally applied across the sector and indeed, remains aspirational.

Along with its many challenges, the recent COVID-19 pandemic presented an opportunity for universities worldwide to accelerate recent advances in digital and remote learning, bringing potential benefits to disabled and non-disabled students alike. In a report produced at the end of the first academic year of the pandemic, the Disabled Students’ Commission (DSC, 2020) pointed out that changes prompted by the need to pivot rapidly to online learning had been requested by some disabled students for years. These changes include flexible deadlines, online assessments including open book exams, and greater use of self-paced asynchronous learning. A survey of 473 mainly undergraduate disabled students commissioned by the DSC (2021; 2022) reported the impact of COVID-19 on experiences across a range of areas including remote teaching, learning and assessment. The survey and follow up discussion groups found that the majority of students enjoyed the flexibility offered by remote learning and felt that remote assessment had removed previous barriers. Moreover, students felt that staff across the university were more receptive and empathetic to the needs of disabled learners, and hoped this would continue beyond the pandemic. There were, however, a small number of students concerned about additional time and other similar reasonable adjustments being removed in light of online timed release assessments being available to everyone. This student objection to what is in principle an inclusive approach to assessment design, also noted by DAs on a private forum (Haining, 2023), could be a potential factor in the slow move away from the use of individual reasonable adjustments.

3.2.5 Summary

The expansion of an existing DSA model of support based on an integrationist approach has left DAs with ever-increasing caseloads of students, many of whom are eligible for support because of a deficit understanding of SpLDs. The existing, bolt on 'package' of support extends this deficit model by providing tuition and AT to remediate difficulties rather than remove barriers to access with inclusive teaching and learning at programme-level. The influence of a marketised system is evident in tendering and outsourcing of AT and NMH, which leaves some specialist tutors as isolated from the HEIs in which their students study and therefore completely unable to influence practice. Despite some progress made during the COVID-19 pandemic, there is evidence of a backlash among some students who consider inclusive assessment design as a threat to their individual reasonable adjustments. The theoretical tensions identified in Chapter 2, therefore, can be seen at the level of practice in the current support arrangements for student with SpLDs. There appears little opportunity for disability services to operate in a way that would shift the sector-wide approach to supporting disabled students away from a focus on remediating individual deficits toward a social model of adapting teaching and learning to meet diverse learning needs.

3.3 Barriers to Implementation

As previously discussed, the DSA reforms of 2016/17 aimed to rebalance the responsibility for supporting disabled students away from government toward HEIs as part of their responsibility to make anticipatory adjustments to teaching, learning and assessment. A raft of additional funding and initiatives followed, but despite this, research commissioned by the DfE and OfS found that an inclusive approach had not been fully embedded, although improvements were identified in some areas (Johnson et al., 2019; Williams et al., 2019). In order to understand what barriers might be constraining the development of inclusive teaching and learning, the rest of this chapter will review the relevant research in the period since the reforms were implemented. In addition to understanding the prevailing barriers, a review of the literature will situate this study within the current research landscape and clarify its contribution to knowledge in the field.

3.3.1 Student Perspectives

Much of the recent research focused on student perspectives is only tangentially concerned with barriers to the development and implementation of inclusive teaching practices, being primarily concerned with barriers to learning in the classroom. Instead, institutional and sector-wide barriers – and by implication, enablers – are inferred. For example, findings from a recent small-scale study by Moriña and Perera (2020) hinted at a lack of knowledge and awareness of disability legislation among academic staff along with poor internal communications about student needs. This led to a reliance on the goodwill of individuals to adopt inclusive teaching practices, rather than rights and responsibilities enshrined in equalities law. This international perspective is echoed by Ehlinger and Ropers (2020, p. 346), whose study of thirteen students with multiple marginalised identities also identified the importance of instructors to act as 'powerful facilitators and significant barriers' to inclusion in the classroom. The study recommends capacity building for academics through activities such as mentorship, research fora and existing departmental meetings as a way of implementing a universal design for learning. Both these studies highlight the similar challenges being faced around inclusion in international contexts, with the knowledge and attitudes of individual academics as being key to the implementation of inclusive teaching and learning. What is lacking from this literature, however, are the voices of students from English universities where competing UK government agendas and the existence of the DSA may influence how inclusion is experienced in the classroom.

Research involving the perspectives of UK students similarly hints at the role of staff awareness and development in the successful implementation of inclusive teaching practices (Barkas et al., 2022; Karousoi, 2017), along with effective communications across university support services (Clouder et al., 2020). Additionally, however, studies highlight the role of wider government agendas and academic cultures acting as barriers to the effective development of inclusive teaching and learning in the classroom. Based on the perspectives of students with hidden disabilities at two universities, research by Barkas et al. (2022) implies that the practical application of an inclusion policy at programme level is hampered not only by a lack of staff development, but also a pervading deficit model of disability fuelled by the employment skills agenda. The suggestion that a focus on student skills predicated on a deficit model is in tension with a social model of disability is shared by Karousoi (2017) in her small-scale study exploring the impact of inclusive teaching and learning on students with SpLDs. The findings of Karousoi's study lend weight to the suggestion that too much attention on the individual practices of academics in the classroom obfuscates the role of a culture that privileges certain groups. Though not directly relevant to the research questions of this study, this group of studies involving data gathered from disabled students in the UK highlights the need to look beyond the micro level of student-academic interactions in the search for an explanation of the barriers to implementing inclusive practices.

It is perhaps not surprising that research concerned with student perspectives on inclusive teaching and learning focuses on the attitudes and behaviours of academics in the classroom, given that this is the most observable and relatable aspect of the student experience. The representation of student voice in education research is, of course, crucial if improvements are to be made that directly benefit disabled students. The limitation of this research, however, is the tendency to emphasise individualised responses of academics and downplay the role of perhaps less tangible phenomena such as the assumptions underpinning the cultures and agendas permeating institutional attitudes and practices. There is a need therefore, addressed by this study, for research that focuses not only on subjective experiences, but also on the underlying structures and systemic barriers that shape those experiences.

3.3.2 Academic Perspectives

To a large extent, recent international research into challenges faced by academic staff in developing inclusive classroom practices echoes findings found in the research on student perspectives discussed in section 3.3.1. Along with negative attitudes to disability, a lack of adequate training and awareness among faculty staff is cited by many as a barrier to implementing inclusive teaching practices (Cotán et al., 2021; Sánchez-Díaz and Morgado, 2021; Svendby, 2021) with some researchers recommending a mandatory training requirement (Moriña, 2017). In addition to the role of the individual responses of academics, research also identifies or implies systemic challenges such as large student to staff ratios and high workloads (Cotán et al., 2021) as well as limitations in the built environment (Cotán et al., 2021; Sánchez-Díaz and Morgado, 2021). A practice briefing by Lombardi et al. (2018) outlines a framework for disability support services to guide faculty members to create accessible materials and assessments, claiming that the service can act as a bridge between students and staff. The authors point out that disability services are often under-resourced and therefore unable to continue the work at programme level, for example by contributing to course design, which would otherwise offer a more scalable approach to supporting the development of inclusive teaching and learning across an institution.

In UK contexts, research findings offer even greater insight into systemic barriers faced by academic staff attempting to engage with issues related to disability policy and inclusive practice. For example, a recent study by Bunbury (2020) based on the perspectives of five lecturers in Law identifies several potential barriers beyond the need for additional training. The findings suggest the persistence of a medical model definition of disability among academics and a lack of awareness of the anticipatory duty under the Equality Act 2010. This confusion, along with a ‘conservative’ disciplinary culture and lack of pedagogical knowledge, mean that inclusive practices are ‘not at the forefront’ of curriculum design (Bunbury, 2020, p. 978). Research by Wray and Houghton (2019) similarly finds that academics’ engagement with disability policy such as the Equality Act is variable and knowledge is often vague. The findings of this study of thirty-four academics in one post-92 institution hint at workload issues such as increased bureaucratic demands and the introduction of too many initiatives for meaningful engagement. Tensions around academic standards and the employability agenda also factor as barriers to inclusive practice where a deficit understanding of disability is present. Importantly, the study identifies the issue of the DSA and reasonable adjustments being administered centrally by disability services, which serves to encourage a perception of inclusion as bolt on rather than the ‘everyday work of teaching and learning staff’ (Wray and Houghton, 2019, p. 522). This indicates a role for disability services themselves in constraining the development of an inclusive approach to meeting the needs of disabled students.

The research presented here involving the perspectives of academics reveals some of the potential barriers faced by teaching staff around inclusive practice, which may explain the previously discussed attitudes and behaviours identified as problematic by disabled students. While a need for adequate training is raised by many studies, other findings reveal systemic challenges that go beyond explanations focusing on the individualised responses of academics in the classroom. Heavy workloads related to high students to staff ratios and competing agendas that reinforce a deficit model all contribute to an environment where developing inclusive classroom approaches is challenging. Moreover, the role of the DSA is highlighted as a potential contributor to the persistence of a medical model understanding of disability, one which allows academic staff to abdicate responsibility for meeting the needs of disabled students in the classroom. Disability services in this body of research are presented as both a facilitator and possible barrier to the development of an inclusive approach. Section 3.3.3 will review recent research involving the perspectives of those working within disability services in order to understand further the contribution of the sector to the slow development of inclusive approaches underpinned by a social model of disability.

3.3.3 Inclusion of Disability Practitioner Perspectives

Research including the perspectives of disability practitioners in higher education also highlights the need for increased training, awareness and confidence of staff in meeting the needs of disabled students. A paper by Lister et al. (2022) reports findings from a biennial staff survey at the Open University during the period 2017-2021, which aims to measure the change in knowledge and attitudes to inclusive practice of academics, library and student support staff. It concludes that although confidence levels fluctuate across staff groups, both knowledge and critical awareness of inclusivity have increased over time, something the authors attribute to increased training and support within the institution. Research by Collins at al. (2019) also provides evidence of the challenges faced in implementing inclusive education at an Australian university from multiple perspectives, including disability services. It also identifies staff training needs if HEIs are to move away from providing reasonable adjustments toward inclusive practice, but hints at the continued drive from support services to provide reasonable adjustment to individual students. Therefore, while the lack of training and awareness of academics is recognised as a barrier to the development of inclusive teaching and learning, the continuation of the current individualised support model could also be seen as a constraining factor.

Some recent studies indicate that the continued use of, and commitment to, individual reasonable adjustments by disability support services is the result of a lack of buy-in from academic staff around inclusive practice. For example, research by Omissi (2020) based on the responses of thirty-eight disability advisors indicated that a minority of the respondents felt that an increased emphasis on inclusive practice since the DSA reforms had reduced the need for reasonable adjustments. Common concerns were the failure of inclusive teaching to address the complex needs of some disabled students and a fear that academics' misinterpretation of what constitutes the inclusive classroom practice could in fact disadvantage disabled students, especially where recommended practices are not mandatory. A study by Pearson et al. (2019) exemplifies attempts by some HEIs to avoid this issue of central support services having to recommend reasonable adjustments to mitigate a lack of inclusive design at programme level through the use of Accessibility Advocates, faculty staff members tasked with embedding accessibility as part of their workload. The study recommends a network of these 'change agents' but does not comment on the success of the initiative over the last ten years, nor does it comment on any particular challenges faced by the Advocates in attempting to embed inclusive practices in academic schools.

Research involving disability practitioners that focuses on barriers to implementing inclusive practices also highlights systematic challenges and emphasises the need for buy-in at a senior level, as well as from individual academics. Studies by both Newman and Conway (2017) and Martin et al. (2019) identify a lack of strategic level buy-in as a hindrance to the development of inclusive learning environments; however, the paper by Martin et al. (2019) also indicates the role of external agendas such as the Teaching Excellence Framework (TEF) and internal academic cultures, particularly at research intensive institutions, as potential barriers to implementing a universal design for learning (UDL). The research, which involved staff and students across four HEIs and members of the NADP, calls for improved communications and joined up thinking across professional and academic services, but does not explicitly mention the role of the DSA in influencing models of support and institutional practice. A recent study by Hill (2021), however, sees an opportunity for disability services to become more involved in the decision-making process at the course design stage, with innovations in blended learning offering the opportunity to ‘start again’ with inclusivity and accessibility built in. It could be implied from this research that disability services are not currently involved alongside academics in the type of strategic institutional activity that could address a lack of inclusion at the programme design stage.

For some, models of support for disabled students are set firmly within the wider context of an ableist society and the universities that reinforce its ableist assumptions. According to Lynch and Macklin (2020), the current DSA support model is a ‘retrofit’ solution to inclusion and that it should be the responsibility of educators instead to ensure classroom practices are designed to meet the needs of disabled students. However, a move away from traditional ‘talk and chalk’ pedagogies toward more inclusive pedagogies would require a ‘radical overhaul’ of the current system leading to smaller class sizes and flexible courses. As Lynch and Macklin (2020) point out, these changes would contradict the neoliberal model of consistency and accountability. This assertion, along with the impulse of a markestised sector to provide disabled students with their legal ‘entitlement’ in the form of individualised support (Cameron et al., 2019), is an important reminder that underlying structures can constrain behaviour in a way that is hard to overcome as individual practitioners.

For example, as identified by a report commissioned by HEFCE (Rodger et al., 2015), although HEIs might be committed in principle to a social model of supporting students with SpLDs, the existence of the DSA itself can be a barrier to moving away from the medical model it relies on. It is an understanding of these structural constraints as a way of explaining the role of disability services to which this study seeks to contribute.

3.3.4 Summary

A review of the recent research identifying the barriers to developing inclusive teaching and learning reveals that much of the literature focuses on the attitudes and practices of academics, specifically their lack of knowledge and training. This is an obvious and important barrier considering academics are the individuals tasked with implementing an inclusive approach in teaching and assessment practices. There is, however, also a body of research focusing on the perspective and role of disability practitioners themselves. The very existence of a central support service and continuation of the current model underpinned by a traditional, deficit-based understanding of SpLDs could be a potential barrier to implementing an inclusive approach. Moreover, disability services may not be involved in the strategic-level activity in HEIs that could influence existing pedagogic practice. Factors constraining the ability of disability services to move away from traditional practices and influence the development of institution-wide practices, however, may exist at the level of underlying structure, making them difficult to identify and overcome.

3.4 Conclusion

The aim of chapter 3 was to identify potential barriers to the implementation of an inclusive approach that exist at the level of practices in higher education. An examination of the current model of supporting students with SpLDs along with a review of recent research demonstrates that the theoretical tensions identified in Chapter 2 are evident in these practices. The traditional package of bolt on support, including individual reasonable adjustments and DSA-funded specialist tuition, seeks to remediate impairments rather adjust teaching to meet the diverse needs of learners. In relation to RQ1, then, it can be inferred that disability services and the practitioners working within them have no clear remit to develop inclusive teaching and learning in response to the needs of students with SpLDs. Instead, they exist primarily to administer a system of support based on traditional, deficit-based understandings of SpLDs.

There is no doubt that the attitudes and awareness of academics are crucial factors in either enabling or constraining the development of inclusive teaching and learning. Other commonly reported institutional barriers to implementing inclusive classroom approaches are poor communication, lack of buy-in at senior level, workload, competing agendas and a lack of adequate training. This alone, however, does not account entirely for the slow move to a social model of disability in a system where disability support continues to replicate a model based on individual remediation or integration rather than inclusion. In relation to RQ2, some literature also referred to the existence of a central support service and externally funded disability support as being a constraining factor by allowing lecturers to abrogate responsibility disabled students' learning needs. Moreover, disability services may themselves be constrained from moving to a social model of disability not only by the existence of the DSA, but also disabled students being unwilling to lose individual entitlements. In a marketised system where student satisfaction is highly prized, disability services may be constrained in their ability to radically alter models of support in the face of potential student backlash. The constraining or enabling effects of disability services on the development of inclusive practices are, in these ways, alluded to in recent research, but are not examined closely.

This study offers such an examination in an attempt to explain why the development of inclusive teaching and learning underpinned by a social model of disability remains slow. The insights generated in Chapters 2 and 3 offer an initial explanatory theory in response to the research questions, a theory which will be refined with empirical evidence gathered through primary research. The next chapter introduces the methodological approach to data generation this study takes including the critical realist philosophy underpinning the research design as well as the process of data collection and analysis.

Chapter 4: Methodology

4.1 Introduction

The overall aim of this study is to contribute to an understanding of why the development of inclusive teaching and learning underpinned by a social model of disability has been slow and remains ‘aspirational’ for many higher education institutions. The specific contribution this research makes to that understanding is to explain the role of disability services in this phenomenon, a role which until now has been underexamined. Because this research aims to offer an explanatory theory, rather than a purely descriptive analysis, a methodological approach underpinned by a critical realist philosophy was adopted. This chapter, therefore, defines the ontological and epistemological assumptions of the approach before outlining and justifying the chosen research design. The data collection and analysis process are described along with a comment on the ethical considerations made for this study. Finally, the findings are summarised and the format of the presentation of those findings in subsequent chapters is explained.

4.2 Research Approach: ontology and epistemology

This study, as with any social research, is underpinned by a set of ontological and epistemological assumptions, where ontology is concerned with the nature of social reality and claims about what exists (Blaikie, 2000 cited in Grix, 2019), and epistemology with ‘the nature of knowledge and ways of coming to know’ (Cousin, 2009, p. 6). Put simply, these assumptions are about what we can know and how we can know it. A researcher’s ontological and epistemological assumptions together make up a research paradigm (Mack, 2010), a theoretical framework that underpins choice of appropriate research design and methods. In other words, ontological and epistemological assumptions form the worldview of the researcher and guide the researcher’s approach to the inquiry (Creswell, 2023). Moreover, transparency about these assumptions avoids confusion when discussing social phenomena and allows positions to be defended (Grix, 2019). To this end, the current study is underpinned by a set of assumptions consistent with a critical realist (CR) paradigm, which is often described as being situated between the traditional ends of the spectrum represented by positivism and interpretivism. Before defining the assumptions and commitments of CR relating to the study, however, it is first necessary to outline briefly the alternative paradigms considered for this research.

4.2.1 Positivism and Interpretivism

The ontological position that states there is an objective reality, which exists independently of our knowledge of it, is related closely to the epistemological position of positivism. Although there are many varieties of positivism, basic premises can be identified as representing the paradigm broadly. Grix (2019, pp. 81–82) attempts to summarise these characteristics, as does Blaikie (2007, pp. 110–111); however an important assumption held is that an objective reality can be observed by human senses and therefore knowledge can only be derived from human experience. Importantly, although an explanation of social reality is a key aim of positivist enquiry, causation and causal language is unnecessary. Instead, explanation is generated through the establishment of regularities between events. The role of the researcher is to observe and record events in order to refine or abandon a hypothesis, in which case validity and reliability are important considerations (Creswell, 2023). This approach, therefore, is most closely aligned to the scientific method of experimentation.

In relation to the current study, a focus on explaining the slow development of inclusive teaching and learning would appear to suit a positivist approach; however, there are several issues with adopting this as a research paradigm. As a piece of social research, the objects of this enquiry are human actors and the social conditions within which they operate. They are therefore active co-subjects in the production of knowledge, continually interpreting and reinterpreting the social world under enquiry (Danermark et al., 2019). This is in contrast to the naturally produced objects of enquiry often assumed by positivist approaches, which may be better suited to the natural sciences and controlled environment of the laboratory where regularities and patterns of events can be directly observed. As Bhaskar (2014a) points out, in open systems like the social world, there is often no direct relationship between what can be observed and underlying causal structures. Social reality cannot therefore be reduced simply to observable events, rendering a positivist approach to social science in general, and this study in particular, inadequate. A research approach better suited to the understanding and explaining the unpredictable, complex world of human activity such as interpretivism should then be considered.

Whereas positivism assumes an objective reality, the paradigm broadly identified as interpretivist sits in binary opposition by assuming that reality is subjective and that meaning is socially constructed rather than discovered through the scientific method. As with positivism, interpretivism includes a range of different positions including constructionism, symbolic interactionism and hermeneutics, all of which share some ontological and epistemological assumptions. According to Mack (2010), these assumptions are broadly that social reality is constructed by individual interpretation rather than existing independently of human experience, and that knowledge is situated and understandings are generated through personal experience. The main aim of interpretivist social science, therefore, is not explanation but understanding because as Neuman (2014) states, human activity has meaning only as it is ascribed subjectively in specific contexts. Furthermore, objectivity in research is impossible because it is recognised that the researcher is 'necessarily the sum total of his or her personal and subjective opinions, attitudes and values' (Grix, 2019, p. 84). An interpretivist paradigm might offer a more appropriate framework with which to study the often unpredictable and complex social world, but at the risk of a relativism that makes it impossible to make any claims to 'truth' or judge a person's position to hold greater value than another's.

A broadly interpretivist paradigm would appear to more closely align with the interests and objects of this study, particularly in providing some insight into how practitioners interpret the role of disability services in relation to RQ1. However, there are distinct limitations to this approach that would inhibit the potential of any resulting analysis to fully address RQ2, pertaining to structure and agency. If the social world is assumed to be socially constructed by and through human interaction, there is no objective reality outside of our experience or knowledge of it (Grix, 2019). It would follow then that according to this approach, there are no pre-existing structures determining – either enabling or constraining – human behaviour. It would not be possible, therefore, to give full consideration to the second research question, which is concerned with identifying the structures enabling and constraining the ability of disability services to develop inclusive practices. Furthermore, the second research question is explicitly interested in explaining how a phenomena has occurred, rather than merely understanding someone’s perception of it. Therefore, as interpretivist approaches are not concerned with causal explanations (Grix, 2019), it would not form an adequate basis for the full consideration of the research questions posed by this enquiry.

The rejection of the broad approaches to research outlined here led to the consideration of an alternative, one which would combine the search for understanding offered by interpretivism with the explanatory power of positivism (Grix, 2019). Critical realism (CR) seeks not only to understand the social world, but also to explain it. It does this not through the use of a positivist, deductive approach more suited to the closed environment of a controlled experiment, but by accepting that the social world represents a complex, open system. With this premise, CR accepts that although reality exists independently of our knowledge of it, it can only be partially observed and known through conceptual frameworks (Buch-Hansen and Nielsen, 2020). What follows is a full consideration of the ontological and epistemological assumptions of CR in relation to this study, along with a justification of why this approach offers the most appropriate paradigm to address the research questions.

4.2.2 Critical Realism

Critical realism (CR) is a philosophy of science developed principally by Roy Bhaskar (2011) throughout the 1970s and 1980s and is broadly characterised by an ontological realism and epistemological relativism. The realism of CR, which is shared by positivist approaches, accepts that reality exists ‘outside the human mind’ (Buch-Hansen and Nielsen, 2020, p. 13). This sits in opposition to the broadly idealist ontology of interpretivism, which assumes that there is no reality independent of human ideas or beliefs. Although reality exists according to CR, it cannot, however, be fully observed or understood because we can only come to know it through our own subjective human experience. In this sense, CR shares the relativism of interpretivist approaches, along with the assumption that the social sciences necessarily differ from natural sciences because the social world is a complex, open system, which is often messy and unpredictable. This makes understanding and explaining the social world less suited to the methods favoured by positivists because regularities observed in the social world change and vary over time and location (Buch-Hansen and Nielsen, 2020). The implications of these ontological and epistemological commitments for this study will now be discussed in full in terms of the objects of inquiry, treatment of structure and agency, and the potential to make causal inferences to explain social phenomena.

According to CR, reality cannot be fully captured by human knowledge and experience. Bhaskar's notion of a stratified ontology of three separate but overlapping domains, however, enables CR researchers to identify unobservable causal mechanisms that might explain observable events and experiences. As Wiltshire and Ronkainen (2021) explain using the metaphor of a flower, looking directly from above the petals are clearly in view and observable (the empirical domain) whereas other parts such as the leaves and stem (the actual domain) are not, though these could be viewed from another angle. The soil and the nutrients contained within it (the real domain) are beyond our field of vision; however, we can identify its properties by observing the real effects it has on the growing flower and producing an explanatory theory on this basis. In this way, CR avoids what Bhaskar terms the 'epistemic fallacy' that 'reduces reality to human knowledge' (Fletcher, 2017, p. 182), either to what can be empirically observed (positivism) or what is constructed through human knowledge or discourse (interpretivism). The review of literature in Chapters 2 and 3 identified several potential underlying structures constraining the development of inclusive teaching and learning, many of which are not directly observable though they have observable effects, such as neoliberal policies, or the administration of the Disabled Students Allowance (DSA). It would, therefore, be insufficient to limit the enquiry only to directly observable phenomena such as the individual practices of disability practitioners.

A further central ontological premise of CR pertinent to this study concerns the consideration of structure and agency and the role each plays in the shaping the social world. As noted by Lewis (2002, p. 17), agency can be understood as the property of actors, which are ‘entities that are able to formulate and implement decisions’ including organisations as well as individuals, in this study’s case disability practitioners or university disability services. Social structures, which can both enable or constrain the behaviour of actors, are the ‘conditions within which actors operate’ (Lewis, 2002, p. 18) such as legal obligations set out in the Equality Act 2010, or a market-driven higher education (HE) sector. CR attempts to avoid the suggestion that the social world is either wholly determined by structure or shaped entirely by individual human behaviour, but at the same time retains the dualism: structure and agency are considered as distinctly different. Rather, it is the ‘interplay between structures and agents over time’ (Buch-Hansen and Nielsen, 2020, p. 53) that is emphasised by many CR-informed scholars, notably Bhaskar (2014b) and Archer (1995). Current social structures can be considered as pre-existing but also the result of agential actions previously undertaken, often with unintended consequences. In this way, the social world is generated through a complex process involving both ‘the efficient causation of actors and the material causation of social structure’ (Lewis, 2002, p. 21). This premise allows researchers to make inferences about underlying causal mechanisms in an attempt to explain observable social phenomena, such as the development of inclusive teaching and learning.

Together with ontological realism and epistemological relativism, judgemental rationality represents a central premise of CR as a research paradigm. This is the assumption that one theory can be said to better explain social phenomena than another where there are conflicting alternative accounts (Archer et al., 2013). As Bhaskar (2014a, p. vii) himself states, CR informed research is ‘primarily interested in explanation’ rather than description. And while its epistemological relativism means that CR assumes that any explanations of the social world are always fallible, there are nevertheless ‘methodological tools’ researchers can use to determine which theories are best placed to ‘inform us about the external reality’ (Danermark et al., 2019, p. 10). The exact methodological tools used for this study will be outlined in section 4.3

of this chapter, most notably abductive and retroductive reasoning. What is important to make clear here, however, is the general assumption of judgemental rationality underlying this study. As Fletcher (2017) points out, the ability of CR informed research to engage in explanation and causal analysis, rather than in description, makes the approach ideal for investigating social issues and suggesting solutions for change. In relation to this current study then, CR provides a useful framework for contributing to an explanation of why inclusive teaching and learning has been slow to develop in English higher education institutions (HEIs) and ultimately, to suggest ways in which disability services might work differently to contribute to this development in the future.

In summary, a CR approach to social research assumes there is a reality outside of human perception that we can know, although that knowledge will always be fallible. Social structures within which actors operate can enable and constrain behaviour, but are themselves a product (often unintended) of actions previously undertaken by actors. Moreover, although there is a complex relationship between structure and agency, it is possible to treat them separately in research for the purpose of analysis. These assumptions allow the research questions to be addressed fully because they are concerned with understanding both the actions of disability services and practitioners, and the structures that may be enabling and constraining them in the pursuit of an inclusive, social model of disability in higher education. Critical realism in this context acts as a general framework for understanding structure in relation to enabling and constraining actions rather than being wedded to any particular model of the philosophy such as Archer's (1995) morphogenesis. This study, underpinned by a CR-informed ontology, aims not simply to describe the phenomena of slow progress toward an inclusive, social model of disability, which in many ways has been well documented, but to explain why this might be the case.

4.3 Research Design

The role of method in CR informed research is to connect ideas to observable events in order to understand and make inferences about the underlying processes and mechanisms at work (Ackroyd and Karlsson, 2014). In order to determine appropriate methods of enquiry, as with any piece of social research, it is first necessary to determine a logic for generating new knowledge (Blaikie, 2007). The main research strategies that represent such logics, according to Blaikie (2007) are inductive, deductive, retroductive and abductive. The research strategy of any research adopting a CR approach is retroductive, abductive or more often than not a combination of the two, as is the case in this study. Indeed, Bhaskar maintains that the two approaches to reasoning are often applied together in analysis of empirical data and that there is only a ‘relative difference’ between them (Bhaskar, 2014b, p. vii). Retroduction is used to identify causal mechanisms by starting with an observed regularity and working back from the data to generate a model of the structures that led to the phenomenon under investigation (Blaikie, 2007; Mukumbang et al., 2020). Abduction also starts with the empirical data or set of partial observations but seeks to redescribe it in terms of the likeliest possible theoretical explanation (Fletcher, 2017; Mukumbang et al., 2020). Taken together, they form an approach to reasoning upon which knowledge claims are made.

Underlying structures, mechanisms and causal relationships are identified through the processes of retroduction of abduction rather than through a specific strategy or technique for data collection (Buch-Hansen and Nielsen, 2020). Critical realism as a research paradigm, therefore, is not committed to or associated with a specific research design or technique. The suitability of a research strategy is determined by whether or not it will lead to the generation of causal explanations through retroductive and abductive reasoning. In this way, CR-informed research avoids the often encountered binary of quantitative versus qualitative approaches (Sayer, 1992). A more helpful way of characterising different research strategies is said to be intensive versus extensive (Danermark et al., 2019; Sayer, 1992), which may not automatically preclude certain designs and techniques from the research process, or indeed a mixed-methods design combining both approaches.

Intensive and extensive approaches to empirical critical realist research

Empirical procedures

	Intensive What is the mechanism? (context as given)	**Extensive** What is the context? (mechanisms inferred)
Research question	How does a process work in a small number of cases?	What are the regularities, patterns, distinguishing features of a population?
Type of group studied	Causal groups	Taxonomic groups
Typical methods	Interactive interviews, ethnography, qualitative analysis	Large-scale survey, formal questionnaires, standardized interviews, statistical analysis
Type of account produced	Causal explanations of the production of certain events, though not necessarily representative ones	Descriptive ‘representative’ generalisations, lacking in explanatory insight

Table 4.1: Intensive and extensive approaches to empirical research adapted from Danermark et al. (2019, p.165) and Ackroyd and Karlsson (2914, p.27)

As Table 4.1 shows, the type of account generated by data gathered using an intensive approach is likely to offer causal explanations rather than the general description offered by extensive procedures. That is not to suggest that CR-informed research cannot combine the approaches, for example in a study of the gendered effects of agricultural policy in rural Canada undertaken by Fletcher (2017). Here Fletcher gathered extensive data from agricultural census to identify trends in farm size and income, while intensive data from interviews with women farmers was used to identify causal links between the changing nature of family farming and farm women’s work. However, while the benefits of a mixed methods approach are recognised, many CR-led researchers consider qualitative analysis to be most appropriate to the study of causal mechanisms because conditions in the deep domain cannot be quantified (Buch-Hansen and Nielsen, 2020; Parra et al., 2021). In order to generate this kind of analysis, an intensive research approach is therefore considered preferable and is the approach most often taken with CR-informed studies.

In the case of the current study, an intensive design that generates qualitative data for analysis is considered most appropriate because what is being sought is not an identification of trends across the sector but rather an explanation of the role of disability services in the production of events. For example, the slow development of inclusive teaching and learning across the sector has already been identified by research reviewed in previous chapters. For this study, the context is therefore assumed a priori. What this research aims to contribute is an explanation of the role of disability services within this context: in how practitioners have been enabled or constrained in their contribution to the development of inclusive teaching and learning, and how disability services themselves have constrained or enabled this development. By adopting an intensive approach with methods that will generate data for qualitative analysis through abductive and retroductive reasoning, this research will contribute to a causal explanation of the production of events in the given context.

4.3.1 Interviews in CR-informed research

While there a number of ways in which qualitative data can be generated in intensive social research projects, interviews are often considered the ‘quintessential instrument’ for CR researchers to collect insights and information from interviewees, or informants (Brönnimann, 2022, p. 1). The understanding of interviewing as a research instrument in CR terms, as pointed out by Smith and Elgar (2014), is necessarily non-relativist: the construction of meaning by social actors is recognised, but also emphasised are the pre-exisiting social structures which enable and constrain actions in social contexts. In this study, structures would include existing policy and practices such as the DSA. The interview is therefore used as a way of accessing accounts of experiences, events and also underlying conditions that make up a complex layered reality. Within this understanding, the subjective accounts generated by informants are not reified; understanding events and processes is ‘not simply the transparent product of a conversation’ (Smith and Elger, 2014, p. 119). Instead, the researcher retains a critical attitude to the data and considers it alongside other sources of information, such as existing research literature, to develop an explanatory theory about a phenomenon. The process of developing an appropriate analytical framework happens iteratively and cumulatively throughout the research process. This can mean informing later interviews with insights from those conducted earlier in an attempt to refine a theory (Mukumbang et al., 2020; Smith and Elger, 2014), an approach that was nevertheless not adopted for this investigation.

Given the conception of interviews as a tool for developing and refining an explanatory theory in CR research, the role of the interviewer is not simply a co-creator of knowledge along with participants as in interpretivist paradigms. The role of the interviewer in CR research is active, investigative and theory-driven, or ‘analytically informed’ (Smith and Elger, 2014, p. 130). In this study, I had already developed an initial explanatory theory of the underlying mechanisms enabling or constraining the development of inclusive teaching and learning from a review of the literature, presented in chapters 2 and 3. My role as interviewer here, therefore, was to use insights from disability practitioners to refine that theory in relation to the role disability services play. The next section will outline the development of an interview schedule that aligned to this CR conception of theory-driven interviews.

4.4 Data Collection

4.4.1 Identifying participants as informants

Having decided on an intensive research approach using interviews as the primary research instrument, it was then necessary to identify the participants of the study from whom the data would be gathered. The interview participants, or ‘key informants’ (Pawson & Tilley, 1997), were recruited on the basis of their knowledge and experience of working within disability services in English HEIs to specifically related to students with specific learning differences (SpLDs). According to Pawson and Tilley (1997) practitioners, rather than subjects of an initiative (in this case lecturers and students), can offer realist researchers ideas on what works, experience of successes and failure, and awareness of specific contexts in which the programme works. Practitioners in the context of this study include disability advisers (DAs) and specialist study skills tutors (SSTs), collectively referred to as disability practitioners. These practitioner informants are likely to have experienced the successes and failures of developing inclusive teaching and learning (the outcomes) and some awareness about the institutional contexts which either enable or constrain that development. The informants were therefore recruited from the main professional bodies representing those groups: National Association of Disability Practitioners (NADP) and the Association of Dyslexia Specialists in HE (ADSHE). Details about recruitment will follow, but first it is necessary to outline the process of developing and refining the research instrument (interview schedule) which took place prior to the main phase of data collection.

4.4.2 Development of Interview Schedule

The first draft interview schedule developed for this study, on reflection, focused too much on the personal perceptions and subjective thoughts of interviewees and did not align with the critical realist-informed research design outlined above. For example, *'Do you think that disability services should play a more central role in this development?'* Therefore, I consulted relevant methodological literature with the aim of developing a research instrument that would elicit the kind of insights from informants capable of identifying pre-exiting underlying structures.

In a recent study, Brönnimann (2022) found that much published research based on an explicitly realist ontology phrased interview questions in non-realist ways, for example by focusing on feelings and perspectives, rather than focusing on empirical observations. In order to achieve paradigm alignment and therefore more realist-rich data, Brönnimann presents a framework to guide the phrasing of interview questions along ontologically consistent lines, building on the work of Bhaskar (1978), Archer (1995) and Wynn and Williams (2012). This framework, though not strictly adhered to, influenced my redesign of the interview schedule. Rather than phrasing questions to elicit personal perceptions from interviewees, the questions were phrased to focus on empirical observations from specific events and not generalities (Smith and Elger, 2014). For example, *'Can you describe a situation where the service or disability practitioners were involved in that development?'* I planned a small number of relatively descriptive questions and made brief notes of potential prompts based on the initial theory developed form the literature in Chapters 2 and 3. It was this iteration of the interview schedule (Appendix 1) that was taken forward to the pilot phase for refinement.

Initial interviews were conducted with one study skills tutor (SST) and one disability adviser (DA) in order to evaluate the schedule's effectiveness at generating data capable of addressing the research questions through abductive and retroductive analysis. A secondary aim of the pilot phase was to assess the overall experience for informants including whether the questions asked met with their expectations of the research topic and whether any further guidance or clarifications should be provided as part of the process. Both the informants were recruited directly from my own professional networks and were indeed both former colleagues from my time as a study skills tutor working in the disability service of a large post-92 institution. Each of the informants was contacted by email and provided with the participation information sheet (PIS) and consent form (Appendices 2 and 3). Interviews were conducted and transcribed online via Microsoft Teams, after which informants were asked to reflect on the process and suggest any amendments. One informant suggested briefly recontextualising the study aims prior to starting the interview, but no further amendments were considered necessary. The suggested improvement was implemented before recruiting informants for the main data collection phase.

4.4.3 Sampling

Recruitment was via a post made to the Jiscmail academic online mailing list for the two professional bodies, NADP and ADSHE (Appendix 4). The purposive sampling necessarily relied on volunteers, a strategy that brings with it limitations, not the least the self-selecting nature of the sample and the range of motives participants may have in responding to the call (Cohen et al., 2017). Despite these limitations, it was the only available option for accessing the identified population and therefore considered necessary for the research to be undertaken. The first call for participants resulted in just three respondents meeting the criteria for participation, i.e. they worked in an English HEI as either a DA or SST. This was considered to be a result of the time of year (September) being particularly busy for disability services preparing for the new academic year. A second call for participants via the same channels was made at the end of October (Appendix 5), which resulted in a further eight interviews. A total of thirteen interviews were conducted including the two pilots, which was considered a sufficient sample size for the study and no further calls for participants were issued.

The decision to cease data collection at a sample size of thirteen rested on several considerations. Firstly, although there are no guidelines concerning the number of interviews required in qualitative research, a sample size of thirteen is well within estimates provided in research methods literature (Creswell, 2023; Daniel and Harland, 2017). Secondly, in qualitative research generally and CR-informed research specifically, the aim of the research is not to generalise across a population, but rather to provide rich data from which to make inferences about observed regularities in a complex, open system (Cohen et al., 2017; O'Mahoney and Vincent, 2014). Additionally, the approach taken in this theoretically-informed study meant that the initial explanatory theory that had been developed by reference to the existing literature was developed and refined during the interview process. After thirteen interviews, it was considered that the initial theory was no longer being refined by further insights from the informants and there was in fact a high degree of homogeneity in the accounts. Most informants made reference to most or all of the issues identified in the initial theory without having to be prompted. Finally, although a representative sample was not the aim, the volunteer-generated sample nevertheless represented a good spread of geographical location and institutional characteristics (refer to Table 4.2 below).

Informant (including role)	Institution type	Institution size	Location
SST1	Post-92, WP	Large	Yorks/Humber
DA/SST 1	Collegiate, specialist	Large	London/SE
DA/SST 2	Post-92, WP	Large	East Anglia
DA 1	Plateglass, WP	Medium	Yorks/Humber
SST 2	Specialist	Small	London/SE
DA 3	Private, specialist	Large	National
DA/SST 3	RG	Large	Yorks/Humber
DA 4	RG	Large	London/SE
DA 5	Post-92, WP	Large	NW
DA 6	Plateglass	Large	London/SE

Informant (including role)	Institution type	Institution size	Location
DA/SST 4	Post-92, WP	Large	London/SE
DA 7	Post-92	Large	Midlands

Table 4.2: Informant characteristics relevant to the analysis

4.5 Positionality

As a professional member of both organisations from which informants were recruited, it is perhaps necessary to reflect on my positionality as a qualitative researcher and the impact, if any, this had on the research process. Although it was never addressed directly in any interview, the informants almost certainly assumed that I was a fellow disability practitioner by virtue of my access to the NADP or ADHSE Jiscmail list, which might have influenced how they related to me as ‘one of them’ rather than someone outside the profession (Cousin, 2009). I am, in fact, no longer working in disability services as a specialist study skills tutor, though I occupied that role for five years and developed a certain amount of insider knowledge. Indeed, the insights gained in that role led to an interest in the research area and small-scale research undertaken within my institution as an ‘insider researcher’ (Aburn et al., 2021; Mercer, 2007) provided the impetus for this current study (Beck, 2021; Beck, 2022). My role now within higher education is in learning development rather than disability services, so I no longer share the same professional identity as participants; however, this assumption of shared professional experience no doubt afforded some benefits, as well as challenges, for the research process.

Sharing similar professional experience, if not at the time the research was undertaken, meant that there were similar benefits to those recognised as part of insider research. Along with access to participants through professional networks, there was a certain amount of immediate acceptance by informants and an assumption of understanding and empathy for professional challenges, which led easily to a good rapport in interviews (Aburn et al., 2021; Dwyer and Buckle, 2009). As this assumed insider status did not extend to working in the same institution, however, I avoided the potential ethical issues identified by Floyd and Arthur (2012) which may result from having an ongoing personal and professional relationship with research participants. Moreover, approaching the research within a theoretically-informed critical realist design may also have mitigated somewhat the potential impact of being an insider researcher. Interview questions focused on events and experiences rather than feelings and beliefs, therefore avoiding the need for the researcher to divulge any personal views on the topics discussed. Despite this level of abstraction, I did feel a responsibility to the informants, perhaps stemming in part from a sense of loyalty to the profession. The challenge posed by this responsibility and its resulting decisions will be discussed next in this chapter as part of the ethical considerations surrounding the research process.

4.6 Ethical Considerations

The research was conducted in accordance with and adherence to Lancaster University's ethical approval procedures. In respect of research with human participants, these procedures included obtaining informed consent from the outset. A detailed participant information sheet (Appendix 2) was provided outlining the aims of the study, possible risks and benefits of participation. Informants were offered the right to withdraw within six weeks of their participation. Data were stored securely on institutional, cloud-based storage protected by two-factor authentication.

Although identifying data such as names and employing institution were not transcribed or recorded in another form, there remained a risk that informants could be identified by the details given in their responses. As previously noted, I did feel an additional sense of responsibility to informants having operated in the same professional world for several years. In order to offer extra assurance to informants that they would not be identified, I shared an anonymised transcript of the interview and invited informants to redact any parts that they did not want to appear in the final analysis. As well as being able to scrutinise the transcripts for any 'traceability' in their accounts (Trowler, 2014, p. 44), this process also acted to increase trustworthiness in the data by allowing informants to reflect on and agree their responses with hindsight. Although the majority of informants did not make any changes, two informants did redact and make minor edits to the transcripts, both to ensure their anonymity and increase the clarity of their responses.

4.7 Data Analysis

This research took an explicitly critical realist approach, which means it sought to makes inferences from data by applying reasoning that is both abductive and/or retroductive, often in one move (Bhaskar, 2014a). This means moving from the descriptive interpretations of persons involved, through a process of theoretical redescription and abstraction (Danermark et al., 2019). Recent attempts at codifying this process in research contexts have been made by scholars working within CR-informed methodologies, partly in response to the criticism that while CR offers a useful philosophical framework, there is little precise, practical guidance available on how to use it in social scientific research (Fletcher, 2017). The approach taken to the process of data analysis described below was developed with reference to work by Wiltshire and Ronkainen (2021) and Fryer (2022) on a realist approach to thematic analysis, and Christodoulou's (2023) 'four Cs' model, which builds upon both these attempts.

The **first stage** of data analysis involved the initial coding of the interview transcripts. For this phase, I found the approach outlined by Wiltshire and Ronkainen (2021) most useful as it focuses first on the subjective viewpoints and experiences of the informants, which maps onto the empirical level of a stratified ontology. The authors recommend coding relevant fragments of the text using the sentence starter 'The participant expresses that…' and I worked through the first transcript in this way, highlighting relevant fragments as guided by the research questions (Christodoulou, 2023). This process was undertaken in Word document format and by recording the generated codes in an Excel spreadsheet along with a count of how often the code appeared in the transcript, with the first transcript generating and initial twenty-three codes. The next transcript was coded in the same way, but with the added process of checking deductively against the initial set of codes to see if the experiences expressed by the first informant were also true for the second before adding a new code to the list. The second transcript generated thirteen new codes, with subsequent transcripts generally generating fewer new codes.

When the first seven transcripts had been coded in this way, I made the decision to move to using the qualitative data analysis software Atlas.ti in order to better manage the large amount of coded data being generated. Because the transcripts essentially had to be recoded inside the software, this offered an opportunity to refine the initial codes and increase their descriptive validity (Wiltshire and Ronkainen, 2021). For example, when recoding transcript 1 inside the software, I changed a coded fragment from ‘The participant expressed the opinion that disability support does not work in its current form (individualised support)’ to ‘The participant expresses that the current 1:1 model of support favours practitioners (vested interest)’, which was a code generated by transcript 6. This is because it better reflected the sentiment expressed in the original data in transcript 1. As well as changing codes on already coded fragments, I also added codes to previously uncoded fragments where they matched codes generated by subsequent transcripts. For example, a previously uncoded fragment in transcript 3 was coded as ‘The participant expresses that outsourcing NMH support impedes inclusion’, which was a code generated by transcript 7.

By the time the first seven transcripts had been recoded inside the software, I was incredibly familiar with the existing set of codes and continued coding the remaining six transcripts directly in Atlas.ti. I did, however, continue to record codes and their frequency across transcripts in the excel spreadsheet. This meant that I had access to the entire set of codes on a separate screen whilst coding, so that new codes were only generated if a highlighted fragment was not well described by an existing code. Completing the initial coding in this way identified the observable rough trends or regularities in the data. These regularities in an open, complex social system are often referred to as tendencies in CR research (Fletcher, 2017). Subsequent stages in analysis would seek to move from these direct experiences of informants to more general tendencies and a greater degree of abstraction.

Having now coded all the transcripts, the **second stage** of data analysis was concerned with grouping the codes into what Christodoulou (2023) terms ‘clusters’. These clusters did not yet represent themes, but instead represented a shift away from the lay language used to expresses subjective thoughts and experiences towards more abstract, generalised statements (Wiltshire and Ronkainen, 2021). I did this first by printing out all the initial codes on strips of paper and moving them around physically into groups, as shown in Figure 4.1 below. At this stage, I was drawing both on similarities in the codes themselves and on the initial theoretical framework I had developed from examining existing research and theory. In this way, I was using both inductive and abductive reasoning, or as Wiltshire and Ronkainen (2021) call it, 'conceptual redescription' of empirical data to give a more abstract form to the phenomenon. For example, the codes 'The participant expresses that registering students with SpLDs can create an unrealistic expectation of ongoing 1:1 support' and 'The participant expresses that some students would be unhappy about losing their individual support and adjustments' were grouped together along with three others. The cluster was labelled first as 'It is plausible to claim that disability practitioners often feel that student expectation plays a role in decisions made about disability support', which was then shortened to 'Student expectation'. Eleven clusters were identified and labelled in this way. A Post-it note was used at first to record the cluster name before transferring the information to a spreadsheet in the Excel code book and also grouping the codes in Atlas.ti.

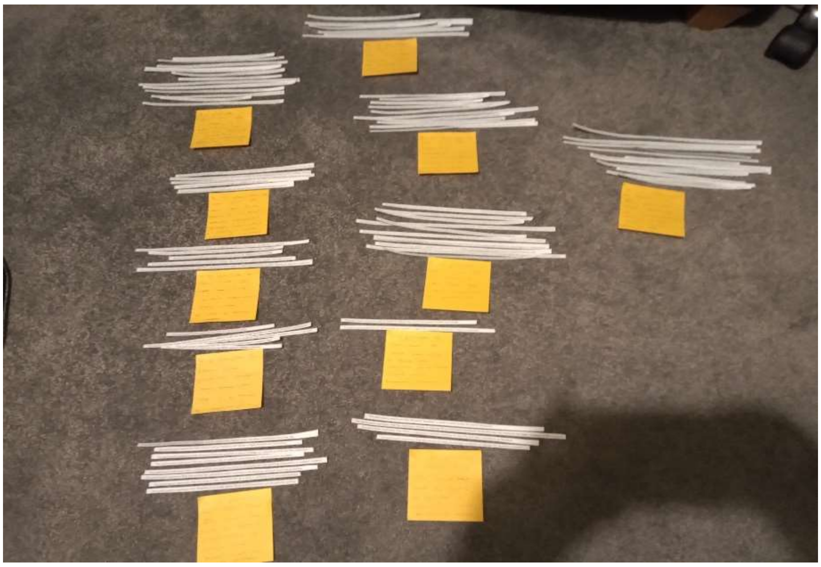

Figure 4.1: Grouping and naming clusters using strips of paper and sticky notes

As stated previously, I did not consider these clusters to be the main organising 'themes' at this stage in the analysis, preferring instead to follow Fryer's (2022) definition of themes as 'causal explanations'. The staged approach to data analysis thus far could be seen to map onto a critical realist depth ontology, with initial codes focusing on the empirical domain of subjective experience and clusters moving toward the actual domain of events both observed and unobserved. The **third and final stage** would see an attempt to ‘theorise about the potential powers that must exist for the phenomena in the world to manifest’ (Wiltshire and Ronkainen, 2021, p. 173). In other words, it would involve the application of retroductive reasoning in order to expose the underlying structures and mechanisms in the real domain that generate events, both observed and unobserved (stage 2 clusters), which are experienced by people at the empirical level (stage 1 codes). For Fryer (2022, p. 11), this stage in analysis involves asking the question, ‘what causes underlie the experiences and events of interest?’ And it was this question that guided my approach to the final stage of data analysis.

In generating the final organising themes, or causal explanations, I drew heavily on the literature presented in the earlier chapters of this study, the content of which represents the initial theoretical framework for understanding the role of disability support services in the development of inclusive pedagogies. This is the stage in CR data analysis where judgmental rationality comes into play, or the assumption that one theory can be said to better explain social phenomena than another (Archer et al., 2013). Explanations of the social world are always fallible and it is understood that there can be different, often equally valid, causal explanations based on alternative theoretical premises (Wiltshire and Ronkainen, 2021). In ensuring the theoretical validity of explanations, Fryer (2022, p. 12) recommends reviewing the final themes by reflecting on whether the explanations given are ‘plausible and appropriate’. I found the process of re-articulating the three stages of analysis in reverse order outlined by Wiltshire and Ronkainen (2021) most helpful here. An example of this re-articulation is shown in the Table 4.3 below, where the existence of the final organising theme or explanation is expressed as a tendency in the data represented by a cluster, which is manifested in the initial transcript codes.

In part because of the **existence** of	there is a **tendency** for	This **manifested** in the data, which showed that participants feel…
a marketised higher education system that positions students as customers in a market place...	student expectation to play a role in decisions made about disability support.	that registering students with SpLDs can create an unrealistic expectation of ongoing 1:1 support.
		that some students would be unhappy about losing their individual support and adjustments.
		that the current model appears to work because the students seem satisfied.

Table 4.3: An example of re-articulating the three stages of analysis to ensure theoretical validity of explanations

4.8 Presentation of Findings

The following three chapters will present a discussion of the findings by organising theme: Marketisation and students as consumers (chapter 5); Models of disability and support (chapter 6); Professional relationships and identities (chapter 7). As previously explained, these themes represent causal explanations for disability services' role in the slow development of inclusive teaching and learning, generated through consideration of the extant literature and analysis of informants' data. The chapters also reflect the analysis at different levels, from the wider political and economic macro context, to the meso level of institutional disability policy and practices, and finally to the micro level of relationships and identities of disability practitioners. This analysis broadly maps to the three levels of a laminated social reality according to critical realist ontology – the real, the actual and the empirical – though there is an amount of overlap and interconnectedness, especially at the empirical level of practitioner relationships and identities. As with Bhaskar's (2008) conception of the three domains of reality, the levels of analysis presented here map to a metaphorical understanding of the overlapping levels of the social world and should not be considered literal.

Analysis of the data represented by the figure below, identified constraining tendencies at every level caused by a number of unresolvable tensions. At the level of professional relationships and identities, individual practitioners and services use their agency to act in ways that enable the development of an inclusive approach; however, underlying structural constraints often counteract these attempts and maintain the status quo of an individual, medicalised approach to supporting students with SpLDs.

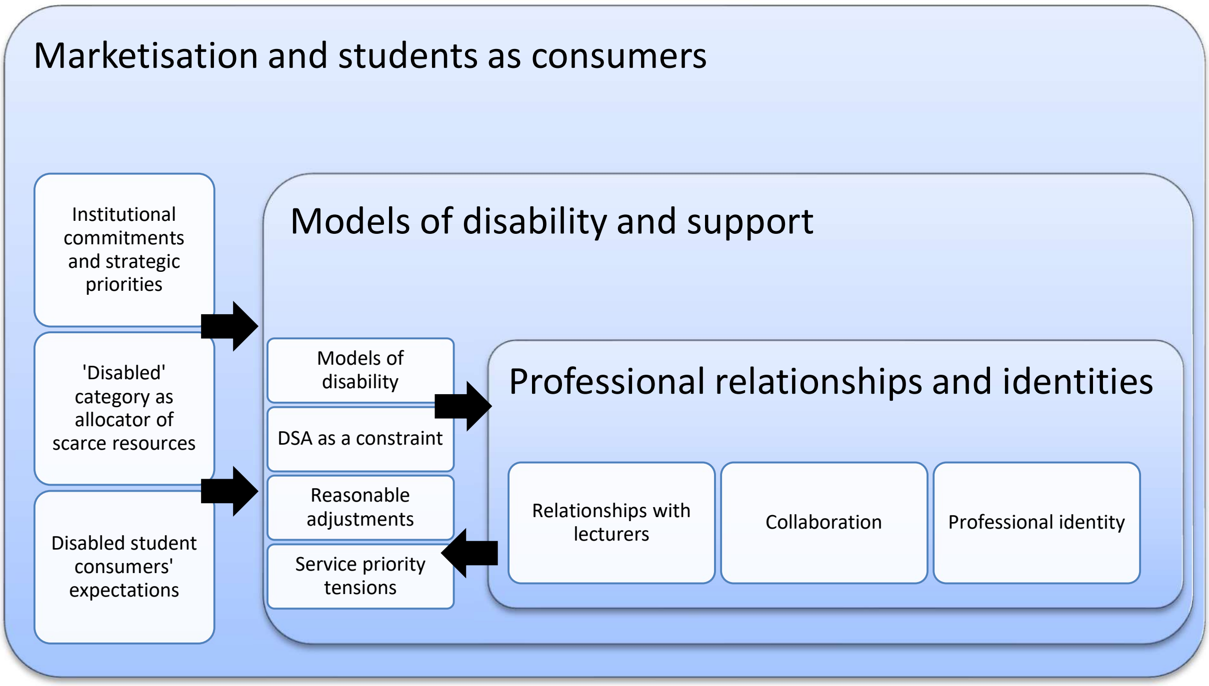

Figure 4.2: Presentation of findings showing the constraining tendencies (white boxes) at three different levels reported on as themed chapters (blue boxes)

Within each of the following chapters, organised by theme (or causal explanation), the constraining tendencies will be identified and exemplified using direct quotes from informants. Any relationship between the tendencies will be explained at that stage. Again, the visual representation of the findings in Figure 4.2 based on a laminated social reality should be considered a useful heuristic device rather than a rigid commitment to the existence of separate domains identified in the data. As Porter Groff (Elder-Vass et al., 2023) points out, the metaphor of the three domains of reality reality ‘is just that: a metaphor [i]t’s not literally true’ and so it is with the presentation of findings visualised here.

4.9 Chapter Summary

This chapter has outlined the ontological and epistemological assumptions underpinning this study, assumptions which are informed by a critical realist philosophy and upon which knowledge claims are based. The intensive research design chosen for the study was then explained along with a detailed explanation of the data gathering and analysis process. Finally, the way in which the findings will be presented was outlined supported by a visual representation of the organising themes (Figure 4.2). The following three chapters will present a discussion of the findings starting with marketisation and students as consumers of higher education, which identifies the structural constraints operating in the real domain of social reality.

Chapter 5: Marketisation and Students as Consumers of Higher Education

This chapter identifies the underlying social structures that constrain or enable the decisions made by disability services and practitioners in English universities. It does this by applying and refining the initial explanatory framework developed in Chapter 2, which focused on the theoretical and historical development of models of disability and educational inclusion. It argues that tendencies in the data can be explained by the existence of a marketised system and that in certain conditions, this underlying system constrains the development of inclusive teaching and learning.

In Chapter 2, it was argued that a shift in rhetoric towards inclusion since the Salamanca Statement (UNESCO, 1994) had not led to the a full realisation of educational inclusion based on a Oliver's (1990a; 1990b) original conception of a social model of disability. In mainstream schools, there persisted a lack of agreement about how best to meet individual needs characterised by the dilemma of difference (Norwich, 2008). During the New Labour Governments of the '90s and '00s, there remained contradictions in policy where deficit language continued to be used and neo-liberal regimes of accountability and market competition confounded inclusive ideals (Hodkinson, 2019). Ultimately, reforms in education were tokenistic rather than radical (Slee, 2011). In an arguably even more market-driven system where students are consumers (Brown and Carasso, 2013; Nixon et al., 2018), higher education is surely susceptible to similar confounding issues representing a barrier to the implementation of fully inclusive teaching practices as implied by an adoption of the social model of disability. As pointed out in Chapter 3, the reforms of the Disabled Students Allowance (DSA) can be considered as an extension of a government economic agenda based on a neoliberal commitment to value for money and an assumption that individuals, rather than the state, are responsible for their own wellbeing (Lynch, 2006; Raaper et al., 2023). It is therefore suggested that the underlying social and economic conditions of a marketised system can partially account for or explain the slow development of inclusive teaching and learning based on tendencies observed in the data.

The past forty years have seen a move by successive governments toward a market-based system for the provision of public services, including education, influenced by neoliberal ideals of limited government economic intervention and free-market capitalism. Detailed analysis by Brown and Carasso (Brown 2010; Brown and Carasso, 2013) demonstrates how the process of marketisation began in UK higher education with the Thatcher Government's decision in 1979 to remove the fee subsidy from overseas students, and has continued through to the cap on home undergraduate fees rising to £9,000 in 2012 under Cameron's Coalition Government. According to Brown, although not operating as a pure market, the English HE system displays the following market characteristics: institutional autonomy; a liberal system of market entry; significant competition between institutions for students; tuition fees funding significant share of the cost of teaching; and a substantial proportion of students' living costs met privately (Brown and Carasso, 2013, p. 24). The authors conclude that although market-based policies have led to a more efficient, responsive and entrepreneurial higher education system, markets have clear limitations in ensuring a higher education system that is both effective and equitable. It is against this backdrop that the move to a social model of disability through inclusive teaching and learning is being implemented.

The remainder of chapter 5 is organised under three clusters identified in the empirical data during the second stage of analysis: institutional commitments and strategic priorities; the 'disabled' category as an allocator of scarce resources; disabled student consumers' expectations of support. These clusters represent tendencies in the data that can be explained by the existence of a marketised higher education (HE) system. Relevant literature around disability, marketisation and students as consumers from the initial theoretical framework developed in Chapter 2 is used to explain these tendencies and supplemented with additional, relevant extant literature.

5.1 Institutional commitments and strategic priorities

5.1.1 No clear vision for inclusive teaching and learning

It was observed by several informants that their employing higher education institutions (HEIs) had broad commitments to inclusion in some form at the level of strategy or policy. Despite this, while one disability adviser did express the belief that her institution was explicit in its commitment to inclusion, many informants expressed that there was no clearly articulated vision for what constitutes inclusive teaching and learning in their universities. Instead, commitments are vague and often lack specific reference to disabled students or what might be considered inclusive classroom practices.

> There isn't recordings made of teaching sessions readily available consistently across the campus, so it's not, there's nothing specific in our strategy about disabled students, but there is lots of words about inclusion. (DA1)

As discussed in Chapter 2, inclusion in education is conceptually contested, with debates often centring on the dilemma of difference (Norwich, 2002) and leading to philosophically different visions for inclusive teaching and learning. Higher education is no different and there is currently no shared understanding of inclusive pedagogies across the sector (Stentiford and Koutsouris, 2022). In a marketised system, inclusion as an inherently ethical value can be seen as having been coopted by regimes of performativity and commodified to attract students in a competitive market place (Koutsouris et al., 2022). According to Ball (2012), performativity is a technology of neoliberal systems that links value and efforts to measurable and comparable outputs. With an increasing emphasis on accountability, HE professionals spend more time ‘reporting on what we do rather than doing it’ (Ball, 2012, p. 19). Koutsouris et al. (2022) consider references to inclusion in elite universities strategy documents to be an example of this performativity, failing to fully engage with the philosophical complexity of the concept and instead presenting something ‘vague and ambiguous’ that will appeal to the student consumer. This would explain the tendency observed in the data, exemplified by the quote below, for HEIs to lack clarity about what inclusive pedagogy actually means in practice, despite claims to value ‘inclusion’ as a strategic aim:

> We've never really pinned down what it means. We don't have, you know, pedagogical discussions very often about what that means. We don't have human to human discussions about what it might mean in practice. But we do have it as something that we say that we're aiming towards. (DA/SST2)

Sauntson and Morrish (2010) see the discourse typified in mission statements and strategy documents as a demonstration of the managerial imposition of new academic values in the marketised university. The authors consider these documents as opportunities for self-promotion and universities essentially positioning themselves in the market place, but note that there is an inclination toward uniformity rather than uniqueness. Along with the claim by Stentiford and Koutsouris (2022) that HEIs are under increasing pressure to improve the quality of their provision (or be seen to be improving it) in a competitive market place, this may go some way to explain the observations made by many informants that their universities made outward, broad commitments to inclusion despite struggling to demonstrate *"actually understanding what inclusive pedagogy is"* (SST2) particularly in relation to students with SpLDs.

5.1.2 Disability no longer the focus of EDI agenda activity

A related tendency observed in the data was a broadening of the term 'inclusion' in higher education to cover other protected characteristics such as race, gender and sexuality and a reduction in attention paid to disability, both in theoretical and practical contexts. As one disability adviser commented, disability appears to have *"fallen out of favour a little bit in terms of how cool, interesting, trendy, how it's had its moment"* (DA1). For another disability adviser, this falling from the political agenda has led to real financial implications for her disability service:

> [W]ell, it's always felt like with the advice and counseling service they have tripled in size in the past few years, because mental health is on the agenda, so if there's risk, if there's Mental Health, throw the money at it. But disability? That it feels like it's secondary. (DA4)

In a marketised system, consumer choice and market demands become foundational in how universities organise internally in terms of goods and services they offer in order to look good externally (Hansen and Mellon, 2022). As McCaig demonstrates, even access agreements (now known as access and participation plans) aimed at widening participation reflect the marketing positionality of HEIs attempting to project a 'socially just' image. This might partially explain why some institutions divert attention and resources toward addressing concerns that are perceived to more closely match those of potential students.

With the broadening focus of discussion under the banner of inclusion, some informants expressed frustration at the increasing number of initiatives aimed at specific marginalised characteristics and identities. This is exemplified in the following quote from one disability adviser who challenged the logic of separating and labelling students:

> Then it goes along with the Athena Swan and Stonewall and all those, you know […] We shouldn't need to have all these different bits and pieces and this is like shove it back, shove it into a box. Yes, we met our Disabled Students' [Comittment]. Why can't I just be committed to all students? (DA1)

This in turn was seen as limiting discussions about teaching and learning where meeting the needs of students with marginalised identities are seen as mutually exclusive. As one dual-role practitioner commented, *"I strongly believe that the pedagogic practices that would support any marginalised student is likely to be quite similar"* (DA/SST1). According to Ball (2012), under regimes of performativity in higher education, the focus of activity is on productivity and achieving targets rather than on values and efforts. Arguably, it is easier to record progress made on increasing the inclusion and succes of marginalised groups (however that is defined) if those groups are idenitfied and tracked discretely. In a marketised system, quality is considered as being safeguarded through competition resulting in outcomes being favoured over processes (Brown and Carasso, 2013). Success is measured through the achievement of quality marks or benchmarked against comittments, and such success can be demonstrated to students or potential students. This could explain why student needs are being met, or at least outwardly attempted at being met, by focusing on indivudal characteristics rather than adapting to diversity. In other words, where there is a dilemma of difference (Norwich, 2002), the conditions of a marketised system favour the individual over the social model of disability.

5.1.3 Inclusive practice motivated by statutory compliance

Despite the tendency of their employing institutions to make vague comittments to inclusion or to pay less attention to disabled students in disucssions around inclusion, some informants recognised the role of statutory obligations in ensuring students' needs were met. However, as the following disability adviser observed, legal compliance as a motivator for addressing issues of teaching and learning could be seen not through a human rights or social justice lens, but through the lens of satisfying the student consumer:

> We have to still follow the Equality Act 2010 obviously, but […] it's not followed from a 'we care about our student.' It's followed in a 'the student paid 10K for this course, let's make sure that they have 25% extra time.' (DA3)

Another disability adviser challenged the notion that legal compliance leads to the development of inclusive teaching practices, pointing out that despite statutory requirements under the Equality Act 2010, many anticipatory adjustments are not implemented in the classroom.

> [A]nd the argument that, oh, it's because, you know, people take notice of disability because we've got to legally do it. That's rubbish. We're not doing it. (DA1)

This reflects the warning by Oliver and Barnes (2006) that legal rights may be a means to an end in achieving equality for disabled people, but they should not be considered the end in itself. They point out that even though the law has been enacted, it is not necessarily enforceable and that rights-based approaches, therefore, only 'promote the illusion of equality and inclusion' (Oliver and Barnes, 2006, no pagination).

5.1.4 Summary

Inclusive teaching and learning continues to develop slowly despite universities making outward commitments to inclusion. A tendency seen in the data, however, is that these commitments lack detail about how they translate into classroom practices, or are focused on protected characteristics and marginalised identities other than disability. In a marketised system that favours performative gestures over grappling with complexity and nuance, strategic commitments to inclusion and inclusive teaching and learning remain vague and activity is directed towards outcomes that can be easily measured and communicated to the student consumer. Disability as a characteristic may have fallen from prominence in discourse around inclusion in higher education, but the category of ‘disabled’ remains significant in a marketised system where income generation is crucial for survival.

5.2 The ‘disabled’ category as an allocator of scarce resources

5.2.1 The perverse financial incentive to record disability by impairment

> And we go and advertise ourselves and on tables around the university, we kind of do induction talks, and put ourselves on social media, we tell lecturers to tell students to come and see us. So we promote the service. So we try to encourage people to speak to us and get support that they need. (DA5)

The strong drive to encourage students to disclose a disability and register with disability services can at first appear unproblematic. It is perhaps entirely reasonable for practitioners to want students to access the support to which they are entitled under the current system in order to fulfil their academic and social potential. However, the quote presented above exemplifies a tendency that can be interpreted critically through the lens of marketisation. As Brown points out (2013), the major change to higher education funding in recent history is that the money universities receive for undergraduate teaching now comes through student fees and not central government. With the original cap of £9,000 per year fee for home undergraduate students in England proving insufficient (Borrett et al., 2023), forty percent of higher education providers (HEPs) are forecasting a financial deficit in 2024, according to the Office for Students (2024). There is, however, a limited amount of government support available for priority areas, with one such source of support being available through the Disabled Student Premium. The premium is allocated to HEIs by the Office for Students using a formula based on the numbers of undergraduate and postgraduate students registered as disabled, both those who are in receipt of the DSA and those who are not (Office for Students, 2022). As can be seen in the quote below, the financial incentive to register and categorise as many disabled students as possible can operate in conflict with inclusive ideals:

> I always heard talk about HESA returns and all of that, and […] within our department, it's like if you have met with the student, you know, you have to make sure you've set the disability code. You know, once we've got

> concern you've uploaded, do they have DSA? Yes or no. But more broadly, I don't really know, because then again, you know, like I've been saying to you before, I'm also then involved in conversations where it's like, well, students might not want to disclose and we shouldn't force them. (DA4)

Categories of impairment are stipulated and collected by the Higher Education Statistics Agency (HESA) to calculate the Disabled Students Premium and are based on a medical model of disability (Riddell, 1998). For Oliver (1986), the need to ascribe categories of disability to individuals based on diagnostic evidence is an indication of the medicalisation of disability that occurred as modern societies industrialised in an attempt to allocate goods and services. According to his analysis, access to the disability category continues to be restricted by the state, for example in determining eligibility for state-funded allowances such as the DSA. In line with the social model of disability he developed subsequently, Oliver (1986) sees the medicalised category as a form of oppression for people with impairments, a continuation of a personal tragedy view that individualises problems of disability and leaves underlying structural conditions unaddressed. The situation described by DA4 in the quote above is evidence of disability services being unable to resolve the tension created by attempting to adhere to the principles of the social model in a marketised system that restricts access to much-needed limited funds. This perverse incentive for disability services to record and categorise as many disabled students as possible is articulated in the data by a dual-role practitioner:

> So we definitely come with price tags. You know you're able to attach all sorts of widening participation money. So I think there's financial vested interest and then there is the attitude of those who are actually doing the work on the ground, who want to keep that sort of caring, sharing job. And I don't want them to all be out of a job. (DA/SST2)

There is a recognition here that under the current funding regime, disability support services and practitioners themselves may well be benefitting professionally from the creation of the disability category. In a truly accessible education system with no disabling barriers, the need to categorise students by impairment in order to calculate additional funds would be unnecessary. As one disability practitioner suggested, *"If it wasn't to do with money, the word disabled would disappear"* (DA7).

5.2.2 Investment in the physical rather environment as less problematic

Operating in a system where individual students are categorised in a medicalised sense as ‘having’ a disability rather than being disabled by their environment might explain why adopting a social model to teaching and learning contexts is challlenging. There is some evidence in the data that where the social model of disability is adopted less problematically on campuses is in relation to the physical environment. For example, one disability advisor observed:

> [E]veryone's talking about spending tens of thousands of pounds on improving the physical environment and we've got about 90 students who've got a physical impairment, mobility or wheelchair user. And then we've got 1700 other students who have other disabilities and trying to explain to the head of estates that we’d be much better off creating calm spaces. (DA1)

Another disability advisor mentioned lifts, hearing loops and ergonomic equipment as being available to all students without the need for evidence of a disability, but pointed out that additional time in an exam would not be possible without the student undertaking a needs assessment following the production of diagnostic evidence. The existence of legislation, as has been noted, is not enough to guarantee adherence to access requirements. This apparent willingness to adhere to a social model of disability in the physical environment but not in matters of pedagogy might indicate a particular issue with hidden disabilities. In a marketised higher education system where inclusion has been coopted by the performativity agenda (Koutsouris et al., 2022) it is perhaps easier to be *seen* to be proactively dismantling physically disabling barriers, than engaging with the complex and contested work of dismantling unseen pedagogical barriers.

5.2.3 Summary

More than two decades ago, Riddell (1998, p. 206) recognised the tendency of a marketised higher education system to assume that equity of access for marginalised groups can be achieved through ‘small manipulations of the funding regime’. This assumption appears to have continued with the Disabled Students Premium, eligibility for which is based on categorising individual students using medicalised criteria. The system incentivises universities to identify and record as many students with impairments as possible, irrespective of whether or not they are being disabled by their environment. It is also in direct tension with disability services' attempt to adhere to a social model of disability, one which does not require disclosure and the production of diagnostic evidence. Here again, the conditions of a marketised system are constraining the development of alternative models of supporting students with SpLDs. Once identified and recorded, students enter into a relationship with disability services that is not unaffected by the wider neoliberal system in which they operate, as the next section will now discuss.

5.3 Disabled student consumers' expectations of support

5.3.1 The importance of student satisfaction

In the data, there was clear evidence of the role of student expectation and student satisfaction in maintaining the current system of individualised disability based on reasonable adjustments for specific students and constraining the move to a social model of disability based on inclusive practices for all. The balance of satisfying the individual student consumer on the one hand and making decisions for the benefit of all students on the other is clearly a challenge for disability services. This ambivalence was summed up by one disability advisor:

> So I guess it's that balance trying to figure out how it's ensured, understood, students are happy and content and they are getting a good student experience, but generally thinking about all student experience and showing that everyone is getting a good sort of experience. (DA6)

The disability advisor in the quote above expressed concern that students should have a 'good experience', which equates to them being happy with the support offered. In a marketised system, where students are positioned as consumers of a commodity, there is an orientation toward student satisfaction or 'student experience' as a performative metric of success, sustained in part by student evaluations of teaching such as the National Student Survey (NSS) and Teaching Excellence Framework (TEF) (Thompson, 2019). As Arthur (2020) points out, these evaluations focus on the extent to which teaching has met student expectations rather than how teaching can be enhanced. Fulfilling student expectations in order to increase satisfaction then becomes the primary concern of universities, even though determining what academics must do to satisfy students may be based on false assumptions (Arthur, 2020).

5.3.2 Unrealistic expectations of support

Registering students as disabled, particularly where they have been actively encouraged to do so, may set up an expectation that ongoing support will follow. In the following extract from the data, one disability advisor expressed surprise that students with a specific learning difference (SpLD) often had this expectation:

> But there is sometimes […] quite a surprising expectation that students think once they're registered with us that we are there to check in on them. So yeah, I think sometimes there is an expectation that we will have a little more involvement with them than we actually will unless they proactively chase that. (DA4)

Once students with SpLDs have been identified and registered as disabled, the package of support they will be offered will generally be in the form of reasonable adjustments (Kendall, 2016; Kendall, 2018). The adjustments are most often generic rather than truly individual and many represent what could be classed as simply effective classroom practice, or inclusive teaching and learning (Beck, 2022; Healey et al., 2008; Kendall, 2016). The dilemma facing disability services in an attempted move away from the current system of individual reasonable adjustments is that the student consumer may not be all that satisfied with a perceived loss of support, or service, from the university.

5.3.3 Student push back for perceived loss of entitlements

The data identified a strong tendency across many informants that students would be unhappy about losing their reasonable adjustments if those ‘adjustments’ were to be offered to everyone as inclusive practice. This dilemma is articulated by one study skills tutor:

> But then we have got quite a lot of students who like to have something special, and to be something different. And that's important to them and

> their identity. So if they kind of get lumped back in the bucket with everyone else, they're not gonna be particularly happy with that experience either. (SST1)

There is an implicit reluctance to make decisions about disability support that will leave some students feeling unhappy, even if those decisions are considered to be in the best interests of all students, particularly those with SpLDs who may benefit greatly from inclusive classroom practices. In higher education, student satisfaction is valorised in a system that confers students with the status of ‘chooser’, underpinned by mechanisms such as the NSS, league tables, external accreditation and complaints procedures; therefore, universities are under pressure to be seen as ‘responsive to student desires, wants and needs’ (Nixon et al., 2018, p. 929). Student satisfaction, or the pursuit of it, guides pedagogic decisions where students’ reactions to teaching approaches must be considered (Nixon et al., 2018; Thiel, 2019). As Thiel (2019) points out, there has been a shift toward lecturers and the university having sole responsibility for students having a ‘positive experience’ rather than student satisfaction being considered multifaceted and influenced by factors such as personal financial constraints, class sizes or individual mental health and well-being. Evidence of this effect on pedagogical decisions can be seen in the following quote from a disability advisor:

> So we got endless complaints from students because a lot of academic schools decided to keep these inclusive by design exams where they'd all get 4 hours to allow for anything. The number of complaints we got from students: ‘Well, why do they get the extra? Why do they have the same time as me? Because I get extra time.’ And it's like, well, if it was a 2 hour exam and you get 25%, you'd have 2 1/2 hours. You've got 4 hours. What's the issue? […] and now pretty much all the schools are shifting back to timed exams because of the student complaints. And it's like, you've just done yourself out of an hour and a half. (DA4)

In this example provided, inclusive assessment design had negated the need for the extra time common to many students’ individual learning plans of agreed reasonable adjustments. Even though the four-hour timed release assessment format offered greater benefit to disabled students as well as everyone else, student dissatisfaction about having their ‘entitlement’ removed led to a return to less inclusive assessment pedagogy and less favourable assessment conditions for students with SpLDs. This demonstrates the challenge facing disability services in articulating the benefits of inclusivity by design when students seem more ‘focused on what other students have, rather than looking at what they actually need to address their own disability related needs’ (Haining, 2023, no pagination). In this sense, decisions around disability support for the student become a matter of getting value for money in a system where having a diagnostic label (often obtained at great expense) brings with it currency, which could nevertheless be devalued by the introduction of inclusive curriculum design (Haining, 2023).

This type of commodification is also evident in the data, for example in this quote by a study skills tutor:

> So there's an understanding about impact on mental health and mental wellbeing and those kind of things. So the one undergraduate course is given Wednesday afternoons off and a 10:00 o'clock start, and they have had student protest, formal student protests, that they're getting less value for money, less hours for their buck and they're not happy. (SST2)

Again, in this example of student pushback against decisions made in the name of inclusion, there is a lack of satisfaction from students in perceiving to be given ‘less’ by the institution, even if students are apparently benefitting from the changes. Although the example quoted above does not directly reference disabled students, it indicates a possible outcome of the commodification of higher education, where a degree is valued not for its transformational potential but for its exchange value in the labour market (Brown and Carasso, 2013). Disabled students in the current model of support expect, perhaps not unreasonably, something in return for registering with disability services. Any move away from that toward a reduction in individual reasonable adjustments inevitably causes some level of dissatisfaction, as demonstrated in the data. As one dual-role practitioner commented, *“I think that we would still have students that wanted their own unique list of adjustments and […] the reassurance of seeing those things written down”* (DA/SST3). Furthermore, the sector-wide standardised nature of the current model means that universities are unwilling to take a risk in moving away from the status quo, for fear of alienating the student consumer and losing out to competitors in the market place. This phenomenon was clearly articulated by one disability advisor:

> I think it's a standard and now it's what students are expecting, right? So even if they think it's shit support, they know what their support is. And I think that makes it easier for universities to sell that to students, because if a student was doing their undergrad degree at a university, […] which is actually properly following kind of the social model or you know the universal design of learning or whatever it's called, it's gonna be quite a surprise to them. And it might be difficult for them to kind of adapt to that change. (DA3)

In the quote above, there is the suggestion that universities shy away from implementing a truly radical social model of disability because of student expectations of a certain type of support and fears that students will not understand the changes. As Hansen and Mellon (2022) point out, complexity in all its forms is difficult to enact practically where students are customers. The authors argue that neoliberalism depoliticises forms of education, and so it can be seen here that the disabled student is sold an often poorly enacted individualised model of support rather than be faced with a radically different approach, which may or may not be readily understood and accepted.

5.3.4 Student complaints as necessary to force change

Further evidence of the powerful influence of the student consumer can be seen in several informants' assertions that student complaints are often what is needed to drive change or continue the status quo. As one disability advisor noted, the barometer of success in his service appears to be *"if no one's complaining, we're fine"* (DA3). One dual-role practitioner went further and suggested legal action brought by a student might be the only way to force a move toward genuinely inclusive teaching and learning, with disability services themselves having no influence:

> A court case. Something really big and public, and I mean, we pray for people to sue us in our team, which is an awful thing to say. Because I think that we just feel that we're banging our heads so often over the basics that what chance have we got to make inroads into the stuff that actually is meatier and does need dealing with. (DA/SST3)

The power of students was evident in the data, with some informants directly recognising the problematic nature of the consumer dynamic: *"Student as consumer, they get what they pay for, right?"* (DA 4). Whereas this generally meant that students themselves presented a barrier to the move toward a social model of disability, one disability advisor provided an example of where student voice can be harnessed to advocate for inclusive classroom practices that will benefit students with SpLDs:

> [Student-led neurodivergent group] have been discussing their experiences and what they have done is actually put together a letter that they are going to send out to all academics, encouraging them to do our inclusive teaching and learning workshop. (DA4)

This is perhaps evidence that meaningful engagement with students beyond their position as customers is essential for intellectual flourishing by grappling with complexity and nuance in higher education (Hansen and Mellon, 2022). In the context of this study, this includes the idea that changing disabling pedagogical practices in the classroom for everyone will ultimately be more beneficial to students with SpLDs than maintaining a bolt-on system of individual adjustments based on categories of impairment.

5.3.5 Summary

The student as consumer and the productive power of student expectation on pedagogies in higher education has been observed by many commentators and researchers over the last thirty years or more. What is evident in the data of this study, is that student expectation and (dis)satisfaction, or at least the spectre of the powerful consumer, has a constraining effect on universities' attempts at adopting a social model of disability. This is not to say that students themselves are to blame or are at fault; it is a consequence of marketisation (Nixon et al., 2018; Thiel, 2019). Nevertheless, the relationship between the disabled student and disability services does not escape the dynamic created by the underlying conditions and logic of a marketised system.

5.4 Conclusion

This chapter has demonstrated that the underlying marketised conditions of higher education in which disability services and practitioners operate affects HEIs' outward commitments to inclusion, the status of the disabled category and the relationship disabled students have to disability practitioners and the wider institution. The effects of marketisation on many aspects of higher education have been well-documented over the past thirty years or more; however, the data presented here demonstrates for the first time the constraining effects of the market on the ability of universities to adopt an approach to disability informed by a social rather than individual model. Disability services are constrained in their ability to change practices for supporting students with SpLDs in a system which makes performative gestures to inclusion while at the same time generating much-needed income from identifying and categorising individual students by impairment. The satisfaction, perceived or otherwise, of the student consumer is sought to the extent that pedagogical innovations are curtailed in the face of complaints from students interested in receiving their entitlements. The underlying tensions between a system based on the needs and expectations of the individual on one hand and an understanding of disabled people as an oppressed class on the other are unresolved.

If this chapter has outlined conditions in the real domain of underlying structures, the next focuses on events in the actual domain of events. At this level of a laminated system, the actual practices of disability services are evident and provide the basis for an explanation as to why there has been a slow move to a social model of disability in English universities. The analysis will build on an understanding, outlined here, of the unresolvable tensions present in the real domain created by the conditions and logic of marketisation.

Chapter 6: Models of Disability and Support

This chapter builds on the evidence outlined in the Chapter 5, which demonstrated that the underlying conditions of a marketised higher education system creates unresolvable tensions when attempting to implement inclusive teaching and learning based on a social model of disability. Disability services preside over a model of disability support that exists in the actual domain, the level of events that are real even though individual actors (or informants) do not necessarily experience them, such as reasonable adjustments not being applied by lecturers. This chapter identifies how the current system of disability support constrains the development of other ways of supporting disabled students aligned to a social model of disability. It demonstrates this by applying and refining the initial explanatory framework developed in Chapter 3, which focused on the development of current models of support for students with specific learning differences (SpLDs) in English universities.

In Chapter 3, it was argued that the current system of support is largely inherited from the Disabled Student Allowance (DSA) model of the 1980s and underpinned by an understanding of disability that is individualised and medicalised, with a 'diagnosis' of SpLD automatically leading to support rather than considering the severity of impairment (Ryder and Norwich, 2018). Support is then 'packaged' in terms of assistive technology (AT) and non-medical help (NMH), the outsourcing of which creates additional barriers for the development of inclusive practices that could benefit students (Beck, 2021; Kirby et al., 2008). In addition to DSA-funded support, students are routinely offered reasonable adjustments in the form of learning agreements or similar, limitations with which have been well documented (Beck, 2022; Healey et al., 2008). Growing numbers of students being registered as disabled mean that Disability Advisers are dealing with ever-growing caseloads, far in excess of the 200 initially suggested (Borkin, 2023; HEFCE, 1999) meaning they are unable to spend time supporting the development of inclusive practice. Slow sector-wide progress toward a social model of disability is generally understood as a lack of buy-in at senior level, the inability or reluctance of academics to adopt inclusive classroom approaches, institutional cultures and poor communication between services on campus. What is not widely discussed in the extant literature is the role of disability services and existing support models themselves in constraining the development of inclusive teaching and learning.

The remainder of this chapter is organised under four clusters identified in the empirical data during the second stage of analysis: models of disability; DSA as a constraint; reasonable adjustments; and tensions in service priorities. Relevant literature around current disability support practices from Chapter 3 and models of disability in Chapter 2 is drawn on in here an attempt to explain the tendencies observed in the data.

6.1 Models of disability

6.1.1 Medical model perpetuated despite commitment to social model

The literature surrounding models of disability support in higher education would seem to suggest that the sector in general is committed to the move toward a social model and fully inclusive learning and teaching, or universal design for learning (Borkin, 2023; DSSLG, 2017; Office for Students, 2019; Wilson and Martin, 2017). Indeed, calls for inclusive curriculum and assessment design are central to the recent Disabled Student Commitment (DSC, 2023b). However, the data in this study uncovers a tendency for disability services to adhere to a combination of models in practice, including medical, despite official claims to follow a social model of disability.

Although one disability adviser was unsure about models of disability, stating *"I probably have one and we probably all adhere to it"* (DA2), the rest of the informants displayed a range of views on and commitment to the social model of disability. Overwhelmingly, data indicated that although most services claimed to operate a social model of disability, they did in fact perpetuate a medical model in practice. This phenomenon was more or less troubling for informants depending on their own view. However, the situation across different institutions could be summed up by this comment by a disability adviser: *"[W]e follow social because it looks good to say we follow the social one, but in reality we don't actually follow it 'cause we just follow the medical"* (DA3). This inconsistency in the theoretical commitments and actual practices of disability services was articulated throughout the data, as exemplified in the quotes below:

> I don't even know what our policy says, but we mention on our website that we operate under a social model of disability. No we don't because we require evidence that somebody's got a disability before we do anything to support them. (DA/SST3)

> If you look at our adverts for [disability adviser] or if you look at the role, it says it highlights a social model of disability. I don't think that's how we work and I think it's really interesting that's how it was advertised, but we ask for evidence and [operate] the kind of standard medical model. (DA7)

It is clear in the evidence presented by DA/SST3 and DA7 quoted above that the social model of disability has become the orthodox position of the sector, with disability services proclaiming their adherence to the model via websites and recruitment processes. However, this outward-facing proclamation is at odds with internal practices. This continuing practical commitment to 'bolt on' or additional models of support for SpLDs requiring diagnostic evidence has also been noted in research by Dobson (2019).

6.1.2 Internal practices constrained by external factors

Comments by several informants hint at certain constraints not within the control of disability services themselves, which could be impeding attempts at aligning the outward commitment to the social model with internal practices. For example, one disability adviser pointed out that the protected characteristic of 'disabled' and therefore disability itself, relies on a medicalised process of identification:

> [D]isability only exists because of the medical model and the medical model protects the status of someone who's got a disability. But the social model is the one that's the dominant discourse around being adjusted for. (DA5)

The original architects of the British social model had no issue with recognising physical and mental impairments, but insisted that disability was a category of oppression and that instead, people with impairments should be accepted and free to decide on their own solutions (Barnes, 1999; Oliver, 1986). The Equality Act 2010 on the other hand defines disability as something which is innate to a person and conflates having long-term physical or mental impairments with *having* a disability. This locates disability within the individual rather than in the way society is organised and aligns with a medical model (Cameron et al., 2019). Disability services are bound by the Equality Act 2010 and as the informant DA5 quoted above suggests, this becomes the dominant legislative tool with which to identify students who have *"got a disability". Having* a disability is antithetical to the social model and so tensions are created where disability services are using an individualised understanding of disability to identify students eligible for support, alongside claiming to operate a social model of disability. This use of a medical model essentially acts as a gatekeeper to determine who qualifies for additional support and scarce resources (Koon, 2022; Ong-Dean, 2005) but there are other constraints faced by disability services. The quote from a dual-role practitioner below demonstrates how external agencies and Professional, Statutory and Regulatory Bodies (PSRBs) impose their own expectations:

> So we've got tensions… It's because of the exam accreditation; we have to have that as evidence for us to work with those students. But it's the language around that and the model that we have a little bit of a tension between what we're aiming for and where we are as far as those exam things are going on. (DA/SST4)

When degree courses rely on accreditation from PSRBs, the bodies themselves are influential in determining the approach taken to curriculum and assessment design, and in identifying what adjustments can be made and for whom. Beyond calls for PSRBs to consider 'appropriate flexibility in teaching, learning and assessment' (DSC, 2023b, p. 11), there is little else the sector can do to impose a model of disability onto often powerful external bodies. For many bodies, particularly health-related, the prevailing model of disability referred to will be an extended medical model such as the British Psychological Society (BPS) or International Classification of Functioning, Disability and Health (ICF) (Wade and Halligan, 2017; WHO, 2022), which have been criticised for perpetuating a personal tragedy narrative (Petasis, 2019; Shakespeare et al., 2017). As can be seen from DA/SST4 quoted above, this creates a tension between the genuine aim of institutional disability services to follow a social model and the practical realities of having to support students in successfully completing their courses of study, questioning the practical application of the social model.

Several informants went further and questioned whether a social model of disability based on inclusive teaching and learning was achievable or even desirable. The quote below from one study skills tutor exemplifies these concerns:

> So I think they're interesting conversations, but for me the pragmatic impact would be a lot of the students might drop out. So if we could fantasise about an inclusive institution, right, and take each other by the hand and walk through that inclusive institution. Do we really believe that that would mean people don't need any extra help? And the challenge for the person teaching: one of my dyslexia tutors said that if she had an ADHD person standing next to her, flicking a pencil where she was trying to listen to what was going on, she'd get violent and want to hit them. So what do you do as a lecturer standing in conflicting, contrasting needs in the space? No one seems to even be looking at that question. You know you can be as inclusive as you want, but what do we do with that? How do we pragmatically do that? (SST2)

The quote above from SST2 is evidence of the dilemma of difference described by Norwich (2002; 2008). If the needs of the individual are not identified and adjusted for, there is a risk to the quality and opportunity of education for individual students; however, if individual needs are identified then students may face stigmatisation and rejection. This is further evidence of the complexity and nuance of debates around inclusion that are not represented in calls for the sector to move to an inclusive approach to students with SpLDs. While these tensions and dilemmas exist, it is not surprising then that according to the Office for Students (OfS, 2019) the move to a social model of disability remains aspirational.

6.1.3 Aspirational model not representative of support in practice

Since the reforms of 2016/17, the sector has outwardly supported calls to adopt a social model of disability based on inclusive practice as a foundation of meeting the needs of most students. The much reproduced 'rebalanced' model pyramid or triangle (Figure 6.1 below), attributed to a former chair of the National Association of Disability

Practitioners (Shillcock, 2016), represents the stated aspirations of the sector, with fewer students accessing increasingly individualised support.

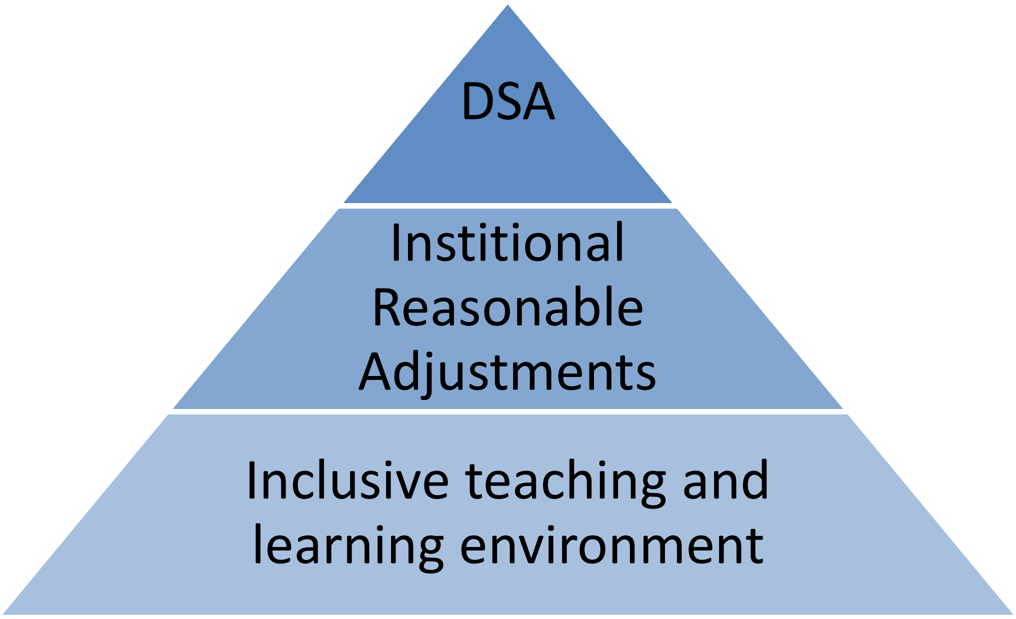

Figure 6.1: Model of rebalanced approach to supporting disabled students based on Shillcock (2016)

However, as one disability adviser pointed out, its premises are faulty:

> … the triangle’s stupid. It's the whole triangle for all three categories because everybod[ies]… having all of them. Like, students who've got a condition [like] dyslexia, they're all gonna go for DSA. So that's our fees. Students already on DSA, that's not a small bit of triangle. (DA 5)

This comment by DA 5 identifies the fact that, despite initial government intentions to remove entitlement to DSA for all but the most complex cases of SpLDs (Willetts, 2014), the severity and impact of SpLDs are not considered when making diagnostic decisions that will lead to DSA (Ryder and Norwich, 2018). In reality then, any student with diagnostic evidence of an SpLD will have access to DSA-funded specialist support regardless of whether or not their needs are already being met in the learning environment or with reasonable adjustments. Therefore, the very existence of the external government scheme in its current form prevents the rebalanced model, as conceived in Shillcock’s pyramid, from being implemented by disability services in English universities.

6.1.4 Summary

While disability services in English universities claim to operate under a social model of disability, in practice they do not. Theoretical commitments to the principles of the social model are constrained from being enacted by the need to identify students by impairment, usually by requiring diagnostic evidence. Practices are therefore informed by an understanding that students' impairments are disabling rather than the learning environment itself. This individualised, medical model of disability may also be enforced by the need to satisfy external stakeholders such as PSRBs, who may be operating under prevailing models such as the biopsychosocial (BPS). The much touted pyramid, graded approach to disability support, with an inclusive learning environment as a foundation, is not possible when the DSA is available to all students with SpLDs who meet the diagnostic criteria. The specific ways in which the DSA itself acts as a barrier to the development of inclusive approaches to disability support was evident in the data, and it is this tendency to which the discussion will now turn.

6.2 DSA as a constraint

In the recent literature surrounding disability support, the DSA is not generally considered as problematic per se and is instead commented on mainly in terms of the need to reform its often cumbersome processes (Holmes, 2022; Wilson and Martin, 2017). When Avramidis and Skidmore (2004) suggested twenty years ago that the DSA funding system itself created a barrier to a more inclusive approach to learning support, they were roundly rebutted and criticised on the basis of faulty methodology (Wright, 2005). However, the data from the current study supports the contention that rather than merely being a benign and vital source of support, the DSA itself has a constraining effect on the move to an inclusive approach to meeting the needs of students with SpLDs.

6.2.1 Ambivalence towards the DSA

For the informants who directly referenced the DSA, most had what could be described as an ambivalent view of the scheme at best. There was a tendency in the data for DSA-funded support to be considered beneficial for disabled students, but that it nonetheless perpetuated an individual, medicalised, or deficit view of disability that was seen as being in contradiction to the stated aims of inclusion and inclusive practices. This ambivalence was articulated by one dual-role practitioner:

> Well, the disabled students allowance brings support for students that the university wouldn't be able to provide, and the student can't afford for themselves. […] But what it does do is continue that negative model. So I don't know how to resolve that to make sure that the students get the support that they need, unless it was all done at university level. (DA/SST4)

There is clearly a suggestion here by DA/SST4 that the university itself could not, or would not, fund the type of support provided by the DSA. In the case of students with SpLDs, this support is NMH in the form of one-to-one specialist study skills tuition and AT in the form of software such as notemaking and text-to-speech. The *“negative model”* DA/SST4 references is the implication that the individual student has a deficit in the skills necessary for university study, and that the solution lies within supporting the individual to change (Graham-Matheson, 2012). The inferred alternative is an affirmative model, closely aligned to the social model, which implies that the pedagogical environment in which the student finds themselves should adapt to meet the needs of a diverse student population (Hockings, 2010). The tailored, one-to-one tuition provided by the DSA has obvious benefits students identified as having SpLDs, as it might for any student (Mortimore and Crozier, 2006; Pollak, 2012); however, there is a clear tendency in the data identifying the DSA as an approach to supporting students with SpLDs that is not aligned to inclusive approaches.

> I think DSA is a brilliant thing, but there are caveats to that, and also I don't think it will age well if universities... when I hope universities move towards a more inclusive practice. It will age badly. (DA7)

For DA7 quoted above, there is no place for the DSA in an inclusive university because it represents an outdated model of support that has not aged well. When it was first conceived in the 1980s to help students with physical and sensory impairments access higher education, the DSA model was designed to fund additional specialist equipment and travel costs incurred by disabled students (National Network of Assessment Centres, 2014; Wilson and Martin, 2017). These were expensive provisions that could not reasonably be provided for in the classroom at the time. The world has since moved on, not least with advances in digital technology, but the DSA model has remained unchanged (Willetts, 2014). The monolithic nature of the DSA can be seen to stifle progress towards more equitable solutions for the benefit of all students, as suggested by one disability adviser who pointed out that, *"There's no driver to create site licenses because everyone in the world's gonna have an individual license"* (DA1). This comment hints at the role suppliers play in maintaining an individualised model of support, whether or not it is beneficial to most students, with or without SpLDs. As this longer quote from a study skills tutor articulates, the model of support dictated by the DSA is not always appropriate for the students who apply for the funding and dictates the way disability services can offer support:

> It's the DSA funding and the way that it's set up because it's based on an individual and that individual has money on their head. So [student A] comes to university; [student A] brings with her this support package we manage. We basically spend through this money, but that's for [student A]. It's not for the course. It's not for all of those colleagues, and so that model, because that's linked to an individual, it's the focus. Rather than looking at yes, I want to really help [student A], but I also want to at the same time help all her colleagues as well. So there's an awful lot of students [who] do not need 34 hours [tuition] a year, for three years of one-to-one customised support. Some of them do. For an awful lot of them that's not the most appropriate package, but that's what we get. (SST1)

The study skills tutor quoted above emphasised the individualised nature of the DSA-funded support along with the lack of flexibility and appropriateness of the 'package', which was not necessarily designed to benefit the student. There was a tendency across the data for the DSA to be seen as benefitting the various suppliers involved, namely needs assessment centres, providers of AT software and training, and providers of NMH study skills tuition. This was often at odds with the needs of students and to the detriment of reducing or eradicating disabling barriers to inclusion, making the whole system unfit for purpose. As one dual-role practitioner pointed out, that if only the DSA worked as it should *"and people didn't see it as a money making opportunity, then I think that it would be fit for purpose"* (DA/SST3). She went further in her critique:

> I would imagine the government are making money off the DSA through their tendering processes. And how does it cost us £300 for a needs assessment, but someone in London pays £700, that same bit paper? And you know the recommendations of all the software and hardware. I have no evidence of this, but I am sure there are some nice incentives for certain bits of software to be approved over competitors' software. (DA/SST3)

There is evidence that the software packages recommended from the list of Student Finance England (SFE)-approved providers are often inappropriate for the individual students' context or sufficient training is not provided (Kirby et al., 2008). In an age of freely available mobile technologies and in-built inclusivity features of Google and Microsoft applications, there is also evidence that disabled students prefer to use these instead of traditional assistive technologies to support their study skills (Hayhoe et al., 2015). As one dual-role practitioner questioned, if Microsoft can do 99.99% of what a student needs, *"why are we still giving people Dragon[2]?"* (DA/SST2). Money currently being spent on funding AT for students who may not use it could perhaps be better spent on site licences to embed applications into existing university systems, therefore benefitting all students and not just those meeting the diagnostic threshold for support. As per the previous comment from one disability adviser however, the existence of an individual route to provision removes the motivation for this more inclusive route to be funded by universities.

6.2.2 Outsourcing NMH impedes inclusion

While most informants were not as bold in their criticism of the DSA, several commented on the frustrations of working with providers of outsourced NMH as opposed to in-house teams. Increasing numbers of universities have outsourced their special study skills provision in recent year (Williams et al., 2019) meaning that the knowledge and expertise of those professionals cannot be harnessed to improve institutional practices (Beck, 2021). As evidence in the data indicates, this move to

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[2] Dragon is a speech recognition software for dictation and transcription included on the list of products approved by SFE for DSA-funded AT and commonly recommended by Needs Assessors to students with SpLD/dyslexia

outsourcing disability support also results in a lack of communication, which ultimately does not benefit the student. One disability adviser commented:

> [W]e lack that communication because it's external, because we're not on that level with [the supplier] to know them enough to be like, how did it go with so and so? Do you want me to make an amendment to the adjustments with the student? So we do lack that communication, which if you look at it from a view of a workplace, is not very connected. (DA3)

The original stated impetus for the DSA reforms of 2016/17 was to modernise the scheme and achieve 'value for money' (Willetts, 2014), an aim that was reiterated by Lord Holmes's (2022) report. The outsourcing of NMH provision and inclination for funding bodies to choose the lowest quote (Fletcher and Bilson, 2020) may lead to cheaper support for students, but the use of external suppliers is by definition antithetical to the development of inclusive practice within institutions as can be seen in the data. Along with an inability to communicate with suppliers effectively in order to review student needs, the non-take up of support by students is not always communicated to disability services. Where it is communicated, one disability adviser suggested there is an expectation that disability services will act as an intermediary between the student and external supplier of NMH:

> [T]he places that their support is given to and the relationships we have with those suppliers, all those things just mean it's harder for us to kind of check in and help support students get what they're entitled to. And a lot of them, you will find out are not accessing their one-to-one 'cause Randstad, Clear Links, mainly Clear Links, are bothering to get in touch with us now saying no we've tried to get in touch with the student for a month, we've had no replies. (DA/SST3)

This lack of a joined up approach to provision leads to an increase in the administrative burden of the DSA, which was commented on by several informants.

6.2.3 Administrative burden and the creation of a support need

It is widely known that the DSA has become complex and unwieldy to administrate with a proliferation of assessment centres and providers (Holmes, 2022). Recent government attempts to streamline the DSA has led to the creation of two geographical areas of administration in which all needs assessment and AT provision and training will be undertaken. Contracts have been awarded to Capita and Study Tech Ltd for three years initially and an additional two years based on ‘performance’ (Student Loans Company, 2023). There was a clear tendency in the data for the DSA processes to be considered burdensome and for SFE to be unresponsive to suggestions on how to make them more inclusive for students:

> I was involved in the actual stakeholder group discussions with the DSA for years. I rewrote the DSA 2 letter to try and show them how it would be useful to have a communication letter that actually made sense to their student group. They just don't take any notice. I mean, I'll sit with students who cry when they have to [fill in] the DSA application form. (SST 2)

The data shows evidence of the DSA creating a support need in itself, with much of the job of a disability adviser being dominated by liaising with various bodies on behalf of the student. As one disability advisor pointed out, *“If you're going to apply for your core funding through DSA, that's you being wrapped up in paperwork keeping the DSA”* (DA5). While the funding is available, disability services will continue to spend significant amounts of time ensuring students access the entitlement. As demonstrated in the previous chapter, the perverse incentive of the DSA exists as long as funding is attached to individuals, leading to more time spent on maintaining a system based on a medicalised, deficit model of disability.

6.2.4 DSA unfit for purpose in current form

Disability advisers were not confident that the recent reforms would lead to better outcomes for disability services or students, and were suspicious particularly of Capita’s track record. One disability adviser commented that, *“it's moving towards the way PIP [Personal Independence Payment] is run and I know that that's even more of an administrative burden”* (DA7), with another dual-role practitioner concluding that DSA will *“become even more problematic than it is currently”* (DA/SST3). What is evident is that reform is not sufficient to reduce the burden of administering the DSA for individual students and that radical steps may be needed to move to a more inclusive model. While most of the informants were ambivalent, several were convinced that a complete dismantling of the DSA is required: *“I suppose the main thing that would happen to force a change would be [if the] DSA disappears”* (SST1).

One disability adviser predicted that recent changes would herald the end of the DSA altogether, and that this would allow institutions to determine how best to deploy resources for the development of inclusive teaching and learning:

> I expect that to go horribly wrong [assessment centre changes] and for the DSA to fold and for them to just say everybody bring it in house and some of that might be a blessing and it might put staff on [substantive] contracts. It might enable some support workers [to have some] capacity to work with the library to make resources that help students get better skills, and it just might widen that a little bit. (DA/SST3)

6.2.5 Summary

The DSA undoubtedly provides valuable one-to-one support for students with SpLDs but in doing so perpetuates a deficit view of disability, whereby individuals are supported to integrate into existing pedagogical regimes. Individual students are provided with a ‘package’ of AT and specialist study skills tuition which they may or may not access, and which their institutional disability service may have no control over. Disability services have no autonomy or flexibility in how the DSA-funded support is delivered and universities are not motivated to provide elements of the support for all students because of the availability of the DSA-funded route for individuals. This means that many other students who are not eligible for the DSA, but would otherwise benefit from specific AT or an amount of specialist tuition, have no access to the provision. Recent reforms of the DSA have not delivered the necessary change to the scheme; therefore, more radical steps may have to be taken in order for disability services to pursue more inclusive approaches that would benefit not only some students with an SpLD diagnosis, but all students with similar impairments.

6.3 Reasonable Adjustments

Not all students with SpLDs will apply for the DSA, but as has been demonstrated in the Chapter 5, disability services are motivated to identify and register as many disabled students as possible. Once a student has been identified, registered and categorised as having an SpLD, disability services in English universities will almost certainly agree with the student a range of individual ‘reasonable adjustments’ (RAs) and record them in a learning plan which is then shared with course teams to be implemented in teaching contexts (Lukianova and Fell, 2016). Ostensibly, this process is to ensure that disabled students are not being disadvantaged as a result of their impairments in line with the duties enshrined in the Equality Act 2010. However, as the data from this study demonstrates, RAs are not generally specific to the individual and are instead used as a way of enforcing what should be standard good practice in teaching and learning. Furthermore, disability practitioners know that this system does not work, but confusion over statutory obligations and unresolvable tensions maintain the status quo.

6.3.1 Individual RAs as simply generic good practice

There was a general recognition in the data that the reasonable adjustments most often suggested and recorded for students with SpLDs would in fact benefit most students, disabled or otherwise. Many informants mentioned lecture recording, materials being provided in advance and the provision of rest breaks in long lectures; however, the disability adviser quoted below provided a comprehensive list of adjustments that she considered to be simply good teaching:

> I would say at least two thirds of what's on our generic list, especially for SpLDs, is just decent teaching […] So that's one-to-one time with each tutor, directed reading list […] extension flexibility, access to lecture capture, sending materials in advance, feedback, consideration and then permission to record and […] written instructions […] all those things I would say are pretty much standard adjustments. It's nothing too onerous to deliver on. (DA/SST3)

Another disability adviser concluded that *"some things that are in our support plans are, in my opinion, considered to be more inclusive and just the job [of a lecturer]"* (DA6). This position is supported in the literature, with many of the adjustments listed above not only considered beneficial for students with SpLDs but also good practice for effective classroom instruction for all students (Grace and Gravestock, 2009; MacCullagh et al., 2017; Mortimore and Crozier, 2006; Pino and Mortari, 2014). There is also a recognition that the adjustments agreed for students with SpLDs to be generic in nature and therefore not truly individual to the student, a finding reflected in previous research (Beck, 2022; Healey et al., 2008; Kendall, 2016). Some informants even questioned the whole point of producing learning plans in the first place, with one disability adviser commenting, *"if we got rid of them, I don't really know whether it would make any difference"* (DA4).

6.3.2 Using individual RAs to enforce standard inclusive practices

Evidence in the data indicated that the primary use of learning plans is in fact to act as an insurance policy, so that if institutionally-recommended inclusive principles are not adhered to by lecturers, disability advisers can refer to individual students' learning plans in an attempt to enforce compliance.

> I mean, the reason that we have lecture slides in advance on the [support plan], the way we sort of sell it to the students is [lecturers] should be doing it as best practice. But what that means is if we put that on there and they're not doing it, the student can come to us and we then follow it up. So yeah, absolutely from that point of view that's a compliance thing. (DA4)

As implied by the disability adviser quoted above, recording standard practices as individual reasonable adjustments is a way of guaranteeing the continuation of the practice. This results in learning plans largely being records of teaching practices that *"don't necessarily need to be put on"* (DA2) rather than the individual, context-specific adjustments implied by the Equality Act 2010 (Cameron et al., 2019). Under section 20 of the Equality Act 2010, universities have a statutory duty to anticipate and mitigate practices that are disadvantageous to disabled students, whether they have disclosed that disability or not. Cameron et al. (2019) make a distinction between these anticipatory adjustments, which can be made as part of inclusive learning design, and responsive adjustments, which can only be made once individual student needs are known. The evidence in the data suggests that learning agreements that should be based on responsive adjustments are largely a record of the generic anticipatory adjustments, which should already have been implemented by the lecturer for all students.

6.3.3 Continued use of RAs to address lack of inclusive teaching

The continued use of issuing reasonable adjustments resulting from a lack of inclusive teaching and learning by course teams was identified by several informants. One dual role practitioner noted that the adjustments being requested were *"pretty basic"* and she had concerns about the quality of teaching, questioning *"If giving somebody the*

PowerPoint a day in advance is not possible, when are you writing this teaching material?" (DA/SST3). There was general recognition by informants that there would be no need for the current system of reasonable adjustments for most students with SpLDs if teaching was inclusive by design. As one study skills tutor commented:

> …if the courses were fully inclusive, they would not need to be registering as disabled to be able to [access the learning]. They wouldn't need reasonable adjustments. It would all happen because the teaching staff would all be so up on inclusive practice, or their teaching methods would cater for the vast majority of students. (SST1)

There was a strong sense in the data that disability services were trapped by the current model where there is a tension between ensuring individual students' SpLD-related needs are being met through the issuing of learning plans, and being free to develop more inclusive ways of meeting the needs of a diverse student population. One study skills tutor and a disability adviser both used the phrase "Catch 22" to describe this situation: a paradox where one cannot spend time developing inclusive practice if students require individual learning plans, but one cannot remove the individual leaning plans because the practice is not inclusive enough to reasonably meet their needs. This is exemplified in the quote below from a disability adviser:

> We will probably be more focused on what students with disabilities would require, but we'll also always have in the back of our heads that we will need to consider to try to work towards being inclusive. So sometimes it feels like a Catch 22 because you want to do that, but then we have to think about resources and we have to get the buy-in from everyone. (DA6)

From a disability service perspective, a lack of buy-in at a senior level across the university has been identified as a barrier developing inclusive approaches to supporting students with SpLDs (Martin et al., 2019; Newman and Conway, 2017). Moreover, there is a fear that recommended, yet non-mandatory, inclusive practices are not implemented by lecturers, resulting in only a minor reduction in the need for individual reasonable adjustments (Omissi, 2020). For the majority of informants, there was frustration at the current individualised system of support and time spent issuing learning plans that may or may not be implemented by course teams.

6.3.4 Failure of the current system to address most students' needs

The evidence in the data indicated that the current system simply does not work for all but a few students identified as having an SpLD and that a more radical change in approach is required. The dual-role practitioner quoted below pointed out that the current system relies on identification by category of impairment and that this means many other students with similar needs are being left unsupported:

> I think we're a really, really good service for our individual student facing work, but what about all the students who don't tell us that they're disabled? What about all the students who don't know they're disabled? And for me, it becomes a question of ethics and social justice. I want to affect change and truly believe that [inclusive practice] is the most powerful tool we have. (DA/SST1)

This commitment to inclusive practice as a way of meeting student learning needs and fulfilling the Equality Act's s20 anticipatory duty is supported in a paper by Cameron et al. (2019). The authors of the paper point out that in order to qualify as 'disabled' under the act, a student's impairments would need to have a substantial adverse effect on day to day life. Arguably, many students with mild or even moderate dyslexic profiles may not qualify, whereas students with no formal diagnosis may well be impaired to a greater degree. Applying generic reasonable adjustments on the basis of someone's category of impairment may not be necessary for statutory compliance. Furthermore, in large universities it is almost certainly easier to implement policies and practices that are 'attentive to the needs of disabled students' suggested by the anticipatory duty than to attempt to meet the responsive obligation for individuals (Cameron et al., 2019, p. 226). The plight of international students, who are not eligible for the DSA, was also identified by one disability adviser as a case in point:

> And so it's easier for us as a disability advice team to take that money and lump it and throw support at students. It's on an individual level, but we've just done an exercise where we worked at how much it costs to support an international student who has a specific learning difference with all the tech and the human support and everything else that goes with this. And it's tens of thousands and we've got 200 of them […] Let's work out how we could use that money better. (DA1)

The disability adviser quoted here makes a purely business case and points out that attempting to replicate the individual model of support for international students makes no financial sense. This evidence identifies that decoupling funding and support from the individual would free disability services to make decisions that are in the best interests of students and would make more financial sense to the institution. However, as has already been demonstrated, in a marketised system, funding is based on individual student numbers and their profile, therefore constraining disability services' ability to reconfigure support models to adhere more closely to a social model of disability.

6.3.5 The challenge of an anticipatory approach

A couple of informants, both study skills tutors, saw a radical change of emphasis as necessary, one which placed greater onus on supporting students with SpLDs to develop and enhance skills rather than focusing on adjusting the teaching for what the students cannot do. However, several more voiced concerns about removing the current system altogether and recognised the challenges constraining disability services in moving away from focusing on individual reasonable adjustments:

> A load of those students I don't think they need all [the standard adjustments] but how am I gonna identify which ones do and which ones don't? … Interesting. Really difficult. (SST1)

The study skills tutor quote above puts voice to the concern that if the standard learning plans currently issued to students with SpLDs were to disappear in favour of an inclusive, anticipatory approach, some students with more complex needs would be missed. As Cameron et al. (2019) suggest, it is perhaps unreasonable to expect universities in a massified higher education system to provide individual, responsive adjustments and instead they should focus on anticipatory inclusive practice as a way of addressing fulfilling statutory obligations. However, as one disability adviser points out, for disability services *"There's a fine balance between providing these supports, as a disability standard towards those type of students, and then the larger population"* (DA6).

6.3.6 Summary

The standard sector-wide practice of issuing learning plans of reasonable adjustments (RAs) to any students with diagnostic evidence of an SpLDs is problematic in several ways. In general, they are not genuinely individual and tend to be based on standard adjustments common across the sector, many of which would be considered effective classroom practice and beneficial for all students. Disability services find themselves maintaining the current system of issuing individual RAs, or learning plans, as a way of ensuring lecturers implement what should be standard inclusive teaching and learning. The use of RAs as a way of complying with the Equality Act may not in fact be necessary for all students with an SpLD where the practice is based on category of impairment rather than severity of need. However, once registered as disabled according to diagnostic category, RAs appear to be issued as standard practice. Ultimately, disability services are labouring under a current system that may not be necessary or beneficial to most students with SpLDs when more time could be spent on developing the type of teaching and learning practices that could meet the needs of students with or without a diagnosis.

6.4 Service priority tensions

The previous section identified the problem with the current system of issuing individual reasonable adjustments. Disability services are caught in a system where they must continue this current individualised practice based on category of impairment knowing that developing inclusive teaching and learning would reduce the need to issue RAs to students with SpLDs. This tendency is also expressed in the tension that exists in the role and remit of disability services in general and of disability advisers specifically, between individual student casework and wider developmental work on campus.

6.4.1 Service focus on the needs of individual students

For the majority of informants, the primary role of their disability service on campus was focused on individual casework with students who meet the definition of disabled under the Equality Act. Commonly mentioned activities were providing *"advice and guidance to students",* agreeing adjustments and issuing learning support plans and exam access arrangements, and screening for SpLDs. Only around a third of the sample described their service as having a wider function alongside the individual casework around developing inclusive practice, despite all but one of the informants expressing the expertise and/or desire to contribute to the development of teaching and learning (more will be discussed on this point specifically in the next chapter). One dual-role practitioner described the purpose of her service in the following terms:

> It's kind of a discrete service and I guess the function of the team is student facing: putting in place reasonable adjustments, casework with students. But additionally, we do have a role in being consultants and providing guidance about inclusive teaching and learning across the university. (DA/SST 1)

The comments by DA/SST 1 and others demonstrate that where disability services are involved in wider development work on campus, this is often as an add-on to the main job of individual casework with registered students. In the data, there was a strong sense that on balance, wider development work was not prioritised by disability services even when it formed part of a practitioner's role. As one study skills tutor explained, *"I think it's in my job description that I will contribute to the school's knowledge if you like, but it's up to me about how much that might be"* (SST2). Even though many informants felt that wider work on inclusive practices across the institution should be an important part of their role, they commented that it made up a small part of their day-to-day work when *"90% of what I'm doing day to day is just handling student inquiries and meeting students to try and sort things out"* (DA/SST3).

6.4.2 Lack of resources for wider developmental work

Implied by the majority of informants was a lack of financial resources made available for the wider developmental aspect of their role and the service, with many recognising the need for investment in developing the pedagogical expertise of lecturers. As one informant commented, *"You need so much more resources to be inclusive, and I think that's one of the biggest obstacles"* (DA6). Much of the literature around identifying barriers to the development of inclusive teaching and learning highlights the need for training and development for academics (Barkas et al., 2022; Bunbury, 2020; Moriña, 2017; Moriña and Perera, 2020).However, there is currently no statutory requirement for mandatory training in this area (Wilson and Martin, 2017). Disability practitioners are arguably well placed to offer such training, though as the data demonstrates, this work is not funded sufficiently from within disability services. One dual-role practitioner involved in staff development explained that increased demand for the expertise of disability practitioners has not been matched by a financial commitment to providing that support for colleagues on campus:

> Since then, it's gone from maybe 6 sessions a year to 25 sessions a year, maybe 60 people attending a year to over 400 people attending a year, and there's been no further resource for that. It feels a lot like it's a labour of love on my part. (DA/SST1)

The comments made by DA/SST1 above expose the reality that disability services are often on the periphery of pedagogical developments on campus. As Omissi (2020, p. 15) identifies, expertise in inclusivity is not considered the ‘primary responsibility’ of disability services. Disability services are often co-located with other medically related services, such as counselling, and not generally located in teaching and learning or academic development centres (Borkin, 2023; Wilson and Martin, 2017).

6.4.3 Unsustainable caseloads impeding developmental work

Another major factor in explaining the tendency for services to deprioritise the type of developmental work that would perhaps reduce the need for individual student support is the workload generated by the number of students on disability advisors’ caseloads. In the data, there was a strong sense that disability advisers especially were overwhelmed with numbers of students registering as disabled and generating enormous amounts of admin, which then reduced the opportunity to work on embedding inclusive teaching and learning into programmes:

> At the moment we wouldn't have the time to even invest or properly get involved in [course design] because the student caseload is just so high. That takes everything away from us to be able to get as involved as I think we'd all collectively like to be. (DA/SST3)

The comments made by DA/SST3 above indicate a widespread problem in the sector of high student to disability adviser (DA) ratios, far in excess of the number originally conceived when the role was developed more than twenty years ago. Original guidance issued by the Higher Education Funding Council for England stated that as a base-level provision, there should be one disability adviser for every two hundred disabled students, and a 0.5 FTE admin post for each DA (HEFCE, 1999; Wilson and Martin, 2017). As recent research undertaken by Borkin (2023) confirms, this has been exceeded across the sector with a current estimated average DA to student ratio of 1:583. For many disability advisers, especially in larger institutions, individual student caseloads are now over 750. This leads to the type of situation described by one disability adviser:

> Basically the entire day is just doing student stuff. [Disability advisers] are very rarely involved in strategic university-wide things. They are too busy just seeing students to do anything like that. They just see a student, then they have another student, and then they've got an inbox full of emails. (DA5)

This comment by DA5 illustrates how an increase in student numbers and lack of investment in an adequate number of disability advisers has led to a situation where potential expertise contained within disability services cannot be put to good use. An individualised model of disability support does not operate effectively at scale, but practitioners do not have the capacity to work on developing practices that might reduce the need for reactive casework with students whose needs are not being met.

Many informants in the sample identified a lack time and human resources in contributing to this situation, even where there was a will to be working in a more proactive, developmental way. One disability adviser commented:

> I believe that at least in my department and the school and the university itself would want to work towards [a balance of individual casework and contributing to campus-wide developments]. But then when it really comes down to time, money and human power, it's just does not always happen. (DA6)

Both here with DA6 and across the data, it is evident that where there is a tension between maintaining the existing system of one-to-one casework with students and contributing expertise to developing inclusive teaching and learning, disability services find it difficult to shift the focus of their activities away from the traditional, individualised model.

6.4.4 Summary

Many disability services will have no remit beyond working individually with students identified by category of impairment, despite practitioners considering themselves well-placed to contribute to institution-wide developments in teaching and learning. In cases where disability services and practitioners do have an explicit remit to contribute at faculty and/or school level, opportunities are constrained by a lack of resources and high caseloads. Disability advisers are simply too busy with the current individualised model of disability support to contribute to pedagogical developments that would potentially see a reduction in the amount of casework undertaken with individual students.

6.5 Conclusion

This chapter has demonstrated that the current individualised model of disability support that disability services preside over in higher education in England constrains the move to a system based on the social model of disability in several ways. Disability services do not themselves adhere to a social model despite outward commitments, often constrained by the need to work within existing systems such as the DSA. The DSA itself is a marketised system that perpetuates a medicalised, deficit model of SpLDs and creates a cumbersome administrative burden for disability services. Even where DSA-funded support is outsourced, maintaining the practice of generating often generic reasonable adjustment plans for students regardless of severity of impairment, is prioritised over wider developmental activities. In a sector where disability advisers are operating with increasingly high student caseloads, there is no capacity for contributing within their institutions to the type of pedagogical developments that would reduce the need for individual adjustments, many of which are merely examples of what is considered standard inclusive classroom practice.

This chapter has outlined conditions in the actual domain where actions and events take place, in this case the organisation and administration of disability support in English universities, generated against a backdrop of a marketised system in the real domain. The actions of disability services and practitioners are constrained in the ways outlined in the analysis presented above, but practitioners' own professional relationships and identities also shape, and are shaped, by these events. The next chapter will focus on this domain of social reality.

Chapter 7: Professional Relationships and Identities

The previous two chapters have focused on the underlying conditions of a marketised higher education system in which disability services operate in the real domain, and the current model of support in the actual domain of real events. The evidence discussed so far identifies structural constraints to the development of inclusive teaching and learning caused mainly by unresolvable tensions and contradictions which exist between the current system and the principles of inclusive teaching underpinned by a social model of disability. While understanding underlying structures and mechanisms is important in attempting to explain why the sector has been slow to implement an inclusive approach to supporting students with a specific learning difference (SpLD), it does not account for the influence of disability practitioners themselves. If disability services and the practitioners working within them are 'entities that are able to formulate and implement decisions' (Lewis, 2002, p. 17), then they have the agency to act in ways that can change pre-existing structures, whether those changes are intended or not. This chapter, therefore, focuses mainly on the empirical level of subjective human experience and on the relationships and identities of practitioners working in disability services. It identifies that the attitudes, commitments and related actions of disability practitioners toward the development of inclusive teaching and learning can themselves have an enabling or constraining effect on that development.

In Chapters 3, the roles of disability adviser and specialist study skills tutor were briefly discussed in the context of the development of those roles in response to the expansion of the Disabled Students Allowance (DSA) in the 1990s. Students with SpLDs were to some extent provided with a package of assistive technology (AT) and non-medical help (NMH) support that mirrored the support originally developed to ensure students with sensory and physical impairments could access higher education (National Network of Assessment Centres, 2014; Wilson and Martin, 2017). The focus for these practitioner roles was, from the outset, to support specific students identified by their category of impairment, though limited recent research indicates a professional commitment to the social model and desire to contribute expertise to wider institutional developments (Beck, 2021; Borkin, 2023). Most of the extant literature focusing on the barriers to implementing an inclusive approach instead focuses on the attitudes and expertise of academics, though a study by Lombardi et al. (2018) suggests that disability services have a vital role in bridging the relationship between students and teaching staff. Overall, however, relevant literature has little to say about the attitudes and experiences of disability practitioners themselves in relation to the development of inclusive teaching and learning, and support for the move to a social model of disability appears to be assumed.

The remainder of this chapter is organised under three clusters identified in the data during the second stage of analysis: relationships with lecturers; experiences of collaboration; and professional identity. The focus of these clusters is largely on the more agential aspects of disability practitioners rather than the underlying structures and events in which they operate. The following three sections, although separated for the purpose of analysis, are overlapping and interconnected. For example, although chapter ends with a discussion of disability practitioners' professional identities, this both informs and is informed by their experiences and attitudes towards collaborations with other staff.

7.1 Relationships with lecturers

Teaching lecturers and academics are ultimately responsible for implementing the type of inclusive approaches that could reduce the need for individual reasonable adjustments and DSA-funded support for student with SpLDs. Relationships with lecturers are crucial, then, for disability practitioners and their services in successfully shifting to a social model of disability based on meeting the needs of students with inclusive teaching practices. Disability practitioners may be constrained by organisational structures, but their relationships with colleagues are not completely determined by them, therefore allowing a certain amount of agency and influence over this crucial relationship.

7.1.1 Frustration at the lack of implementation of inclusive approaches

Around half of the informants commented that small changes to teaching practices that would reduce the need for the current model of support, including the issuing of individual RAs, are not always implemented by lecturers in the classroom. The comments were made by informants in all three roles (DA, SST and DA/SST) across different types of institution but are reflected in this comment here by a disability adviser:

> These aren’t extra things. If you slightly amend what you do, you suddenly made it more accessible for other people. Literally, you're doing your lecture slides. Just make it off-white. Just have the background off-white, it's just one thing, it's not anything additional. It's just one thing you can change and immediately it's more inclusive (DA4)

The comments made by DA4 above are tinged with a frustration common among the informants that inclusive teaching and learning *“would reduce the really simple things that we keep getting asked repeatedly to help sort out”* (DA/SST3). This tendency is confirmed in the literature, with Omissi’s (2020) research finding that the majority of disability advisers agree with the claim made in the DSSLG (2017) report that inclusive approaches to teaching and learning may be enough for some disabled students. The same research also found that disability advisers are frustrated at the lack of implementation by lecturers and lack confidence that the necessary inclusive approaches will be adopted.

7.1.2 Recognition of barriers to implementing inclusive approaches

However, despite this frustration, informants recognised the need for considerable professional development and pedagogical awareness for lecturers in order for them to meet the needs of diverse learners on their programmes. They recognised that *“some [lecturers] come through their education straight through with no teacher training or any input about inclusivity”* (DA/SST4) and did not underestimate the scale of the challenge, as articulated by one study skills tutor:

> can we not have a huge training programme for all the lecturers? […] if you come in and start teaching in your class, you are very likely to have half a dozen dyslexic students, a couple of autistic students, somebody else looking out the window because of attention deficit or whatever. What

> [are] you going to do about that? How are you going to accommodate that? How are you going to accommodate that in your teaching, rather than just ticking the box [on inclusion]? (SST1)

A lack of the type of training eluded to by SST1 in the comments above is recognised as a major barrier to the implementation of inclusive teaching and learning, not just in English HE but worldwide (Cotán et al., 2021; Lombardi et al., 2018; Moriña, 2017; Sánchez-Díaz and Morgado, 2021; Svendby, 2021). In the UK specifically, research from disability practitioners and academic perspectives suggests the extent of the need for staff training to be a significant barrier to embedding inclusive practice (Bunbury, 2020; Draffan et al., 2017; Newman and Conway, 2017).

Despite the recognition that additional development for lecturers is necessary, the majority of informants in the sample expressed an understanding of and sympathy for academic workloads:

> I think the main barrier for lecturers in those types of things is simply how much time they've got. I don't think it's a lack of will. I think it's simply time because lecturers simply don't have time to be attending [professional development]. I think they're just managing to get their job done. (DA5)

The understanding demonstrated here by DA5 is also seen in the literature (Omissi, 2020), but some informants went further in voicing their concern that academics become resistant to *“any perception of work that might be extra”* (DA/SST1). This was connected to what a small number of informants recognised as *“a level of defensiveness”* (DA4) in academics when being asked to develop their teaching practices to be more inclusive of disabled students in general or those with SpLDs in particular.

7.1.3 Perception of Disability Services as ‘fixer’ of problems

One study skills tutor termed this defensiveness *“pedagogic frailty”* (SST2) while around half the sample concluded that academic colleagues lacked the confidence to make their own adjustments for disabled students because of the legal compliance aspect:

> And I think when you start opening up conversations about disability, people who don't have that much knowledge just get worried about discrimination because you say, OK, these are these things that you can do to make it more inclusive. And then you've got an academic going well, if I don't do that, will I get in trouble? Am I going to get done for discrimination? So again, that just kind of adds to the defensiveness because people panic. (DA4)

The comments made by the disability adviser quoted above reflects a tendency for academics to rely on disability services for *“reassurance of the fact that somebody else has made decisions”* (DA1) about support for disabled students. This can lead to the reinforcement of a deficit model already implied by the DSA, where disability services are perceived as existing to ‘fix’ the problem of individual students, or as one informant put it *“there's something wrong with you, you need this, we're gonna fix it”* (SST2). This is confirmed in a study by Wray and Houghton (2019), which focused on how academics implement disability policy in their teaching practices. The authors found that although academics often went to great lengths to include disabled students in their teaching and learning contexts, they were mainly guided by a general commitment to fairness and equality rather than equity or explicit reference to policy. Wray and Houghton (2019) concluded that a reliance on central disability services to identify and arrange additional support reinforced a deficit model and allowed academics to sperate responsibility for disabled students from the effectiveness of their teaching.

7.1.4 Resorting to legal compliance and compounding perceptions

A couple of informants, both disability advisers, also explicitly drew the conclusion that *“from the academic point of view, it's almost a case of like right they’re in your hands now, off you pop, that's it, that's my job done”* (DA4). However, there was also an admission by several informants that they reluctantly resort to compelling academics with the spectre of statutory discrimination when faced with a reluctance to implement inclusive practices or adjustments to teaching:

> I mean, depending on what mood I'm in, I'll go with the legal or I'll go with the moral, which I think you can probably intuit which one is more

> important to me, but whatever I think is gonna be most persuasive in that moment (DA/SST1)

As demonstrated by the comments made by DA/SST1 above, disability practitioners may inadvertently compound the problem of academics over relying on central services by reinforcing the notion that specialist knowledge of disability is required to remain legally compliant. This sets up a dynamic in some cases where disability services are perceived as the part of the organisation that only get in touch *"when something's bad"* (DA/SST3) rather than as potential partners for collaboration and proactive pedagogic development. As one disability adviser pointed out, reacting only when inclusive practices are not being implemented for individual cohorts or students does nothing to facilitate the type of ongoing collegial relationship required for developing teaching and learning:

> And it's the idea that [disability practitioners and academics] need to pull resources together to make it work, but you [disability services] also need to put in additional work at your busiest points to then allow you to collaborate in the future. A lot of the actions need to be long term and they're not, so it feels like you're just reacting. (DA7)

7.1.5 Summary

The lack of awareness, training and development of teaching academics in inclusive practices, along with excessive workloads, is well known as a barrier to move to a social model of disability in HE. Disability practitioners' frustration with academics' inability or unwillingness to implement the kind of inclusive approaches that would reduce the need for individual reasonable adjustments (RAs) is also documented. However, the data from this study identify the role of disability services in reluctantly compounding a potentially adversarial relationship with some academic colleagues, which could in itself be a barrier to the development of inclusive teaching and learning. Disability practitioners' suggestions for developments to teaching practices are often met with defensiveness from academics who rely on central services to ensure statutory compliance, thus reinforcing the deficit model already found in the DSA. Frustration with unresponsive or defensive academics then leads some practitioners to compel changes to teaching with reference to legal obligations under the Equality Act, therefore compounding the problem. Previously discussed workload issues, on both sides, mean that long-term collaboration gives way to reactive problem solving. It is to the topic of collaboration that this discussion now turns.

7.2 Collaboration

Successful collaboration with a range of stakeholders is recognised as a key enabler of developing inclusive practice in higher education (DSSLG, 2017). Disability services are reliant on successful collaboration with academic colleagues for changes in teaching approaches to be implemented and sustained in a way that will lead to a reduction in the number of individual reasonable adjustments needing to be made for students with SpLDs. The ability to form successful partnerships is not a one way exercise, as these comments from one informant demonstrate:

> I think it would help and if we could learn to have conversations. Let's look at this together. And for disability teams to actually understand what academics do […] To form a partnership really. (SST2)

The comments from SST2 demonstrate that practitioners' own attitudes and experiences have a part to play in the success or otherwise of collaborations with academic and other colleagues in the pursuit of developing inclusive teaching and learning.

7.2.1 A strong desire to collaborate and lack of systemic opportunities

Several informants, mainly disability advisers, explicitly stated their desire for greater collaboration and partnership with academic staff in their institutions to advance the adoption of inclusive teaching and learning. They saw discussions around inclusive practice as having to be *"a joint conversation where everybody needs to agree"* (DA6). Some noted the benefits of being involved in programme-level course design and institution-wide projects, where disability services can share their expertise and knowledge of the disabled student experience:

> I think if we had involvement from when the course materials for the next academic year are being put together, if you were to put us in the same room as everyone to [offer] feedback, that would be amazing because from the start we're already saying that's not gonna work. (DA3)

The desire expressed by DA3 for disability services to be involved in the decision-making process around teaching pedagogical practices is reflected in the literature (Borkin, 2023; Hill, 2021); however, this enthusiasm for collaboration was also underpinned by a concern that being left out of the conversation would lead to their institutions not having *"learned lessons from things that aren't working"* (DA/SST3). Moreover, as one disability adviser implied, greater collaboration was seen as a route to resisting the reliance of academics on central services discussed in the previous section:

> Whereas I think if there was better visibility of what our team can do within the wider university, there would be a hope that there would be more engagement there without it just being our responsibility; that it's a collaboration. It's not a handing over of tasks. (DA7)

A number of informants did, however, also note a growing desire for collaboration from academics and teaching staff in their institutions around issues of inclusion, which has led to more opportunities to influence teaching and learning:

> So there's a move towards slightly more integration… I feel as though there's an overall, bit more of a desire for that. So I don't know if that's come from other conversations at different levels, but it's just what I can feel and sense from people around really. (SST1)

The comments from SST1 above are reflected in a recent survey of disability advisers by Borkin (2023), which recognised the rise in opportunities for partnership and collaboration between disability services and other stakeholders, including academic staff. Other comments in the data referred to *"more consistency and more regularity"* (DA6) and that *"academic schools are becoming much more receptive to having the conversations"* (DA4) around developing inclusive practices. However, despite this positive shift toward greater collaboration, a majority of informants across all three roles commented on the lack of formal or systemic opportunities available for disability practitioners to contribute. Instead, opportunities were *"very, very ad hoc"* (DA/SST1), *"very piecemeal"* (DA1) with *"no formal mechanisms for us to routinely get involved"* (DA/SST3), so that even when the will to collaborate is present on both sides, there's *"not necessarily the structure to do it"* (DA/SST4). Lack of formal opportunities for disability practitioners to contribute to partnerships and collaborations with academic staff could, therefore, be constraining the development of inclusive teaching and learning.

7.2.2 Separation from teaching and learning development activity

A barrier to collaboration identified by the majority of informants was their position and the position of the service within the institutional hierarchy. As identified in previous literature, and commented on in Chapter 6, disability services are commonly co-located with wellbeing or other advice and guidance services, with very few being located in or alongside educational development teams (Borkin, 2023; Wilson and Martin, 2017). This separation of disability practitioners from those directly responsible for student education or educational development means that any work on developing inclusive teaching and learning by disability services *“isn't very integrated with other parts of the university and tends to be a little bit in isolation”* (SST1). For one dual-role practitioner, this led to a silo effect and she concluded that *“because we sit within student services, we just don't have a remit to be heard”* (DA/SST3). Being separated and siloed from other parts of the organisation working on pedagogical development could mean that disability services and practitioners lack the influence required to improve teaching and learning for students with SpLDs.

The lack of influence on teaching practices outside of faculties is recognised by Pearson et al. (2019), who recommend the creation of a network of academics with a remit to advance the inclusion agenda operating inside faculties as a response to the disconnection of disability services from academic colleagues. The data from this study, however, suggests that disability practitioners are finding ways to create their own opportunities for collaboration despite the institutional barriers, often working on their own initiative.

7.2.3 Proactive relationship building despite institutional barriers

The key to these successful collaborations is often proactive relationship building on the part of individual practitioners rather than through activity captured by institutional policies, as one informant explained:

> I built this really good relationship with the programme and I suggested that we do this and they were really up for it. Nothing to do with the access and participation plan. Everything to do with me having a conversation with the right people. (DA/SST1)

As with DA/SST1 quoted above, informants emphasised their individual choices and actions based on personal motivations with comments such as *“I’m creating a role for myself”* (DA/SST4), *“I’m creating a voice for myself because I’m very interested in it”* (DA7) and *“I'm passionate about [inclusive practice]”* (DA/SST4). For some, activity such as joining or even convening cross-institutional working parties went beyond their remit or job description: *“I'm choosing to add that to my caseload of work”* (SST2). The agency of individual practitioners as an enabling factor in the development of inclusive teaching and learning is demonstrated by the comments made by one dual-role practitioner:

> The beginning of that was me then saying to my colleagues, right, let's chop the institution up and then we just go and we talk to the faculty Dean and we find out the thing that makes them tick. So for some faculty Deans, it was an economic argument. For some faculty Deans, it was a human argument. Find the key. Start unlocking the door and then it was kind of much easier because you've got buy-in at that point. […]that was really the beginning of the shift. (DA/SST2)

The experience of DA/SST2, who is not in a management role, shows the importance not only of individual practitioners’ commitment to inclusive practice, but also their ability to communicate and persuade academic colleagues. A perceived reliance on the commitment and perseverance of individual practitioners to advance the development of inclusive approaches led some to conclude that *“it’s personality driven”* (DA1) and that *“gains that the institution has made have been on the basis of the individual people who have taken those forward”* (DA/SST1).

7.2.4 Moving out of Disability Services in order to contribute

Most informants demonstrated a strong personal and professional commitment to inclusive practice and were willing to operate beyond the expectations of their role and structure of the institution to collaborate in the development of teaching and learning. Two dual practitioners even stated they had recently moved into educational development roles simply in order to influence institution-wide development of inclusive practices in a way that was not possible from inside the silo of disability services. A small minority of two disability advisers, however, displayed a lack of confidence or motivation for direct collaboration with academic colleagues, accepting more readily the confines of the role. This indicates that although the agency of disability practitioners might enable them to influence wider institutional practices through relationship building and collaboration, this is perhaps dependent on individual practitioners' own conception of their role in the development of inclusive teaching and learning.

7.2.5 Summary

The importance of cross-institutional collaboration for successfully embedding inclusive approaches to teaching and learning in HE is well known. Many disability practitioners, both in previous research and the data in the present study, display a desire for greater collaboration with academic colleagues. Practitioners' ability to collaborate effectively is constrained, however, by their separation from colleagues involved in student education and by a lack of formal opportunities to contribute to developments in teaching and learning. As a way of overcoming these barriers, many DAs and SSTs seek out and develop their own relationships with academics and course teams, often working beyond the technical limits of their job descriptions to create their own roles. This activity is fuelled by a personal commitment to the principles of inclusive practice and belief that they have knowledge and expertise to contribute to the development of teaching and learning that will better meet the needs of all students, especially those with SpLDs.

7.3 Professional Identity

As identified in section 7.2, disability practitioners' willingness to pursue collaborations with academic colleagues in spite of structural constraints is to an extent dependent on a certain sense of professional identity. Indeed, the same informants who expressed a desire for greater collaboration with colleagues saw themselves as having expertise to offer their institutions in the development of inclusive teaching and learning. Those tendencies observed in the data are therefore closely related;

however, there was also a recognition that for some practitioners, there are contradictions present operating in a role based on individual casework predicated on a deficit model and the move toward mainstream support as part of an inclusive learning environment.

7.3.1 Belief in the ability to contribute pedagogic expertise

A majority of informants expressed a strong belief that they can and should offer pedagogical expertise to their institutions in a way which goes beyond their work with individual students. Although this group of informants included all three roles, it is notable that all the SSTs and dual-role practitioners made this belief explicit while only a minority of the DAs did. This is perhaps unsurprising given the inherently pedagogical nature of the tutoring role and necessary qualification (DSA-QAG, 2018). Informants considered themselves as having expertise in inclusive teaching and learning that could benefit a range of institutional activities including staff training, programme and assessment design, and developing classroom practices. One dual-role practitioner commented that her background in disability support offered a unique perspective that other colleagues working on educational development may not have:

> We can say how good it is to be compassionate, and I'm never going to argue against that – there is that in my work. But it's the law and disability rights; it's not about being nice and kind. So I don't really feel like that's well understood in that teaching, learning and employability exchange. The practices they recommend are likely to be really, really similar, but they're coming from a slightly different starting point. (DA/SST1)

There was a sense from this group of informants that they should be regarded as *"in-house experts"* (SST2) and they perceived their roles as extending beyond the bounds of their one-to-one work with specific students. In my previously published research into the professional identity of specialist study skills tutors (Beck, 2021), I applied Whitchurch's (2008; 2009; 2017; 2018) concept of the Third Space, institutional projects and activity that are not easily contained within the traditional academic/professional binary. I found that tutors with the widest commitment to developing inclusive practice alongside their academic colleagues in third space were the least 'bounded' to their place in the organisational structure (Beck, 2021). Their conceptions of their roles extended beyond their job descriptions and they operated on the ‘borders of academic space’ (Whitchurch, 2008, p. 337). The informants in the present study displayed similar characteristics and considered themselves to be a crucial source of expertise for their institutions to use for pedagogical development, as one SST suggested:

> I'll tell you what doesn't work from the 25 years I've had in in this profession, with students telling me what doesn't work yet. I can tell you what doesn't work. That's great knowledge. The university should really grab hold of that. (SST2)

This conviction that disability practitioners’ expertise should be harnessed by the university was coupled with a frustration that it often was not, much to the detriment of institutional attempts to develop inclusive teaching and learning. For example, one practitioner saw the DSA reforms of 2016/17 as an opportunity to fulfil this role, having read the Disabled Student Sector Leadership Group (DSSLG, 2017) report on inclusive teaching and learning: *“we read this and we're excited and we go, we can use this [publication] to influence practice and then nothing happened”* (DA/SST1). The disappointment of not being able to operate outside pre-existing boundaries and structures brought frustration, which was echoed by a disability adviser who commented, *“I think we are wasted a lot and it's a wasted opportunity because they could learn so much from us”* (DA3). This is reflected in my previous research (Beck, 2021) where tutors felt misunderstood and perceived as having a lower status than academics, despite their expertise in inclusive teaching and learning.

7.3.2 Addressing the lack of status afforded to disability practitioners

The opportunity for informants to use their agency to affect change is therefore constrained by a lack of recognition and status conferred by their institutions. One disability adviser pointed out that it was ironic that disability services were not consulted on matters of inclusivity given their apparent expertise:

> So [employing institution] wants to be the most inclusive university of its kind anywhere by 2030. That's the vision. That's absolutely central. But where we've sometimes failed is, given that that is literally the vision for 2030, we're not always consulted a massive amount on that, given we are

> the disability service. We are meant to be the driver for inclusive practice and [they] don't really seem to talk to us that much. (DA4)

The comments from DA4 demonstrate the misalignment that many informants expressed between their own professional identity as ‘a specialist among equals’ operating in third space and their ‘bounded reality as an adjunct support worker’ (Beck, 2021, p. 138). Some informants expressed this as frustration at being underestimated by academic staff whose attitude implied the view that *“You're not an academic, so what would you possibly know”* (DA/SST1). This is compounded by the fact that disability practitioners, including SSTs, are mostly on professional services contracts or *“academic-related”* (SST2), even though this feels at odds with their own professional identity. As one informant pointed out, *“I’m not just an admin person”* (DA/SST4), implying that this is how they are regarded by academic colleagues rather than the educational professional they regard themselves as being.

A couple of informants suggested that engaging with sector-recognised accreditations and teaching qualifications such as Higher Education Authority (HEA) fellowship and postgraduate certificates in academic practice, had enabled them to contribute more effectively to institutional developments. They were able to *“raise the profile professionally”* (SST1) so they might be taken more seriously by academic colleagues and considered as having an important contribution to make in the development of inclusive teaching and learning. Overall though, informants in the sample who considered themselves as having valuable pedagogical expertise were constrained from operating alongside academic colleagues as equals in ‘third space’ by institutional structures and cultures that did not recognise their status. As demonstrated in section 7.2 on collaboration, some had overcome this by proactively developing relationships with academic colleagues and creating their own roles beyond the confines of their job description.

7.3.3 Inherent ambivalence and vested interests of disability practitioners

Despite most informants displaying a professional commitment to developing inclusive practices in a way that would reduce the need for the current individualised model of disability support, a small number also recognised the inherent tensions and contradictions posed by their roles working with individual students. These inherent tensions at the level of individual professional identity somewhat mirrored those identified at service level in section 6.4. This was noted by SSTs and DAs alike and was considered potentially problematic in that some practitioners could find the shift toward a social model of disability *“quite challenging”* (SST1). For example, one disability adviser pointed out:

> I'm not sure all the disability practitioners feel they should be changing how they do things. I think some of them are quite happy waiting for the students to arrive and sorting out what their problems are and sending them back off with a package of support and a carrier bag. (DA1)

The current model described by DA1 above represents the integrationist model of support that emerged with the original iteration of the DSA from the 1980s, which was arguably underpinned by a medicalised, deficit-based understanding of disability (Graham-Matheson, 2012; Slee, 2011). From the expansions of the DSA to include a wider range impairments, both the role of the disability adviser and that of study skills tutor developed to serve this model, rather than support the adaption of pedagogy to best meet the needs of a diverse student body (Hockings, 2010). These roles, then, were perhaps not originally intended to serve the purpose of developing inclusive practice more generally, and as one dual-role practitioner pointed out, there may be a reluctance to adapt by some:

> Doing one-to-one, it's really lovely. It's a nice job. Why would you wanna go and do the other stuff? And when you do go and do the other stuff, you get met with ‘No, go away’. So I think that's why it's taken time to kind of stretch out and start thinking about how we might do this differently, which isn't to say that we shouldn't do the one-to-one. (DA/SST2)

The same informant concluded that supporting or enabling a move toward a social model of disability would, for some practitioners, be like *“turkeys voting for Christmas”* (DA/SST2), suggesting they have a vested interest in continuing the status quo. This sentiment was shared by a small number of others in the sample, who displayed a general ambivalence about their roles and recognised that in a perfect world of inclusion, *“I don't need to be here; I don't need to exist”* (DA/SST3). In response to the conflict between their commitment to inclusion and the deficit model of disability implied by their role, some informants chose instead to characterise their work with students as *"enabling or facilitating"* (SST1) or as *"caretakers and facilitators for students who self-identify"* (DA/SST2). This tension could be seen as an example of the dilemma of difference identified by Norwich (2002; 2008) as existing in policy responses to disability in education, where disability practitioners roles developed squarely as a response to recognising differences in students with SpLDs.

7.3.4 Disagreement in conceptions of the role of disability practitioners

While many disability practitioners do consider themselves able to contribute expertise in developing inclusive teaching and learning, even if it is not strictly within the bounds of their role, some clearly do not. In the sample, several informants pointed out that some of their colleagues in the disability service did not consider themselves as having pedagogical expertise or necessarily have the motivation to become involved with institutional developments alongside academic colleagues. For one dual-role practitioner, this was down to a difference in professional background:

> Because I've got a teaching background, I'm more willing, able and confident that I can do that. So some of my colleagues may not feel that they can do the same. So although I think they would like the lecturers to understand more, maybe they don't feel that they're able to do that themselves, and I'm definitely happy to do it. (DA/SST4)

While some disability advisers in the sample did disclose a background in teaching, this was not the case for all those who considered themselves as having crucial expertise to contribute to institutional developments in teaching and learning. Likewise, among the tutors interviewed for my previous research, not all the qualified teachers displayed the attitudes characteristic of 'unbounded' professionals able to operate beyond the limits of their job description (Beck, 2021). Therefore, although there may be some obvious connection between having teaching experience and the desire to contribute those pedagogical expertise beyond their role, this should not be overstated. For some, it may simply not be considered within their role to develop inclusive teaching and learning. Indeed, one SST described the reaction to her participation at the NADP national conference around the time of the DSA reforms of 2016/17 and related sector-wide drive toward inclusion:

> And I said, do you realise we are all inclusive experts and we're inclusive experts because we know what doesn't work? So actually the whole inclusive drive should be opportunities for disability teams really to get involved and go, let's have a look at doing this. And there was just stunned silence and then I just sat down. (SST2)

The story that SST2 retold of fellow disability practitioners not necessarily seeing the role of disability services in the work toward inclusive practice is also seen in the data. Of the two informants who were explicit in their reluctance to become involved, one felt she was not qualified to speak to academic colleagues about matters involving teaching directly:

> So it would be quite nice to enforce more like inclusivity with that and be able to educate more and be more involved in it. But it's a bit of a hard one because obviously we're not trained to do the teaching bit. (DA2)

Although DA2 could clearly see the benefit of having more status to be able to develop classroom practices, another informant questioned the value of disability advisers contributing to institutional developments at a strategic level:

> I don't know whether those types of panels and things and have as much influence on the practical experience of students as the day to day 'is this adjustment in place?'. I think that's more concrete then somebody in a panel writing a report on a plan somewhere. (DA5)

For DA5, disability advisers' primary role of recommending and enforcing individual reasonable adjustments is the most beneficial and perhaps most measurable way of improving the experience of disabled students. That is not to say she disagreed that the wider work should be done, but perhaps just not by those inside the disability service with a remit of supporting specific students.

There is no question that those practitioners unwilling to conceive of their roles in a different way are not committed to disabled students; however, there is evidence of a tendency, albeit among a minority, for some disability practitioners themselves to have a professional interest in maintaining the status quo for whatever reason. This reluctance for practitioners to move away from the current individual model of disability support could itself have a constraining effect on the move toward inclusive teaching and learning as a way of meeting the needs of students with SpLDs. As one informant pointed out, *"We get very set in our ways and this is what we do and trying to shift people away from that was quite hard"* (DA/SST2).

7.3.5 Summary

Many disability practitioners, especially those occupying a tutoring role, consider themselves as being in-house experts in inclusive practice; however, they are frustrated by existing organisational boundaries that do not place them in positions of influence alongside academic colleagues directly involved with teaching and learning. Some practitioners are able to increase their professional profile by engaging in industry recognised accreditation such as HEA fellowship, though not all practitioners consider themselves as having the necessary teaching-related expertise. This is particularly the case for disability advisers. Exposed in the data is a recognition of the inherent contradiction of operating in a role supporting individual students with SpLDs, a role which should not need to exist in a truly social model of disability. Undertaking rewarding and impactful one-to-one work with students may lead some practitioners to be resistant to any changes to the current system, which may lead to that role being radically different or completely redundant.

7.4 Conclusion

This chapter has demonstrated that the attitudes, commitments and related actions of disability practitioners toward developing inclusive teaching and learning can themselves have an enabling or constraining effect on that development. Relationships with academics can often be fraught with frustration when academics seem reluctant or unable to implement the inclusive approaches necessary to reduce the need for individual reasonable adjustments. Academics can rely on the existence of a central service to remain compliant with the Equality Act, but disability practitioners can compound this by resorting to compelling changes to teaching and learning with reference to statutory obligations. The desire by many disability practitioners to act less reactively and more collaboratively with colleagues in developing inclusive practice is constrained by a lack of formal opportunities to influence teaching and learning. This leads to those with the motivation and commitment to create their own opportunities, often beyond the limits of their job descriptions, though some practitioners do not conceive of the role in those terms and remain committed to work with individual students. Ultimately, the agency of individual disability practitioners to act in certain ways can enable the development of inclusive teaching and learning, but this is personality driven rather than strategically facilitated.

Chapter 8: Conclusion

8.1 Introduction

It is now eight years since reforms to the Disabled Students Allowance (DSA) obliged higher education institutions (HEIs) in England to take increased responsibility for supporting students with 'mild difficulties', an approach which included the mainstreaming of support as part of their anticipatory duty under the Equality Act (Willetts, 2014). Despite some progress being made and the promise of change brought by the Covid pandemic, a move to inclusive teaching and learning underpinned by a social model of disability remains aspirational (NADP, 2024; Office for Students, 2019). The purpose of this study was to contribute to an understanding of why that is the case. Previous research had identified several barriers to the implementation of an inclusive approach including a lack of knowledge and awareness of academic staff (Barkas et al., 2022; Bunbury, 2020; Karousoi, 2017; Wray and Houghton, 2019), poor communication among services (Clouder et al., 2020), pressure from external agendas such as the Teaching Excellence Framework (Martin et al., 2019), and lack of buy-in at a strategic level (DSSLG, 2017; Newman and Conway, 2017). The aim of this research was to contribute to this existing body of knowledge by explaining the role of disability services in constraining or enabling the development of an inclusive approach to supporting students with specific learning differences (SpLDs). This chapter summarises the research findings in relation to each research question before stating the original contribution to knowledge made by this thesis. Finally, potential avenues for further research will be discussed.

8.2 Summary of Findings

> Orr would be crazy to fly more missions and sane if he didn't, but if he was sane he had to fly them. If he flew them he was crazy and didn't have to; but if he didn't want to he was sane and had to. Yossarian was moved very deeply by the absolute simplicity of this clause of Catch-22 and let out a respectful whistle. Catch 22 by Joseph Heller (1994, p. 52)

This study found that the relationship that disability services have to the move to a social model of disability and development of inclusive teaching and learning is characterised by a series of contradictions and unresolvable tensions at every level. At the level of wider structural context, institutional and service practices and individual professional identities, the current disability services based on individual, medicalised, deficit understanding is obdurate and cannot easily be reconciled with the principles and aims of a service informed by a social model of disability. Tasked with arranging and implementing disability-related support, disability services are placed in an impossible situation where they are complicit in the continuation of the current model within their institutions. Despite a strong commitment and desire for inclusive approaches to be implemented, disability services are unable to reduce reliance on the current support model for students with SpLDs until inclusive approaches are embedded in teaching and learning. However, it is unlikely that these inclusive approaches will become embedded while the current model of support continues. This Catch 22 situation is explained in greater detail with reference to the three research questions posed at the beginning of this study.

8.2.1 RQ 1: What role do disability services currently play in the development of inclusive teaching and learning in English HEIs?

The primary function of disability services in English HEIs is to provide support and guidance to individual students with a disability, as defined by the Equality Act and identified by category of impairment. This support is most likely to take the form of recommending and implementing institutional reasonable adjustments to teaching, learning and assessments via a learning support plan, as well as help with applying for DSA-funded support. Some disability services may also have an official remit to contribute to the development of inclusive practice more broadly across their institution by engaging in activities such as providing staff training or acting as consultants with expertise in inclusion in a range of activities. This additional remit, however, is in practice considered secondary to the main job of individual casework with students identified as being eligible and not prioritised even when it forms part of the service remit or disability practitioners' job descriptions. Many practitioners working inside disability services have the desire and expertise to contribute to the development of inclusive approaches despite a lack of formal opportunities in which to do so. The reasons for this lie in the answer to RQ2, which identifies the structural constraints preventing disability services from fulfilling this part of their remit along with the ways in which disability services themselves constrain and enable that activity.

8.2.2 RQ 2: How do disability services enable or constrain and how are they enabled or constrained from contributing to the development of inclusive teaching and learning in English HEIs?

Disability services operate within and are constrained by the wider, structural context of a higher education (HE) system that has been increasingly marketised by several decades of neoliberal government reforms. Despite making performative outward commitments to 'inclusion' as a general principle, the HE sector aligns with and reinforces an individual model of disability in a number of ways. Additional funding in a competitive market depends on identifying individual students by impairment, which in turn relies on disclosure of a disability and the production of valuable (and often expensive) diagnostic evidence. Disability services are therefore incentivised to continue this medicalised practice even though a system based on a social model of disability would not require individual disclosure. Once the student consumer has been encouraged to enter into a relationship with disability services, working on behalf of the university, there is a desire for them to have a 'good experience' and meet their expectations of support. An inclusive approach, which modifies the learning and teaching environment for all students, is more difficult to justify to disabled students than the traditional package of support offered in the form of individual adjustments and one-to-one support. Ultimately, moving to a social model of disability is almost impossible in a system which commodifies disability itself and is underpinned by a neoliberal rationale of individual self-interest and competition.

Disability services outwardly claim to adhere to a social model of disability but in their practices, perpetuate a medicalised or deficit model based on individual reasonable adjustments and reliance on DSA-funded support. The legally enshrined definition of what constitutes a disability, which disability services must uphold, is based on an individual, medicalised model. In the case of SpLDs, the current diagnostic assessment is accepted as meeting this definition with no consideration of the degree of impairment and impact on the life of the student. Once this threshold for support has been met, students are offered a ‘package’ of institutional reasonable adjustments (RAs) along with access to DSA-funded non-medical help (NMH) and assistive technology (AT), a package that has remained largely unchanged since the 1980s. Disability services therefore find themselves presiding over and constrained by a model of support based on a deficit understanding of SpLDs. They routinely recommend RAs for students that are generic examples of inclusive practice because lecturers do not implement them in their teaching consistently, recognising that many learning plans go unread by academic colleagues. An increasing number of students registering as disabled, and high caseloads for disability advisers, therefore leaves disability services spending much of their time maintaining mostly pointless administrative practices rather than contributing to the type of developmental work that would reduce reliance on the current way of working.

At the level of individual professional relationships and identity, there is an ambivalence inherent in a role which is primarily based on one-to-one work with students. Under a social model of disability, the role in itself would not exist in its current form for students with SpLDs because the majority of students would have their learning needs met by inclusive teaching and learning. Not all disability advisers (DAs) and study skills tutors (SSTs) feel able to operate beyond the boundaries of their role and contribute to the development of teaching and learning. Moreover, the practitioners who have both the expertise and commitment to expand their role are constrained by a lack of recognition from within their institution and a lack of formal opportunities to contribute via partnerships and collaborations with other colleagues. These disability practitioners work hard to create opportunities for themselves by undertaking profile-raising activities such as HEA fellowship and proactively building relationships with colleagues involved with teaching and learning. The progress made by individual practitioners is often in spite of their employing institutions and not because of any formal, systemic recognition of their expertise in inclusion. Therefore, the agency of individual practitioners can and does enable the development of inclusive teaching and learning in some cases, but this is reliant on personal factors and is not sustainable without wider sector recognition and structures to support that activity.

8.2.3 RQ 3: What are the implications of the research findings for the practices of disability services and students identified as having a specific learning difference in English HEIs in the move toward a social model of disability?

The response to this research question summarises briefly the current experience of both disability services and students with SpLDs, which results from the situation explained in responses to research questions 1 and 2. There are a number of recommendations for practice that can implemented to address these current experiences. These recommendations are presented in the section 8.3.2 as the practical contribution to knowledge made by this thesis.

A) Implications for Disability Services

Disability services are limited in the decisions they can make around amending the current model of support in an attempt to adhere to a social model of disability. Structures such as the funding of student education, the Equality Act and the DSA mean that any attempts to move away from the individualised, deficit-based model of disability assumed by those structures will be limited in impact. Individual practitioners can attempt to influence the pedagogical practices of their institutions and services can adopt the language of the social model internally, but ultimately external constraints dictate the model of disability enacted by current processes. More radical changes, beyond the control and sphere of influence of disability services, may be required to address this impasse.

B) Implications for Students with SpLDs

Currently, students with a dyslexic profile require recognised diagnostic evidence in order to access individual reasonable adjustments and DSA-funded support for home students. Many of the adjustments they will be recommended are representative of standard inclusive practice, which could be adopted in anticipation of students with similar impairments, such as access to lecture recordings and the provision of materials in advance. These ‘adjustments’ may not be implemented consistently by lecturers in their programmes. If students apply for DSA-funded support, this will not necessarily be provided by their institutions and it may be difficult to navigate the process without support. Inclusive approaches to teaching and learning could negate the need for additional support, particularly for those students with mild impairments, but these are not developed consistently enough to offer a genuine alternative to the current model.

8.3 Original Contribution to Knowledge

8.3.1 Theoretical Contribution

By taking a critical realist approach to research, this study has contributed an explanatory account of the role of disability services in the slow move to a social model of disability in English HEIs. Using abductive and retroductive reasoning, the study was able to identify enabling and constraining tendencies at each separate but overlapping domain of reality in which disability services operate: the real, the actual and the empirical. Bridging the gap between empirical observations and underlying mechanisms in this way has allowed for the development of a deeper understanding of the research problem than has previously been advanced in the relevant literature. Although explanations of the social world are always considered fallible, the account provided by this research leads to comprehensive recommendations aimed at addressing the barriers to implementing inclusive teaching and learning at every level from sector-wide to individual disability practitioners. It is this practical contribution made by the research to which the discussion now turns.

8.3.2 Practical Contribution: Recommendations for Practice

The following recommendations based on the findings of this study are aimed at addressing the factors constraining the development of inclusive teaching and learning. They are organised by the three different levels of analysis represented in Figure 4.2, over which disability services have varying levels of control. For example, disability services have very little control over the macro level of a wider marketised higher education system in which they operate, some control over the disability policy and practices at the meso level of the institution, but greater control over their own professional identity and relationships. Therefore, these recommendations are aimed at the sector as a whole and individual institutions as well as the disability services and practitioners working within them. Although they are presented separately here, the recommendations are interconnected and dependent so that, for example, disability services or practitioners will be unable to implement changes if certain constraints remain unaddressed at the wider sector level or in their institutions.

Higher education sector

While additional funding is attached to the disability status of individual students, there remains a perverse incentive for HEIs to record as many students as possible as disabled. **The Disabled Student Premium should be reconsidered in favour of adequately funded student education for all, regardless of disability status.** This may not be possible in the current system, in which case sector bodies including the Office for Students (OfS), should be honest about how realistic a move to a social model of disability is in a marketised system underpinned by a neoliberal individualism and desist in coopting the language of the social model. There can be no social model in a system which relies on individual, medicalised categories of impairment to identify need.

The DSA should also be radically reformed or scrapped altogether in favour of an additional funding model that allows HEIs and disability services to make spending decisions on supporting whole cohorts of students, not just individuals. For example, specialist study skills tutors could be funded to offer support and guidance to any student experiencing similar barriers, or to act in a consultative role to develop the teaching and learning practices of identified programmes in order to embed dyslexia friendly practices. Instead of funding unnecessary and inappropriate AT packages for students, HEIs and disability services could recruit in-house AT advisers to work with any student including those with dyslexic profiles, helping them to make the most of already available software and applications.

Higher education institutions

HEIs should make explicit their commitments to inclusive pedagogies in relation to students with SpLDs as a response to the anticipatory duty and developed in consultation with disability services. These should be reinforced by mandatory training and development for teaching staff and embedded in quality assurances processes for programme approval and amendments.

Disability services and practitioners should be afforded greater recognition for their expertise and considered a resource for developing inclusive teaching and learning alongside other teams working in that space. In practice, this may mean reconsidering their place in the institutional structure or decentralising the service for students with SpLDs, so that DAs and SSTs sit within schools or faculties.

Disability services

With a more robust and well-articulated commitment to inclusive practices in place, **disability services should cease issuing generic reasonable adjustments that are not genuinely individual.** A graded approach to supporting students with SpLDs could be adopted, whereby most would have their needs met by inclusive teaching practices and an SpLD would not automatically be considered disabling. This is clearly also dependent on the removal of the perverse incentive and individualised DSA support based eligibility by diagnostic category.

Disability services should consider aligning DAs and SSTs to specific schools to work in a consultative role even if being embedded in those schools is not possible because of wider institutional constraints. Ceasing to immediately categorise SpLDs as a disability and issue individual RAs would release practitioners from casework with specific students and allow them to work in ways that would benefit more students by influencing teaching practice in discipline-specific contexts.

Disability practitioners

Practitioners should be supported by their professional bodies and employing institutions to develop stronger identities as experts in inclusive practices. They should consider themselves as having expertise to contribute and consider engaging with sector recognised schemes such as HEA fellowship to raise their professional profile.

The profession should engage in a wider discussion around what each role looks like in relation to inclusive teaching and learning, a social model of disability and the inherent tensions that creates in roles predicated on deficit-based, albeit integrationist, tendencies. This professional conversation could perhaps be facilitated by the professional bodies, through conferences and publication as well as online forums.

8.4 Further Research

This research offers an explanation of how disability services are implicated in the slow move to a social model of disability and development of inclusive teaching and learning in English HEIs. The focus has mainly been on the structures constraining the behaviour of disability services and practitioners. Possible avenues for further research, therefore, are the aspects of this explanatory theory that rely on the attitudes and behaviours of individual agents. Understanding these more thoroughly might yield practical recommendations to supporting individuals to address and influence structural barriers more effectively in order to further advance the development of inclusive approaches to supporting students with SpLDs.

For example, there is very little existing research into the professional identity of either disability advisers or specialist study skills tutors as third space professionals in higher education. This study identified that disability practitioners are often afforded low status in terms of pedagogic expertise in their institutions, which is a source of frustration. Similar findings have been noted in research related to other professional services or academic adjacent roles in universities such as practitioners of English for academic purposes (Ding, 2019; Riddle, 2020) and learning developers (Johnson, 2018; Stapleford, 2019). There have been concerted efforts made by members of these professions to forge an academic identity that seeks to challenge marginalisation and lack of status among academic colleagues. Building on my previously published work on the role and identity of specialist study skills tutors (Beck, 2021), further research could enable disability practitioners to build a stronger professional identity and challenge the ‘them and us’ relationship to academics. This in turn could contribute to disability practitioners being considered as experts in inclusive teaching and learning, and being able to influence practice in the move to a social model of disability.

In this study, the voice of students themselves has been absent since it was beyond the scope of the research questions to consider the subjective views and experiences of this group. They do, however, appear in discussions around marketisation and the effects of student consumer expectations, either real or assumed. As a result, they remain a somewhat elusive and homogenous group of actors despite ultimately being the group most affected by changes in disability support models. Understanding how students with SpLDs perceive the move to an inclusive approach, and away from individual adjustments and allowances, would allow disability services to manage expectations more effectively. The fear that students themselves would pushback strongly against any perceived loss of entitlement may not be entirely founded. Research with students could challenge this fear and help universities to communicate changes in disability support more effectively and work with students collaboratively in ways that challenge the 'student as consumer' dynamic. In addition to the voice of students, capturing and understanding the response of academics and institutional leadership to the findings of this study would be crucial in addressing some of the structures constraining disability services.

8.5 Final Thoughts

This study has contributed to an understanding of why English universities have been slow to develop inclusive teaching and learning as a way of meeting the diverse learning needs of students, specifically those with SpLDs. It has shown that the ways in which disability support is currently conceived of and implemented cannot be considered in isolation to developments to teaching and learning. In order to break free of the current Catch 22, disability services should be included in decision-making within their institutions and across the sector. Without greater consideration of the role of disability support practices, a move to a social model of disability in relation to students with SpLDs will continue to remain elusive.

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Appendices

Appendix 1: Interview schedule

Introductory Prompts

Introductions and thanks for participation

Remind of the approximate 60 minute duration and opportunity to have breaks as needed (recording will be paused)

Decline to answer questions as necessary and take time to process – main questions will be pasted into the chat for reference and any additional prompts as requested

Briefly summarise the aim/focus of the research

Any further questions about the research or process? If not, then I will start the recording and recording will end when I've asked all my questions and you're happy that you've had the opportunity to fully respond and make any further comments

Questions

Can you explain what is the current role or function of your disability service within your university? What is its primary purpose?

(mentions developing inclusive approaches to T&L)

Can you describe a situation where the service or disability practitioners were involved in that development?

What enabled that work? On campus and beyond?

(does NOT mention developing inclusive approaches to T&L)

Do you or colleagues in the service contribute to the development of inclusive approaches to teaching and learning?

YES	**NO**
	How is that happening at your university? What constrains your ability to contribute?

Would you like to be more fully involved in that work?

YES	**NO**
What constrains your ability to contribute?	Can you explain why?

How are you prevented from doing that? What influences you feelings/response?

Developing analytical/theoretical framework (prompts)

Neoliberal context in HE:

- Social model of disability anti-thetical
- Medical model gate keeping of scarce resources
- Student/customer choice in a competitive market

DSA:

- Model set over 30 years ago has simply expanded with student numbers and requires enormous amount of administration (focus of disability services)
- Strangle hold of procurement rules for DSA-funded support
- Privatisation/ outsourcing of NMH support
- Bolted on interventions means less likely to be baked in at curriculum design stage

Equality Act and reasonable adjustments:

- Tension with UDL/inclusive design (individualised)
- Student expectations, e.g. extra time for assessment, tension with inclusive design

Institutional barriers:

- Poor pedagogical knowledge of lecturers
- Agenda fatigue and competing agendas at curriculum design level
- Sperate disability services perpetuates medical model
- Academic cultures
- Lack of senior buy-in

Appendix 2: Participant Information Sheet (PIS)

Participant Information Sheet

Project Title: An investigation into the role of disability support services in the development of inclusive teaching and learning in English universities with a focus on students with specific learning differences

For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage: www.lancaster.ac.uk/research/data-protection

I am a PhD student at Lancaster University and I would like to invite you to take part in a research study investigating the role of university disability services in the development of inclusive teaching and learning in their institutions. Please take time to read the following information carefully before you decide whether or not you wish to take part.

What is the study about?

This study aims to examine the role of disability support services in developing inclusive teaching and learning practices in English HEIs**,** particularly in respect of students identified as having SpLD/dyslexia. The study will contribute to existing research seeking to explain why the move to inclusive practice underpinned by a social model of disability support has been slow and remains 'aspirational' (OfS, 2019).

Why have I been invited?

I have approached you because I am interested in the perspectives of disability practitioners working in English universities, particularly those supporting students identified as having specific learning differences.

I would be very grateful if you would agree to take part in this study.

What will I be asked to do if I take part?

If you decided to take part, this would involve being interviewed by me remotely via MS Teams at a mutually convenient time. The interview should last no longer than 60 minutes.

What are the possible benefits from taking part?

If you take part in this study, your insights will contribute to our understanding of why the move to a social model of disability support and development of inclusive practices in higher education remains a challenge.

Do I have to take part?

No. It’s completely up to you to decide whether or not you take part. Your participation is voluntary.

What if I change my mind?

If you change your mind, you are free to withdraw up to six weeks after taking part in the study. If you want to withdraw, please let me know, and I will extract any ideas or information (=data) you contributed to the study and destroy them. It is difficult and often impossible to take out data from one specific participant when this has already been anonymised or pooled together with other people’s data, hence the six week time limit.

What are the possible disadvantages and risks of taking part?

It is unlikely that there will be any major disadvantages to taking part.

Will my data be identifiable?

After the interview, only I, the researcher conducting this study, will have access to the ideas you share with me. I will discuss these ideas with my supervisor, but I will not identify you in these discussions.

I will keep all personal information about you (e.g. your name and other information about you that can identify you) confidential; that is, I will not share it with others. I will remove any personal information from the written record of your contribution. All reasonable steps will be taken to protect the anonymity of the participants involved in this project.

How will we use the information you have shared with us and what will happen to the results of the research study?

I will use the information you have shared with me only in the following ways:
I will use it for research purposes only. This will include my PhD thesis and other resulting publications, such as journal articles. I may also present the results of my study at academic conferences.

When writing up the findings from this study, I would like to reproduce some of the views and ideas you shared with me. I will only use anonymised quotes (e.g. from my interview with you), so that although I will use your exact words, all reasonable steps will be taken to protect your anonymity in any publications.

If anything you tell me in the interview suggests that you or somebody else might be at risk of harm, I will be obliged to share this information with my supervisor. If possible, I will inform you of this breach of confidentiality.

How my data will be stored

Your data will be stored in secure files (that is no-one other than me, the researcher will be able to access them) in a password-protected account with multi-factor authentication. I will store hard copies of any data securely in locked cabinets at my home address. I will keep data that can identify you separately from non-personal information (e.g. your views on a specific topic). In accordance with University guidelines, I will keep the data securely for a minimum of ten years.

What if I have a question or concern?

If you have any queries or if you are unhappy with anything that happens concerning your participation in the study, please contact me or my supervisor using the following contact details:

***Researcher:* Suzy Beck**

Email: becks4@lancsater.ac.uk

***Supervisor:* Dr Ann-Marie Houghton**

Email: a.houghton@lancaster.ac.uk

Educational Research Department, County South, Lancaster University, LA1 4YD

If you have any concerns or complaints that you wish to discuss with a person who is not directly involved in the research, you can also contact:

Professor Paul Ashwin: Head of Department (until 31.07.23)

Dr Jan McArthur: Head of Department (from 01.08.23)

Email: P.Ashwin@Lancaster.ac.uk / j.macarthur@lancaster.ac.uk

Room: County South, D32, Lancaster University, Lancaster, LA1 4YD

This study has been reviewed and approved by the Faculty of Arts and Social Sciences and Lancaster Management School's Research Ethics Committee.

Thank you for considering your participation in this project.

Appendix 3: Consent Form

Lancaster University

CONSENT FORM

Project Title: An investigation into the role of disability support services in the development of inclusive pedagogies in English universities with a focus on students with specific learning differences

Name of Researcher: Suzy Beck **Email:** becks4@lancaster.ac.uk

Please tick each box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	☐
2. I understand that my participation is voluntary and that I am free to withdraw within 6 weeks after I took part in the study, without giving any reason. If I withdraw within 6 weeks of taking part in the study my data will be removed.	☐
3. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher, but my personal information will not be included and all reasonable steps will be taken to protect the anonymity of the participants involved in this project.	☐
4. I understand that my name/my employing institution's name will not appear in any reports, articles or presentation without my consent.	☐
5. I understand that any interviews will be recorded via MS Teams video conferencing software and transcribed, and that data will be protected and kept securely.	☐
6. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study.	☐
7. I agree to take part in the above study.	☐

______________________ ______________ ____________________

Name of Participant Date Signature

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher ________________________ **Date** ________________ (day/month/year)

One copy of this form will be given to the participant and the original kept by the researcher.

Appendix 4: Wording of Jiscmail invitation to participate (first call)

Dear Colleagues

I am currently undertaking **PhD research** into the **role of disability services in the development of inclusive teaching and learning** in their institutions and I would like to invite you to participate in the study.

Participation would involve an interview (remote via Teams) of no more than 60 minutes at a mutually convenient time. I have attached a **participant information sheet** to this message outlining the study and research process in greater detail. The research has been approved by the Faculty of Arts and Social Sciences and Management School Research Ethics Committee at Lancaster University.

Here are links to two publications that were the outcome of small-scale studies I undertook in the coursework part of my PhD programme, if you would like to see an example of my work:

https://nadp-uk.org/wp-content/uploads/2021/09/JIPFHE-Issue-13.1-Summer-2021-pdf.pdf#page=124

https://nasenjournals.onlinelibrary.wiley.com/doi/full/10.1111/1467-8578.12412

Please email me with any questions about the study or if you would like to chat about any aspect of my research with no obligation to participate.

Many thanks

Suzy Beck

s.beck4@lancaster.ac.uk

Appendix 5: Wording of Jiscmail invitation to participate (second call)

Dear Colleagues

Thanks so much to everyone who responded to my original invitation. I appreciate it went out at a very busy time of year for colleagues, so I'm resending this message in case it was lost under an avalanche of email:

I am currently undertaking **PhD research** into the **role of disability services in the development of inclusive teaching and learning** in their institutions and I would like to invite you to participate in the study.

Participation would involve an interview (remote via Teams) of no more than 60 minutes at a mutually convenient time. I have attached a **participant information sheet** to this message outlining the study and research process in greater detail. The research has been approved by the Faculty of Arts and Social Sciences and Management School Research Ethics Committee at Lancaster University.

Here are links to two publications that were the outcome of small-scale studies I undertook in the coursework part of my PhD programme, if you would like to see an example of my work:

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https://nasenjournals.onlinelibrary.wiley.com/doi/full/10.1111/1467-8578.12412

Please email me with any questions about the study or if you would like to chat about any aspect of my research with no obligation to participate.

Many thanks

Suzy Beck

s.beck4@lancaster.ac.uk