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Higher education and disability: Exploring student experiences

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Abstract: The number of students entering university within the United Kingdom (UK) with disabilities is continuing to increase. This paper draws upon data gathered from a small-scale qualitative study of 13 students with a declared disability within a UK university in the North of England. It sought to elicit the "voice" of students with disabilities, seeking to identify their experiences of any inclusive practice and any barriers to participation. Findings indicated that not all of the students were identified with being disabled and for some, there was a reluctance to disclose a disability due to perceived associated stigma. However, the student support services within the university were viewed as a positive resource, with provision being put in place within the first week of commencing university. Learning support plans (LSPs) were considered useful but "generic" rather than individualised. Barriers were identified as: staff being unaware of a student's disability, unwillingness to make reasonable adjustments and a lack of assessment choice. Overall recommendations include an overhaul of the LSPs, consultation around differing assessments and a clear need for staff training in disability awareness.

Subjects: Educational Research; Higher Education; Inclusion and Special Educational Needs

Keywords: higher education (HE); disability; disclosure; stigma; learning support plan (LSP); training

1. Introduction

Literature acknowledges that historically, students with disabilities have been underrepresented in Higher Education (HE) (Hanafin, Shevlin, Kenny, & Neela, 2007; Macleod & Cebula, 2009; Madriaga,

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The author of this paper, Lynne Kendall, is a senior lecturer at Liverpool John Moores University, where she is the programme leader for the BA (Hons) Education Studies and Special and Inclusive Needs programme. Prior to working in Higher Education, Lynne taught in mainstream and special schools for 25 years and worked mainly with pupils with special educational needs and disabilities. Lynne's particular interests lie in the areas of dyslexia, autism and attention deficit hyper-activity disorder (ADHD). Currently Lynne is working towards her PhD which focuses on the inclusion of individuals (children and adults) with specific needs within a range of educational settings, from early years to higher education.

PUBLIC INTEREST STATEMENT

Universities are places for the development of knowledge and experience and at their heart are a learning organisation. With the widening participation agenda and the increased access for all individuals, comes challenges and opportunities for both staff and students alike. This paper utilises the voices of students with disabilities to explore their lived experience of university and the barriers to learning they experienced. The paper found three key themes, identification with a disability, barriers to participation and support.

2007). Within the UK Disability is defined under the Equality Act Gov.UK, 2010 as "A physical or mental impairment that has a 'substantial' and 'long term,' negative effect on an individual's ability to do normal daily activities" (Gov.UK). Until fairly recently within the UK, it was not unlawful for HE institutions to discriminate against individuals with a disability, often offering limited or no support (Goode, 2007; Jacklin & Robinson, 2007). However, with the introduction of the Disability Discrimination Act (DDA) part IV which was implemented in 2002, HE institutions have a duty not to discriminate directly or indirectly against students with disabilities. Additionally, the Disability Equality Act 2005, (incorporated into the Equality Act 2010) required HE institutions to actively promote equality of opportunity for people with disabilities. Although literature suggests that people with disabilities are still underrepresented in higher education (Gibson, 2012; Liasidou, 2014), it is evident that the number of students with disabilities entering university has continued to increase, as have the range of identified needs (HESA, 2014). Couzens et al. (2015) identify that the number of students with hidden disabilities such as dyslexia, autism spectrum disorder (ASD) and attention deficit/hyperactivity disorder (ADHD) has certainly increased within the HE sector, although Vickerman and Blundell (2010) question whether this is a genuine increase or perhaps, people are more willing to disclose a disability. This study sets out to identify, through the voices of students with disabilities, barriers to participation and examples of inclusive practice.

In order to ensure that students with a disability are not at a substantial disadvantage compared to their non-disabled counterparts, HE institutions within the UK are required by law to make anticipatory reasonable adjustments. It is not clearly defined what these reasonable adjustments should be but may include, access to adaptive technology (Hutcheon & Wolbring, 2012; Redpath et al., 2013) or adjustments in relation to learning, teaching and assessment (Redpath et al., 2013; Riddell & Weedon, 2014; Smith, 2010). Importantly, Elcock (2014) suggests that adjustments should be specific to each individual student and also to the requirements of the programme. Taylor, Baskett, and Wren (2010) emphasise the importance of ensuring that these adjustments are in place prior to the student commencing their course of study. Supporting all students is therefore a complex issue for all universities and requires further research to understand the students' needs.

This paper sets out to explore disabled students' views of studying in HE, considering what has supported them and barriers to participation.

2. Disclosure

For support to be put in place, there is an expectation that students will disclose their disability before they commence their studies and that HE institutions will encourage early disclosure (Jacklin, 2011; Richardson, 2009). However, this is not a prerequisite as individuals do not have to disclose their disability or provide the university with any information (Carey, 2012; Riddell & Weedon, 2014). Indeed, as Redpath et al. (2013) and Vickerman and Blundell (2010) acknowledge, some students do not disclose their disability prior to admission for fear of influencing the application process i a negative way. Certainly, students can disclose a disability at any time during their studies and whilst there are benefits to disclosure (Cunnah, 2015; Jacklin, 2011), there is a reluctance of some students to disclose their disability, thereby forgoing any entitlements which may support them (Gibson, 2012; Liasidou, 2014). Non disclosure may be because of associated "stigma" with a disability (Habib et al., 2012; Mortimore & Crozier, 2006) or concerns of being treated differently (Hargreaves, Dearnley, Walker, & Walker, 2014). Whilst authors such as Jacklin (2011), Riddell and Weedon (2014) and Shakespeare (2006) argue that students may not acknowledge disability as being part of their identity. Madriaga (2007, p. 407) suggests that students do not disclose to their tutors because they do not want to be viewed negatively or to be perceived as a problem, which Madriaga concludes is a "medical model of disability", which assumes that individuals with a disability experience difficulties fitting in to "normal societal rules" because of their disability (Priestley, 2003, p. 12). Whatever the individual reasons for non-disclosure, Couzens et al. (2015, p. 38) argue that; "self-disclosure of a disability is a very personal decision".

3. Barriers

Despite the widening participation agenda, which Smith (2010, p. 214) acknowledges is "a political drive to redress social exclusion and social injustice", and relevant legislation designed to ensure non discriminatory practice within higher education, literature suggests that students with a disability in higher education continue to experience barriers to learning (e.g. Black, Weinberg, & Brodwin, 2015; Couzens et al., 2015; Hopkins, 2011; Macleod & Cebula, 2009; Moriña Díez, López, & Molina, 2015). Indeed, Reed, Kennett, and Emond (2015, p. 228) concede that as a result of numerous barriers encountered by students with a disability, they are more at risk of poor academic performance than their non-disabled peers. Crow (2003, p. 136) suggests that this is not due to lack of ability, but rather the "disabling social, environmental and attitudinal barriers" referred to as the social model of disability. This paper focuses on elements of exploring disability from a social model viewpoint. Within this framework, universities can take action and develop policies to further support students.

These barriers can include, the physical environment, with difficulties in accessing the campus, rooms, accommodation, library and support services (Holloway, 2001; Redpath, 2013). Attitudinal barriers, e.g. negative attitudes from non-disabled students towards those with a disability, (Liasidou, 2014) and disablist attitudes and practices from staff within a university (Madriaga, 2007). Redpath et al. (2013) acknowledge that one form of barrier for students with a disability is the lack of awareness amongst teaching staff of the differing needs that students may have, and identifies that students often have to continually ask for the same reasonable adjustments in order to support them, often this support is not given, e.g. lecture notes or slides in advance of the lecture, an issue identified by Hopkins (2011) or allowing lectures to be recorded by students (Mortimore, 2013). These negative practices create barriers to full inclusion and often disadvantage students with disabilities compared to their non-disabled peers.

Certainly, research highlights difficulties around modes of assessment for students with a disability (Hanafin et al., 2007). Fuller, Bradley, and Healey (2004) indicate that some assessments are viewed as restrictive and found to be a barrier, e.g. examinations. Pavey, Meehan, and Waugh (2010) concur with this view in terms of examinations, particularly for students with a specific learning disability such as dyslexia and advocate alternative assessment. These authors also suggest that academics may not agree with or be willing to provide alternative assessments for students with a disability. Furthermore, Liasidou (2014) highlights the issue of disabled students being segregated from their non-disabled peers during exams, which Liasidou concludes is a stigmatising form of provision that identifies students with a disability as being "different" to their non-disabled peers. Whilst Couzens et al. (2015, p. 26) acknowledge that issues and difficulties encountered by individual students will vary not only within but also between disability-specific groups, Moriña Díez et al. (2015) advocate that there needs to be an overhaul within HE in many areas so that these barriers that cause difficulties are eradicated.

4. Method

4.1. Participants

For the purpose of this study, participants were named and given pseudonyms. The participants ($n = 13$) were all female students from a university in the North of England, from three differing deaneries within the university (Education, Social Sciences and Humanities). Participants were either pursuing a BA (combined honours) degree or a BA (honours) degree course. Two of the participants were on a BA (honours) with ITT degree course (Megan and Barbara). Due to restrictions imposed by the university, it was not possible to select participants on the basis of gender, ethnicity, age or specific disability. However, 12 of the participants had declared prior to entry to university that they had a disability. Barbara had not disclosed a disability on application to the university. Table 1 shows the level of study and the nature of the disability of the participants.

Table 1. Participant details

Participant	Year of study	Disability
Ann	3rd year	Dyslexia
Carol	3rd year	Hearing impaired/phrymalgia (muscle/nerve condition)
Jean	2nd year	Chronic back pain
Megan	2nd year	Dyslexia/Irlen syndrome
Sue	3rd year	Dyslexia
Amy	3rd year	Mental health problems
Fariha	3rd year	Dyslexia
Barbara	2nd year	Arthritis
Sarah	3rd year	Dyslexia
Miriam	2nd year	Multiple sclerosis/diabetes/arthritis
Helen	3rd year	Rheumatoid arthritis/osteoarthritis
Laura	3rd year	Dyslexia
Grace	3rd year	Dyslexia

4.2. Access and ethics

Prior to any research being conducted within the university, permission was required from those who are described by Creswell and Plano Clark (2007, p. 113) as "gatekeepers". These are individuals within the organisation who not only support the proposed research but will allow access to particular groups, in this case, students with a disability. An initial approach was made to the senior managers and permission was given for the study to proceed. Following ethical approval which incorporated ethical guidelines from the British Educational Research Association (BERA), the "gatekeeper" arranged a meeting between the researcher and the head of the student support services. Due to data protection, it was not possible for the researcher to have access to the database containing contact names and other information about the students, including the nature of their disability. To resolve this issue, the head of student support services offered to send a generic email, to all students on the database across the university, outlining the purpose of the research and the contact details of the researcher.

4.3. Research approach

A purposive sampling strategy was adopted (Robson, 2002). It was considered appropriate to adopt a qualitative approach to the research. The size of the sample was an unknown quantity, however, following an email inviting students to partake in the study, 15 students initially responded. Two students later withdrew their offer stating that they had a heavy workload and did not have the time to be involved in the research. Students were sent an email thanking them for agreeing to be involved in the study and interview. Informed consent was required from the prospective participants as discussed by Bryman (2004) and Cohen, Manion, and Morrison (2007). The consent forms, ethics forms and information sheets were subsequently sent via email, completed and returned.

The study used semi-structured interviews to gather the perceptions and experiences of students with disabilities. This format gave more depth and personal qualities to the student responses and as acknowledged by Bryman (2004), also allowed the researcher more flexibility in being able to add or omit questions during the interview. Interview questions followed the predetermined order (see Appendix 1 Interview protocol). One face-to-face interview was conducted with each of the participants in a room within the university at a time that was convenient for the student. Each interview lasted between forty minutes and one hour. With the verbal consent of the participants, interviews were audio recorded and transcribed verbatim. All participants were informed about the nature of the research, the right of the participant to amend any transcribed work, to not respond to any

questions that they felt uncomfortable with, the right to terminate the interview at any time and confidentiality and anonymity should they participate in the interviews (Silverman, 2006).

For the purpose of this study, a thematic data analysis approach was used (Cohen et al., 2007). Following transcription of the interviews, the data were manually colour-coded with three themes emerging, these being: identifying with a disability; barriers to participation and support.

4.4. Limitations

There are limitations to this study including the small sample size and lack of male participants who may deal with issues in a different way. However, this small-scale study has sought to elicit the "voice" of students with disabilities, providing a rich source of data about their lived university experience. Due to the adopted sampling technique, the experiences of the students in this study may not be representative of other students with disabilities within the university or indeed, other universities. However, the in-depth nature of the interviews enabled a rich level of data to tell detailed stories.

5. Results and discussion

The following are the summaries of the three themes from the interview data.

5.1. Identifying with a disability

Following discussion, it was evident that for some of the participants, there was an association between being disabled and perceived stigma.

Twelve of the participants disclosed their disability prior to entry to the university except for Barbara (ITT course). However, following illness halfway through her first year of study, Barbara went down the route of being registered disabled. This was done reluctantly because she did not want to be viewed or treated as being different, and secondly, there was a concern that disclosure of a disability would have a detrimental effect and impact upon her future career in teaching. Similarly, another participant Megan, had disclosed that she was dyslexic prior to attending university, but was unwilling to inform her tutors for fear of this impacting on her future teaching career. Similar to the findings of Liasidou (2014) and Mortimore and Crozier (2006), Megan had not informed fellow students that she was dyslexic in case they perceived her as different and conceded that there was a stigma associated with having a disability.

> There is definitely a stigma attached to having a disability. From my experience, if you admit that you have a disability, people treat you differently. People think that they have to speak slower to you in case you don't understand what they are saying! I don't want their sympathy. Megan

This issue of stigma and disability was also discussed by Amy who felt that there was definitely a stigma associated with mental health difficulties and although no negative comments had been directed at her personally, she was reticent about informing her lecturers and other students about her own mental health issues.

> I do think that there will always be a stigma around mental health because people don't understand it, you can't see it. It's not something that you can put a plaster on. I think that people feel uncomfortable discussing mental health issues. Amy

Literature acknowledges that not all students see themselves as disabled (e.g. Riddell & Weedon, 2014) similarly, four of the participants in this study did not identify with being disabled, preferring to acknowledge that they had a condition rather than a disability.

> I have a condition. I see a disability as something that holds you back. I don't let it be a disability if I can possibly help it. It doesn't stop me doing what I want to do. Laura

Barbara also acknowledged that she was reluctant to consider herself as disabled, as she did not let her condition prevent her from doing what she wanted to do.

Equally, there were participants who were very open about their disability including Grace who stated:

> I'm dyslexic and at times it disables me but it also makes me who I am. I don't have a problem telling people about it. If people know, then I can't be expected to do things that I can't do. Grace

5.2. Barriers to participation

5.2.1. Lecturers

Nine of the participants stated that a number of lecturers were generally helpful and supportive in meeting their needs but this was not consistent with all lecturers.

> Most of the lecturers are great but I have had the odd one that although nothing has been said, I felt at a disadvantage. I have always got the impression that they were not seeing past my disability. They were seeing my disability as a bar to achieving things. Miriam

Similar to the findings of Fuller et al. (2004), participants spoke of their frustration of having to repeatedly inform individual lecturers that they did have a disability and what subsequent reasonable adjustments should be in place. However, there was also an acknowledgement by the participants that with large cohorts of students, it could be difficult to accommodate all specific needs.

> When I told my lecturers about my disability, they didn't know anything about it! To be fair, they are busy and they have so many students especially students with different disabilities that I don't think they could remember individual student needs. Helen

An issue that was raised by a number of the participants was the lack of or limited knowledge that the lecturers had about specific disabilities and the subsequent need for training. Sue explained about an incident that had occurred that she felt could have been avoided if the lecturer had basic training about Specific Learning Difficulties including dyslexia.

> Only a few months ago my lecturer asked us all to prepare a piece of work and then read it out to the rest of the group. I have struggled all my life with reading especially in school but reading out loud is even worse especially when I'm under pressure. I rang my lecturer the day before and he said, it's okay, I'll do it for you. Afterwards he apologised, he didn't realise that reading aloud was an issue for me. I wish that people understood that dyslexia impacts on people in so many different ways. I think that training around dyslexia is so important. Sue

5.2.2. Lecture notes and recording

Not being able to access lecture notes or slides prior to a lecture was raised by five of the participants. This is an issue that is well documented within literature (e.g. Hopkins, 2011; Macleod & Cebula, 2009; Moriña Díez et al., 2015). Participants felt that they were at a disadvantage compared to their non-disabled peers. They spoke of the need to read the information at their own pace in order to fully understand the content. Grace stated that she could wait for up to a week after the lecture before notes were made available on the university virtual learning environment. Similar to the findings of Fuller et al. (2004), participants spoke of the difficulties with note taking especially when lecturers spoke very quickly or delivered a presentation at a quick pace. Sarah asked the lecturer if they could send out things in advance of the lecture, his response was not positive.

> He said that he couldn't do that because he had done that in the past and when people got the reading material, they didn't turn up for the lecture! I should really have made a stand about it but I didn't have the energy to argue. Sarah

Contrary to the findings of Mortimore (2013), participants who recorded the lectures had never had a negative experience from either the lecturers or other students. However, two of the participants disclosed that they did not record lectures, one because of non-disclosure of a disability to other students (Megan) and the second student (Ann) did not want to be perceived in a negative way.

> I won't use a Dictaphone because people might say, oh she has a disability so she will get this and that for free. I don't want to be treated differently. Ann

5.2.3. Assessment

Each of the participants recognised their own particular strengths in terms of differing types of assessment. Four of the participants had been offered alternative assessments that met the module learning outcomes but importantly, catered to the participant's strengths, an example being Amy, who had an individual presentation to deliver. Following discussion with her lecturer, adjustments were made in order to reduce the anxiety that she was experiencing.

> The thought of standing up in front of lots of people and delivering a presentation filled me with dread! I felt ill at the thought of it. It wouldn't go away. I didn't want to let my lecturer to know about my illness but I finally spoke to her and she was great. I still did a presentation but in a room on my own with the lecturer, just the two of us. Amy

However, this willingness to offer other forms of assessment was not consistent throughout the university and was an issue raised by nine of the participants. An example was given by Sarah, who had difficulties with spelling and grammar and felt that alternative methods of assessment that acknowledged her strengths such as presentations or viva would have been beneficial to her.

> I can speak far better than I can put it down on paper. It would be handy if my assignments were oral. I have asked for this but was told No. My spelling and grammar is really poor. I double check my work about a million times before I hand it in but often when I get the work back there is always a comment about my poor spelling, it is so disheartening! Sarah

Contrary to the findings of Lopez Gavira and Moriña (2015) who discuss the many exam-related barriers, participants who had an exam as part of their assessment stated that whilst they would prefer a different type of assessment, they acknowledged the support that they had been given. This included (depending on the needs of the individual), tutor support, extra time allowance of 25%, a scribe, a reader, computer, specific coloured writing paper and individual room allocation. Although Liasidou (2014, p. 124) suggests that the practice of allocating students with a disability a separate room to undertake an exam is a "segregating and stigmatising form of provision", five of the participants considered alternative room provision as a positive means of support.

> I'm given a quiet room to do my exams in, obviously it is invigilated but sometimes, I am literally on my own, it's brilliant! Sue

> I have my exams in a separate room, it's much better and that means that I can stand up and move around if I need to without disturbing other people. Helen

Some of the participants also had mixed experiences of assignment support from lecturers.

> I remember asking a lecturer for help with an assignment and was told to read for several hours. I then explained that I have a back problem and cannot sit for prolonged periods due to pain. This impacts on my concentration. I was fobbed off! They didn't have the time to give me support. I felt let down. Jean

Participants spoke about their experiences of being given an extension on the submission of their work and this was dependent upon individual lecturers. Fariha had a positive experience, whereas Grace had mixed experiences.

> If I needed the help it was there. I spoke to my lecturers and they gave me extra time to do the assignments which is a good thing. That extra time helped to alleviate the pressure that I felt under and the more I felt under pressure, the less I was able to concentrate on my work. Fariha

> Sometimes when you ask for an extension, they are a bit begrudging and ask you, do you really need one? I wouldn't be asking if I didn't! It's so annoying. Grace

5.3. Support

5.3.1. Student support services and learning support plans

Having disclosed their disability prior to commencement of study (except for Barbara), participants were invited to attend a meeting with the student support service, to identify what provision could be put in place to support them. All of the participants viewed the support service as a positive resource and spoke of the efficiency of the service in organising specialist equipment, arranging writing support tutors, contacting individuals on a regular basis to ensure that they are okay and generally providing information.

> They (student support services) are fantastic! If I have a problem I know that I can go and meet with someone, you don't need an appointment. They have helped me get a tutor for an hour a week to support me with my writing. They also organised equipment for me. Sarah

Each participant was given a learning support plan (LSP). Five of the participants spoke of the benefits of an LSP, stating that it was effective in terms of allowing negotiation of extensions on submission of course work and additional time given for an exam was perceived as beneficial, reducing the pressure that participants felt they experienced. However, not all of the participants felt that the LSP met their needs. Amy suggested that in terms of mental health issues, it was often very difficult to say exactly what would be beneficial as her needs changed on a regular basis although she did concede that for her, emotional support was important. Participants acknowledged that there was a general "one size fits all" approach to a particular disability which is an issue also discussed by Couzens et al. (2015).

> I feel that because I said that I have arthritis they (student support services) have just lumped me with everybody else who has arthritis … I have issues with using stairs but somebody else with a similar disability to me may be able to walk up stairs but their problems could be in their shoulders! They don't ask you what your individual needs are. Helen

An issue around access by all staff to the LSP's was also identified by Jean, who had a negative experience in the university library. Due to chronic back pain, Jean was unable to reach the top shelves for a book and went to ask the library staff for support. Jean then had to spend time explaining that she had an LSP but also felt that she had to justify to others why she needed some support.

> I didn't feel supported. I tried to explain about my LSP but I felt as if they (the staff) thought I was lying. In the end, I just thought, oh leave it! I don't like confrontation so I just went and had a look for another book that I could access. If they only had a data base that you could enter the student's number and something would flash up and alert the staff that the student had an LSP. That would be helpful. Jean

6. Discussion

The findings from this small-scale study have identified a number of issues that have been previously discussed by other authors, suggesting that in spite of relevant legislation, students with disabilities are still experiencing barriers to participation and inclusion. There appears to be a "one size fits all" response to supporting students with a disability and this generalised approach is not impacting in a positive way. However, there is a cost to individualised support that will have to be faced.

Although the sample size for this study was small ($n = 13$), this enabled an in-depth analysis of views. This paper brings to life the student "voice" and their lived experiences of HE.

Whilst the majority of students disclosed their disability prior to commencement of study at the university, others were reluctant to inform their lecturers or peers due to a perceived stigma associated with disability. Two of the students who were undertaking the ITT degree course, were also reluctant to disclose in case this impacted negatively on their future teaching career. This is an issue discussed by Macleod and Cebula (2009) and Morgan and Burn (2000) that still persists. Some of the participants did not identify with being disabled, an issue also discussed by Beauchamp-Pryor (2012) who concedes that negative attitudes within society towards disability, is partially responsible for perpetuating this reluctance to identify as disabled. If this reluctance to disclose continues, then it becomes very difficult to individualise support. Therefore, the culture needs to change from a "deficit" model to one where it is a positive opportunity for individuals to state their learning needs.

Similar to the findings of previous studies conducted within the UK and Northern Ireland (Fuller et al., 2004; Goode, 2007; Redpath et al., 2013), participants expressed their frustration at having to continually inform staff, especially lecturers that they had a disability and required individualised support. This support included, e.g. notes prior to the lecture, not being expected to read out loud in sessions and extensions on submission dates for assignments, if required. This issue of staff not recognising the student's disability and the possible subsequent anxiety and stress this may cause, is also discussed by Madriaga (2007, p. 401) who further contends that this is an issue that non-disabled students may not have to deal with. However, it must be recognised that for large cohorts, this can be difficult to do. One solution would be an automated register system that identifies individual's needs. This would help staff manage this bespoke education.

It was evident that participants would have preferred some assessments that catered to their strengths but a choice of assessment type was not an option for the majority and was dependent on individual lecturers, with some being flexible and supportive, whilst others were more rigid in their approach to assessment. Pavey et al. (2010) acknowledge that some academics may not be willing to arrange alternative assessments.

Madriaga (2007) discusses inclusive assessment practice and concedes that an over reliance on written assessments (including examinations) disadvantages some students with a disability. Pavey et al. (2010) concede that some methods of assessments, including essays and examinations can put students who are dyslexic at a disadvantage, as they may have difficulty in being able to express their thoughts in written form and suggest that alternative assessments such as presentations (including poster presentations) should be considered. Furthermore, Redpath et al. (2013) acknowledge that inclusive assessments benefit all students.

The importance of alternative assessments is also discussed by Taylor (Taylor, 2005, p. 490) who suggests that some groups of students may be "substantially disadvantaged" if alternative provision is not offered. Importantly, Redpath et al. (2013, p. 338) recommend that, wherever possible, assessments should "be designed from the start with the requirements of disabled people in mind".

The sector needs to look at how to individualise assessments and support programme teams in making these changes.

Contrary to the findings of Couzens et al. (2015) this study identified the student support services as a useful resource with support available within the first week of commencing university. However, there were issues with the LSP's, with participants acknowledging that they were too generalised in terms of particular disabilities, an issue also discussed by Mortimore (2013, p. 38) who concedes that "inflexible support is tailored to institutional rather than student need". Participants suggested that all LSP's should be available electronically in one easily accessed place and lecturers should identify before the commencement of a module, individuals who have an LSP and the subsequent support

required. In conclusion, despite relevant legislation and widening participation, it appears from this study and previous literature that very little has changed for students with a disability. Whilst the student support services were viewed in a positive way in terms of support, it is clear that there are still many barriers to full participation that perhaps non-disabled students do not experience including, attitudinal barriers and disablist practices from staff. These issues need to be addressed as a matter of course if there is to be equitable learning experiences for all students in HE.

7. Conclusion and recommendations

This small-scale study has identified a number of issues that continue to create barriers to full participation within HE for students who have a disability.

In order to ensure that appropriate support is in place, it is important that universities continue to encourage students with a disability to disclose prior to commencement of studies. Knott and Taylor (2014) acknowledge that students are often reluctant to disclose their disability for a wide variety of reasons. Cultural change is needed and HE institutions should be more proactive in encouraging students to disclose. A starting point could be at university open days and recruitment fairs, an idea also discussed by Mortimore (2013).

Training around disability awareness for all lecturers was highlighted as a key factor which should help in ensuring inclusive practice. Whilst Hopkins (2011) makes recommendations that training should be regular and compulsory, how this can happen in practice needs to be further researched.

The university policy-makers in collaboration with staff, relevant disability advisors and importantly, students with disabilities, should consider future policy development that ensures inclusive practices across all departments of the university. This practice should ensure that lecture notes and relevant materials are available to students in advance of sessions. Consideration should be given to differing modes of academic delivery and differing forms of inclusive assessment.

Similar to the findings of Mortimore and Crozier (2006), the LSPs are too generic and need to be completely overhauled. Across the university, there is a need for an electronic database that contains the LSPs of individual students that can be easily accessed by relevant staff. Discussion should also centre on the dissemination of the LSPs to staff, perhaps this could be undertaken by personal tutors.

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Appendix 1

Interview Protocol

(1) What is the nature of your disability or condition and do you consider yourself to be "disabled?"
(2) How long have you had the disability or condition?
(3) How does the disability or condition impact upon you?
(4) When you came to this university, who did you inform about your disability or condition?
(5) What support has been put in place for you?
(6) If you have a LSP, is it meeting your needs?
(7) How do staff respond to your disability or condition?
(8) In your opinion, do you think that there is a need for disability training for staff within this university?
(9) How supportive are your fellow students?
(10) Can you describe any way that you feel your learning has been affected by your disability or condition?
(11) Is there anything that this university could put in place to further support you?

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