



Department  
for Education

# Evaluation of disabled students' allowances

Research report

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# Executive Summary

## Background

Disabled Students' Allowances (DSAs) are payments (neither means-tested nor repayable) to help with essential, additional expenditure a disabled student incurs while studying, because of their disability (which includes long-term health conditions, mental health conditions, or specific learning difficulties such as dyslexia). Changes were made in 2014 to bring the definition of disability in line with that used in the Equality Act. In 2015/16 and 2016/17, the funding model changed to ensure it represents good value for money through paying for truly 'additional' costs. The 2015/16 changes introduced a £200 contribution for students towards the cost of recommended computer hardware. The 2016/17 changes transferred responsibility for less specialist non-medical help (NMH) provision to higher education providers (HEPs), and other changes were made to areas, such as IT consumables, etc.. In most cases, the expectation is that HEPs will offset the impact of the removal of DSAs funding by providing reasonable adjustments to disabled students as they are required to do under the Equality Act 2010. The expectation is that some of these will be anticipatory adjustments made to course delivery at a more universal level, to enable more inclusive learning, while some will still be provided on an individual basis.

Given the recent changes to DSAs funding and provision, the Department for Education (DfE) commissioned IFF Research to evaluate the appropriateness of the current model, which will also influence future decisions around finance for disabled students, and inform ongoing work on widening participating in higher education.

The main aim of the study is to assess the extent to which DSAs are meeting their objective, which is to reduce barriers to learning that disabled students might experience, with a subsidiary aim to explore the impacts of the recent changes to DSAs funding.

## Methodology

The research used a three-stage methodology:

- Qualitative case study visits to eight HEPs in England, covering disability support provided by the HEP, involvement in and views of the DSAs' process and recent changes, the steps taken so far to promote inclusive learning, and any enablers or challenges experienced along the way.
- A short online survey of 1,773 disabled higher education students (students were eligible to complete the survey regardless of whether or not they were claiming DSAs, but they had to be studying on a relevant course and to indicate that they



had a disability or long-term health condition). Each of the 18 participating HEPs was sent its own open link, which it distributed to relevant students.

- Follow-up qualitative interviews with 50 students who completed the survey and agreed to be re-contacted, exploring the issues covered by the survey in greater depth.

## **Key findings**

### **Applying for DSAs**

The majority of disabled students (87%) had heard of DSAs. However, only two in five (40%) had heard of DSAs before they started their course, rising to almost three in five (58%) of those who actually received DSAs.

There is some confusion among students about what DSAs is for and whether or not they are eligible to apply for it, particularly among those with mental health conditions and long-term conditions.

Students' experiences both of completing the application form and of gathering the medical evidence required are mixed, and often differ according to their disability. These factors, combined with doubts about their eligibility, can deter students from applying for DSAs.

Six out of ten (63%) students received information about DSAs before they applied for it, while four out of ten received support with completing their application form. Students who received support to apply were more likely to feel satisfied with the whole process and feel that DSAs support met their needs. They most commonly looked for support with their application from their HEP, where the level of help given varied considerably due to increasing demands on a sometimes stretched HEP service.

Although the majority had heard about DSAs, survey responses suggest that awareness and knowledge among DSAs recipients has declined. Students who received DSAs for the first time from 2016/17 onwards were less likely to have heard of them before starting their course (56% of students who received DSAs from 2016/17 onwards compared to 62% of students who first received it in 2015/16 or earlier). They were also less likely to say they felt well informed about DSAs prior to starting their course, compared to those who first received DSAs before 2016/17 (53% of students who first received DSAs in 2016/17 onwards compared to 62% receiving it in 2015/16 or earlier).

### **Experiences of the DSAs assessment process**

Two thirds (68%) of all students who were eligible for DSAs found it easy to make an appointment for a study needs assessment. The assessment tended to take place at

their HEP (43%) or at a separate assessment centre (42%). Although satisfaction with the ease of getting to the assessment centre was high (81%), those who first received DSAs in 2015/16 or before were significantly more satisfied (86%) than those who first received it after 2016/17 (81%).

Overall agreement that students felt listened to by the assessor was high (91%) as was agreement that the assessor understood their study support needs (88%). Students with physical/ sensory or long-term health conditions were more likely to strongly agree on these measures, than students with a mental health condition or specific learning difficulty/ disability.

The majority (81%) were satisfied with their overall experience of the assessment, and two-thirds were also satisfied with the amount of funding they were entitled to. Students who received their DSAs in 2015/16 or earlier were more likely to be satisfied with the funding they were entitled to (74%), compared to students who received DSAs in 2016/17 onwards (67%).

Almost three quarters (73%) of students were satisfied with the type of support they were entitled to under DSAs. In line with previous findings, students with a physical or sensory disability were significantly more likely to be satisfied (80%) compared with students with a mental health condition (73%), a learning difficulty/ disability (72%) or a long-term health condition (69%).

A similar proportion of students (70%) were satisfied with the amount of non-medical help they were entitled to – a key element of the most recent changes to how DSAs operates. There were no significant differences by the year that the student first received DSAs. Students with a physical or sensory disability (77%) were more likely to be satisfied with the amount of non-medical help they received than those with a specific learning difficulty or disability (67%), who were the least satisfied.

Compared with other aspects of the assessment report recommendations, students were by far the least satisfied with the range of providers or equipment they could choose from, although the majority were still satisfied overall (55%). Almost a quarter (23%) were dissatisfied.

### **Support received via DSAs and HEPs**

Students in receipt of DSAs received a wide range of support. Three-quarters (73%) of DSAs recipients reported that they received specialist software needed for their course and a similar proportion received IT equipment needed for their course (72%). Over half (57%) received non-medical help, including support such as note-takers in lectures or from other types of learning support workers. It should be noted that this is based on self-reported measures and differs somewhat from the most recent SLC statistics on DSAs, which show a smaller proportion of students receiving IT support (38%) and travel

support (5%); and a higher proportion receiving non-medical help (67%). The difference is perhaps indicative of a lack of clarity among students about who has provided the support they receive. Individuals may also answer surveys differently than they might to a formal data collection process. In addition, people's conditions can change over time, which may account for differences in the types of support they receive across different time points.

A significant minority of the students who applied and were eligible for DSAs did not take up all of the support offered in their entitlement letter. While around six in ten (61%) students used all of the support offered to them, just over a third (34%) stated they did not. The main reason given by those who did not utilise all of the DSAs support they were offered was that they did not need all of it, and were able to cope without it (32%). The other reasons given related more to issues with the support itself and the process of using it, such as having to pay some of the costs, delays, and lack of clarity about how to access it.

Over half (59%) of students who received DSAs found it easy to access the support on offer to them. Accessing the recommended DSAs support could benefit from more clarity and guidance to make it clearer for recipients, as students with certain types of disability such as mental health conditions often found it difficult to 'follow up' the support set out for them in their needs assessment letter, because of the nature of their condition. Students suggested that having one central point of contact co-ordinating the support would make this easier.

There is an increasing expectation on HEPs to provide more inclusive forms of learning for all their students. The majority (85%) of disabled students reported that at least one form of support was offered by their HEP, most commonly putting course materials online in an accessible format (55%), having specialist disability services staff or advisers (45%) and providing lecture notes in advance (36%). Students who received support from DSAs were also more likely to have received support from their HEP and be satisfied with this.

### **Satisfaction with the support available**

At an overall level, DSAs support is broadly meeting the needs of students. Over half (55%) of those in receipt of DSAs agreed that the DSAs support they receive meets all of their needs, although 28% disagreed. Findings were more positive with regards to whether the DSAs support they received enabled them to participate more fully in their course than they would be able to otherwise: around two-thirds (68%) of DSAs recipients agreed and just 16% disagreed.

When comparing students who first received DSAs in 2015/16 or earlier and from 2016/17 onwards, the only difference is that those who first received DSAs in 2015/16 or

earlier were more likely to strongly agree that the DSAs support they received enabled them to participate more fully in their course.

Satisfaction with various aspects of support from HEPs is slightly lower than with DSAs support. Just under two-thirds (63%) agreed that their HEP had a positive approach to supporting learning among disabled students, and around six in ten (58%) felt that their HEP took an inclusive approach to designing and delivering teaching and learning.

When asked whether they felt their HEP takes an inclusive approach to designing and delivering teaching and learning, students who received DSAs were more likely to strongly agree when compared with non-DSAs recipients (26% compared with 19%). Students who first claimed DSAs more recently (2016/17 onwards) were more likely to strongly agree (25% compared with 22% overall) while those who first claimed DSAs in 2014/15 or earlier were more likely to disagree that their HEP has an inclusive approach (29%). These differences and trends perhaps suggest that inclusivity in HEPs has improved over time, in line with the policy direction.

Students who were dissatisfied with either their HEP's support for disabled students generally or with their specific course were asked how this could be improved. The two main improvements suggested by students related to personal support; 74% suggested more understanding from teachers or tutors and 62% suggested meeting with learning support staff more regularly.

### **Impacts of DSAs and HEP support**

DSAs had a limited impact on disabled students' decisions to go into higher education – in part, because awareness of it was quite low at the point they were deciding on their application. When asked directly whether the fact they could apply for DSAs influenced their decision to go into higher education, 42% of disabled students who knew about DSAs prior to applying, and who received DSAs, agreed that it did. Students who first received DSAs before 2015/16 were more likely than those who received it from 2016/17 onwards to say that it had influenced their decision. The influence of DSAs on decisions to go into higher education therefore appears to have fallen over time, with the onset of the changes introduced from 2016/17 onwards.

There was an even split amongst DSAs recipients' responses about whether they could have done their course without getting support from DSAs: 40% said they could have done it while 37% said they could not (the remainder were unsure). This is a self-reported measure, and that being able to do the course in itself does not mean that students would have an optimal experience, in terms of completion, attainment, and actual enjoyment of their learning. Students who first received DSAs in 2015/16 or earlier were more likely to say that they could not have done their course without it (47%, compared with 33% of students who first received DSAs in 2016/17 or later). Notably, DSAs

appeared to be more important for certain 'widening participation' groups such as mature students, Black and Minority Ethnic (BAME) students, students with a physical or sensory disability or with two or more disabilities, and students whose parents had not attended higher education.

Around one in five disabled students reported that the learning support provided by the HEP influenced their choice of HEP or course, and a similar proportion reported that DSAs influenced their choice of course.

Around seven in ten disabled students (69%) were confident of completing their course, but this fell to 64% among students with a mental health condition. Confidence in completing the course was highest among DSAs recipients who did not report any gaps left in their support and among disabled students generally who were satisfied with how their HEP supports learning (84%), and specifically with how their course is adapted to support learning (86%). Feeling unconfident about passing the course was higher among students who disagreed that their HEP supported learning or that their course was adapted sufficiently, than among students who still felt there were gaps in their DSAs' support. This suggests that providing an inclusive learning environment and adaptations within the course has more influence on students' confidence to complete.

A similar proportion of students were confident about passing their course (68%), with 17% not confident and the remainder ambivalent. There was a similar pattern in terms of confidence in passing the course as there was for completing it, with students who reported no gaps in their DSAs support (79%), and those who were satisfied with how their HEP supports learning (79%) and how well their course is adapted (83%), feeling more confident than those who were dissatisfied.

Three in five (59%) DSAs recipients who stated that they felt confident about passing their course said that they would not feel confident about passing their course without receiving DSAs, with one quarter (23%) saying that they would. There was no difference by the year they first received DSAs or by any other key subgroups, suggesting that DSAs has an equally positive impact across the board.

Students who felt confident about passing their course and who had access to support from their HEP were also asked whether they would feel confident without that support: around three in ten (28%) said they would while just over half (54%) said they would not. Students who first received DSAs from 2016/17 onwards were more likely than more longstanding recipients to say they would not feel confident without this HEP support (67%, compared to 53% of those who first received DSAs in 2015/16 or earlier). This suggests that, in line with the policy intention, adaptations to provide a more inclusive learning environment are becoming more commonplace and more important in terms of the wider network of support available for disabled students.

# 1. Introduction

## Background to this research

Disabled Students' Allowances (DSAs) are payments (neither means-tested nor repayable) to help with essential, additional expenditure a disabled student incurs while studying, because of their disability (which includes long-term health conditions, mental health conditions, or specific learning difficulties such as dyslexia).. The funding model has recently changed to ensure it represents good value for money through paying for truly 'additional' costs.

The rationale for the changes in the DSAs model was two-fold:

- For the 2015 change recent rapid changes in the uptake and use of technology among students, and provision of services by higher education providers (HEPs) meant that assumptions of need in the old model were outdated (e.g. relating to the use of smartphones; levels of tablet and laptop ownership; changes in how HEPs deliver library and IT services)
- As of 2010, the Equality Act placed specific legal duties on HEPs. Under the Act, HEPs should provide reasonable adjustments for disabled students, where not doing so would put disabled students at a substantial disadvantage compared with students who are not disabled<sup>1</sup>. The Government identified much overlap between the types of support provided by the old model of DSAs provision and the reasonable adjustments that HEPs should make.

The 2015/16 changes introduced a £200 contribution for students towards the cost of recommended computer hardware as DSAs are only able to pay for the additional costs that a disabled student might have in pursuing a course of higher education The 2016/17 changes were more wide reaching and affected the following types of funding:

- *Non-medical help* –HEPs are now responsible for providing support and particularly to consider how they could adapt and adjust course delivery and provision of information and support to improve access. DSAs no longer funds provision, such as a note taker, laboratory assistant, library assistant. However, more specialist (and hence costly) support for more complex needs is still available under DSAs.

<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents>

- *IT peripherals* – the routine supply of IT equipment (provision of laptop or desktop, associated bundle of non-specialist items, printers and scanners) to DSAs claimants was replaced by a more tailored approach where equipment is supplied only where a specific disability-related need is fully evidenced and justified.
- *IT consumables* – the routine supply of funding for printing costs was removed, with the onus placed on HEPs' library services to consider ways of meeting the need for printed materials.
- *Accommodation* – in most cases, HEPs or the local authority must meet the needs for reasonable adjustments to accommodation under the Equality Act. Students will only receive DSAs funding for adjustments to accommodation by exception.

In most cases, there is an expectation that HEPs will offset the impact of the removal of DSAs funding by providing reasonable adjustments to disabled students, which they are required to do under the Equality Act 2010. The expectation is that some of these reasonable adjustments will be anticipatory made to course delivery or provision of information to improve access, with some provided on an individual basis.

However, the changes to DSAs have been controversial, with groups such as the NUS and disability groups such as Disability Rights UK campaigning against them. BIS consulted on the proposed changes in 2015<sup>2</sup> and some have expressed concerns that these changes may damage progress made against the widening participation and social mobility agendas. There were particular concerns about students with learning disabilities such as dyslexia. Indeed, a HEFCE study *Support for Higher Education Students with Specific Learning Difficulties* in 2015<sup>3</sup> highlighted the importance of DSAs financial support to those with specific learning disabilities (SLD) such as dyslexia, and flagged concerns from HEPs about the impact of any downgrading of the DSAs funding for this group. The HEFCE report<sup>4</sup> on support provision for students with mental health conditions (where numbers are increasing) raised similar concerns about exposing HEPs financially and the risk of resulting discrimination.

The Equality Analysis conducted by BIS<sup>5</sup> on the proposed changes in 2015 found that: *“there is a risk that disabled students may find themselves without the appropriate support from institutions and at the same time find DSAs are no longer available. The result of that might be that students fail to achieve the outcome they are capable of, withdraw from their course or decide not to enrol for study at all”*. It is currently unknown

<sup>2</sup> Consultation on targeting funding for disabled students in Higher Education from 2016/17 onwards, BIS

<sup>3</sup> Support for Higher Education Students with Specific Learning Difficulties, Report to HEFCE by York Consulting and University of Leeds, July 2015

<sup>4</sup> Understanding provision for students with mental health problems and intensive support needs, Report to HEFCE by the Institute for Employment Studies (IES) and Researching Equity, Access and Participation (REAP), July 2015

<sup>5</sup> Disabled Students' Allowances Consultation: Equality Analysis, BIS 2015

how HEPs will respond to the changes and whether they will be able to deliver appropriate support in the required timescales, and whether that response will be consistent across different types of HEPs.

Both HEFCE reports concluded that the old DSAs model and HEP reliance on it for supporting disabled students was a barrier to the closer integration of the different support services for students and achievement of the social model of disability within HEPs. Some felt that changes to DSAs, while raising considerable financial challenges to HEPs in the short term, might prompt the development of more inclusive curricula and generic solutions over the long term.

## **Aims and objectives**

Given the recent changes to DSAs funding and provision, the Department for Education (DfE) commissioned IFF Research to evaluate the appropriateness of the current model, which will also influence future decisions around financing support for disabled students, and inform ongoing work on widening participating in higher education.

The main aim of the study is to assess the extent to which DSAs are meeting their objective, which is to reduce barriers to learning that disabled students might experience because of their disability. The subsidiary aim for the evaluation is to assess the impact of changes to DSAs funding in the 2015/16 and 2016/17 academic years.

A series of more specific objectives underpin these aims:

- Explore student experiences of the application process for DSAs;
- Understand whether needs assessments were satisfactory in identifying student support requirements;
- Understand more about the types of support that are provided by DSAs funding and by HEPs;
- Gauge what students know about where the support comes from – DSAs or the HEP;
- Explore whether DSAs or other support has influenced students' decisions to apply for/ remain in higher education; and
- Explore whether students believe DSAs has assisted them to achieve higher attainment.

## **Summary of methodology**

This study used the following three-stage methodology:



- A series of face-to-face interviews with senior staff in eight higher education providers (HEPs) in England, covering disability support provided by the HEP, involvement in/ views of the DSAs' process and recent changes, the steps taken so far to promote inclusive learning, and any enablers or challenges experienced along the way. These HEPs represented a range of high, medium and low-tariff providers, including one specialist provider, and were distributed across all the English regions.
- A short online survey of 1,773 disabled higher education students (students were eligible to complete the survey regardless of whether they were claiming DSAs, but they had to be studying on a relevant course and to indicate that they had a disability or long-term health condition). The survey was aimed broadly at all disabled students, including those who did not apply for DSAs, or who applied but were not eligible or did not take them up. The rationale for including all disabled students, regardless of whether or not they received DSA, was to generate broader data on HEP activities to support all disabled students, as well as to provide a comparison group for those students who did receive DSAs.
- The survey was in an accessible format, with respondents able to complete it on a mobile device such as a phone or tablet if they wished. Two HEPs piloted the survey with a small sample of students during summer 2018. Due to data protection restrictions, which meant that IFF was unable to email students directly, each of the 18 participating HEPs received its own open link to distribute to English-domiciled students who had self-declared a disability, using their HEP email address. The sample of selected HEPs was broadly representative of the student distribution by the tariff level of the HEP and by region. While this was the only method available to conduct the study within the necessary timeframe, there were two main drawbacks to using an open link - it was not possible to send targeted reminders, and students were unable to pause and re-enter the survey, to complete it in more than one sitting. Both factors are likely to have affected the survey response rate.
- Follow-up qualitative interviews with 50 students who completed the survey and agreed to be re-contacted, covering a range in terms of whether or not the student received DSAs, the year that recipients first received DSAs, different types of disability, and different types of course (whether this was at undergraduate or postgraduate level). These interviews mainly used telephone/Skype. The qualitative interviews explored the issues covered by the survey in greater depth and were recruited to reflect a wide range of students' experiences.

A more detailed description of the methodology is included as an Appendix to this report.

Table 1.1 details the breakdown of interviews achieved. The initial plan was to aim for 500 students per cohort, however it was not possible to target emails based on receipt of

DSA as the study had to use an open link approach (please see Appendix A for more detail). The lower than target volumes for the 2014/15 and 2015/16 cohorts partly reflect this, and that, by the time of fieldwork, many of these students would have finished university. As a consequence of the lower volumes, analysis often combines the 2014/15 or earlier cohort and the 2015/16 cohort into one cohort and compares this to a combined cohort of 2016/17 and 2017/18. While this improves the statistical reliability of the data, it still means that differences required between the broader cohorts for statistical significance were larger than they would have been, had the sample consisted of 500 per cohort.

**Table 1.1: Breakdown of student quantitative interviews achieved by DSA status and cohort**

Profile	TOTAL	TOTAL
<b>Year first received DSAs</b>		
<b>2014/15 or earlier</b>	106	207
<b>2015/16</b>	101	
<b>2016/17</b>	191	573
<b>2017/18 onwards</b>	382	
<b>Did not receive DSAs</b>	993	993

The data was weighted to match the overall disabled student population, using published statistics from HESA. Our achieved sample was broadly in line with the population in terms of level of study and proportion of disabled students receiving DSAs. However, the data was weighted by gender, mode of study and HEP tariff in order to be more representative of the population. Table 1.1 details the achieved sample and weighted proportions.

**Table 1.2: Sample profile: demographics**

Profile	% in achieved sample	% in population / weighting target
<b>Gender</b>		
<b>Male</b>	25%	39%
<b>Female</b>	75%	61%
<b>Mode of study</b>		
<b>Full-time</b>	89%	78%
<b>Part-time</b>	11%	22%
<b>HEP Tariff</b>		
<b>High tariff</b>	38%	30%

<b>Profile</b>	<b>% in achieved sample</b>	<b>% in population / weighting target</b>
<b>Medium tariff</b>	24%	34%
<b>Low tariff</b>	38%	36%

## Structure of this report

The report structure broadly follows the DSAs 'customer journey', from initial awareness and information sources used, through to application, assessment, and accessing support, followed by perceived impacts. The report structure is as follows:

- Chapter 2 explores awareness of DSAs, at what point of their transition into higher education students first hear about them, and how they get this information. It then discusses experiences of the application process.
- Chapter 3 examines students' experiences of the assessment process and whether they were satisfied with the outcomes of the assessment, in terms of the support they were entitled.
- Chapter 4 discusses take-up of the support recommended through the DSAs needs assessment, and the types of support that students subsequently received via DSAs and from their HEPs.
- Chapter 5 examines satisfaction with the support received and whether it met all the students' learning support needs.
- Chapter 6 explores student perspectives on the perceived impacts of DSAs: on their decisions to go into higher education and their choice of course/ HEP; on their experience of the course; and on their confidence in their ability to complete the course.
- Chapter 7 draws out the conclusions from the research.

This report presents the survey and qualitative findings in an integrated format throughout, with the qualitative research used to illustrate and add detail to the survey. Where this report uses figures from the survey, it focuses on meaningful and statistically significant differences. Where summary percentages are provided in charts and tables (for example, for combinations of 'very' and 'fairly' satisfied/ dissatisfied) these will sometimes differ from the sum of the individual percentages by one point, due to computer rounding.

## 2. Finding out about and applying for DSAs

### Chapter summary

This chapter considers how and when students first became aware of DSAs; what help and information they received before and while completing the application; and their satisfaction with the process of applying. Evidence here suggests that:

- The majority of disabled students (87%) had heard of DSAs. However, only two in five (40%) had heard of DSAs before they started their course, rising to almost three in five (58%) of those who received DSAs.
- There is some confusion among students about what DSAs are for and whether they are eligible to apply for it, particularly among those with mental health conditions and long-term conditions.
- Students' experiences of completing the application form and gathering the medical evidence required are mixed and often differ according to their disability. These factors, combined with doubts about their eligibility, can deter students from applying for DSAs.
- Six out of ten (63%) students received information about DSAs before they applied for it while only four out of ten received support with completing their application form. Students who receive support are more likely to feel satisfied with the whole process and feel that the support met their needs. They most commonly look for this support from their HEP, where the level of help given varies.

### Getting information about DSAs

#### Overall awareness of DSAs

The majority (87%) of students said that they had heard of DSAs and two out of five (40%) had heard of them before starting their course, as shown in Figure 2.1.

Among students who received DSAs, 58% were aware of it before starting their course while an additional 20% became aware within the first year. This supports case study findings that HEPs are signposting students who are eligible to apply for DSAs if they disclose a disability during their course application, and that a 'second wave' of disclosures often comes during the registration process.

Qualitative interviews suggested that students might also hear about DSAs after starting higher education by hearing about it from friends, during freshers' week or through an induction talk by the student services team.

Some students also mentioned during interviews that knowing about DSAs before starting the course helped them feel more confident about pursuing higher education, while a few who did not know felt that it would have put their mind at rest because they would have known that support was available if they struggled.

“I was starting to think I wasn't good enough, because I had dyslexia there was no way I could be academic... Having it [known about DSAs] earlier would stop that self-doubt.”

***DSAs, 2016/17, undergraduate, learning difficulty/disability***

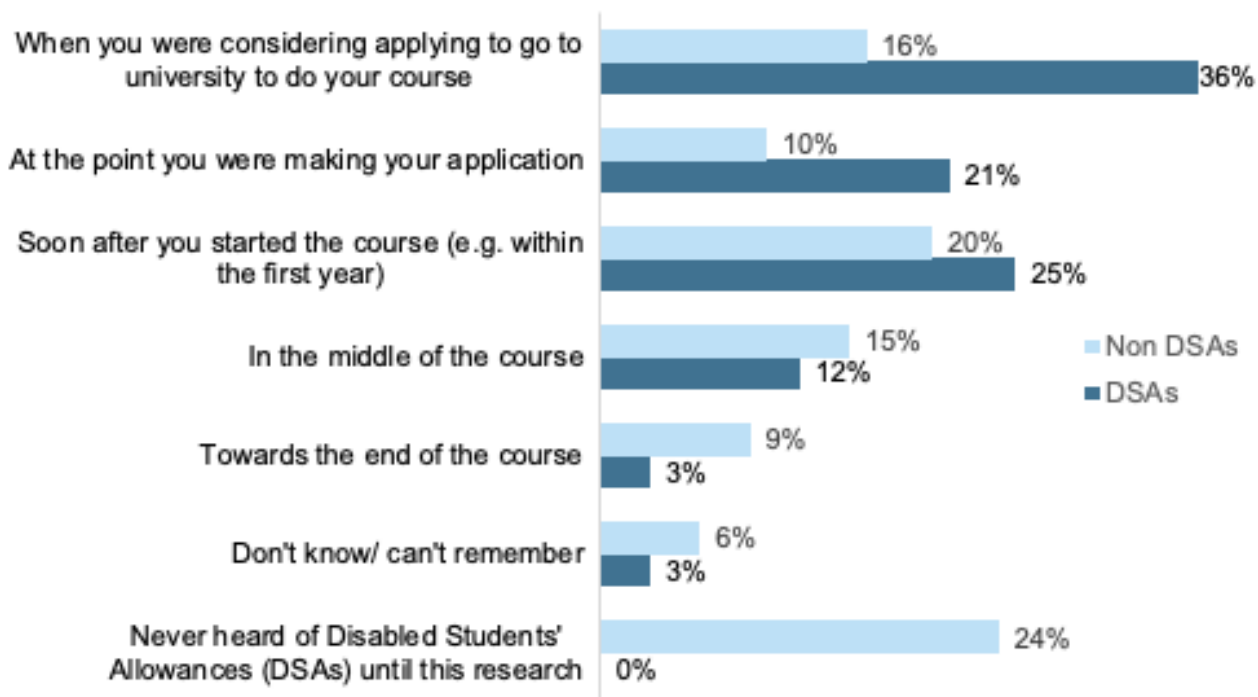
“Knowing that I would have got that extra bit of support and potentially extra time in exams I think that gave me more confidence in applying because at school I often ran out of time in exams... I felt more comfortable going for a higher university whereas otherwise, I would have thought it was out of my reach.”

***DSAs, 2015/16, undergraduate, mental health condition & learning difficulty/disability***

There was some frustration among a minority who had completed higher education courses elsewhere previously but had not been told about DSAs until attending their current HEP.

Awareness amongst students who did not receive DSAs was much lower: nearly a quarter (24%) said they had never heard of DSAs before the survey, this was more common among postgraduates than undergraduates (38% compared to 19%). Twenty-six percent had heard of them when they were considering or making their application, 20% heard about them soon after they started their course and 24% heard about it in the middle or at the end of their course. In total, this means 44% of non-DSAs recipients had not heard of DSAs until after they started their course.

**Figure 2.1: When students first became aware of DSAs**

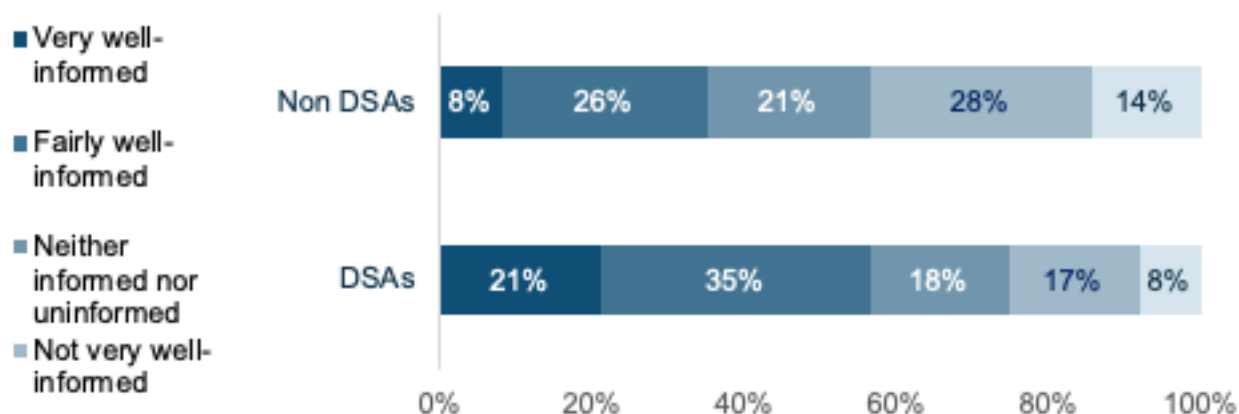


*Unweighted base: All students; DSAs 780, Non DSAs 993  
Source: Quantitative Survey A4*

### How informed students feel about DSAs

Among those who had heard of DSAs before they started their course, over half of recipients (56%) felt well informed about them, while those who did not receive DSAs were less informed (Figure 2.2). Postgraduates were significantly more likely to feel well informed than undergraduates (55% compared to 44%) while part time students and students aged 21 or under were less likely than average to feel they were well informed.

**Figure 2.2: How well informed students felt about DSAs before starting their course**



*Unweighted base: All students who were aware of DSAs before starting their course; DSAs 433, Non DSAs 259*

*Source: Quantitative Survey A6*

Those with a mental health condition or a long-term health condition were more likely to feel uninformed about DSAs than students with other types of disability, and qualitative findings suggest that there is some confusion about what DSAs is for and who is eligible to receive it. For example, some students had the impression that DSAs were only awarded if you needed specialist equipment or if you had a physical disability, which deterred some individuals who had long-term health conditions from applying. One individual with epilepsy felt he did not need any support while another who suffered from chronic pain felt that she would not be eligible and therefore had not applied.

Other students expressed doubts about whether they would be eligible for DSAs because they had mental health conditions, rather than a physical condition or disability.

“College did give talks about if we had autism or any diagnosis like that then we could go about it, but it just didn’t fit me. I don’t have autism or anything like that... I have a mental disorder”

***DSAs, undergraduate, mental health condition***

“I met with a friend at the beginning of my Ph.D. and she said why are you doing this to yourself, it’s worth at least applying so I went to speak to a disability support team about it and they helped me with the application process... I knew it was there, but I didn’t think I would qualify, I didn’t think my circumstances would be relevant”

### ***DSAs, 2017/18, mental health condition***

Case study visits to HEPs further suggested that while staff do not believe students experience a stigma related to disclosing a disability, not all students recognise mental health conditions or learning difficulties such as dyslexia as a disability, therefore they delay disclosure until a specific issue arises.

Although the majority had heard about DSAs, survey responses suggest that awareness and knowledge among DSAs recipients has declined. Students who received DSAs for the first time from 2016/17 onwards were less likely to have heard of them before starting their course (56% of students who received DSAs from 2016/17 onwards compared to 62% of students who received it from 2015/16 or earlier). They were also less likely say they felt well informed about DSAs prior to starting their course, compared to those who first received DSAs before 2016/17 (53% of students who first received DSAs in 2016/17 onwards compared to 62% receiving it in 2015/16 or earlier).

### **How students first heard about DSAs**

Students heard about DSAs from a variety of sources, the most popular being through HEPs, either from a disability support, student welfare or finance officer (32%) or from another source (13%) such as the Students Union, from a lecturer/tutor, or the HEP’s website. A significant proportion (15%) also heard about it while applying for student finance, as shown in Figure 2.3.

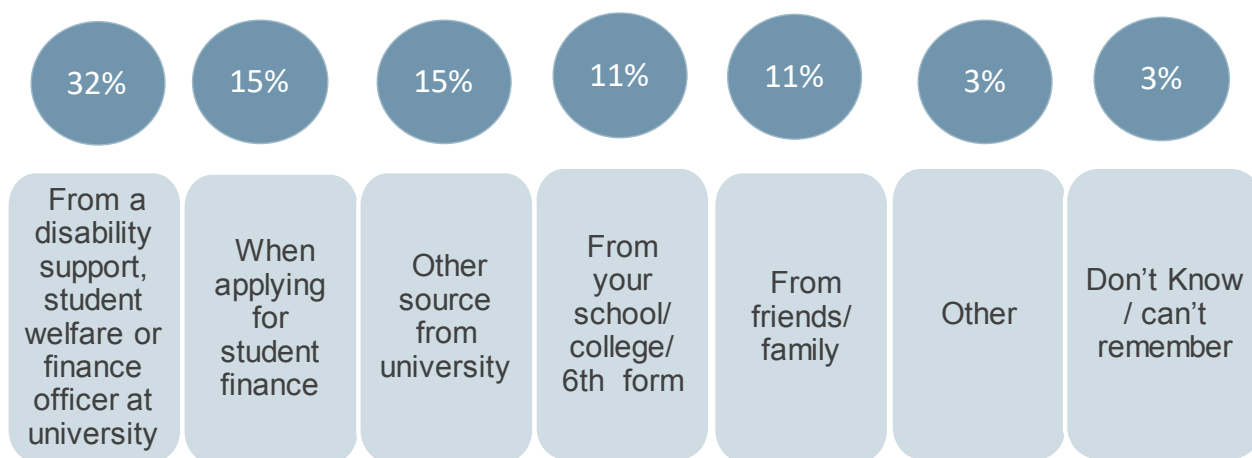
Those who received DSAs were more likely to have heard about it from their school/college or 6<sup>th</sup> form (13% among DSAs recipients compared to 8% among non-recipients) and less likely to have heard about it from their HEP, which is reflective of the earlier finding that they were more likely to know about DSAs before starting their course.

The qualitative interviews suggested that when and how a student is diagnosed with a learning difficulty/disability will be a factor here. Several students said that they had not been diagnosed with a learning difficulty until they started in higher education, often when a lecturer or tutor suggested that they should be assessed. Students diagnosed with a



learning difficulty before or during college or sixth form had often been told by their assessor that they could apply for DSAs when they started higher education.

**Figure 2.3: How did students first hear about DSAs?**



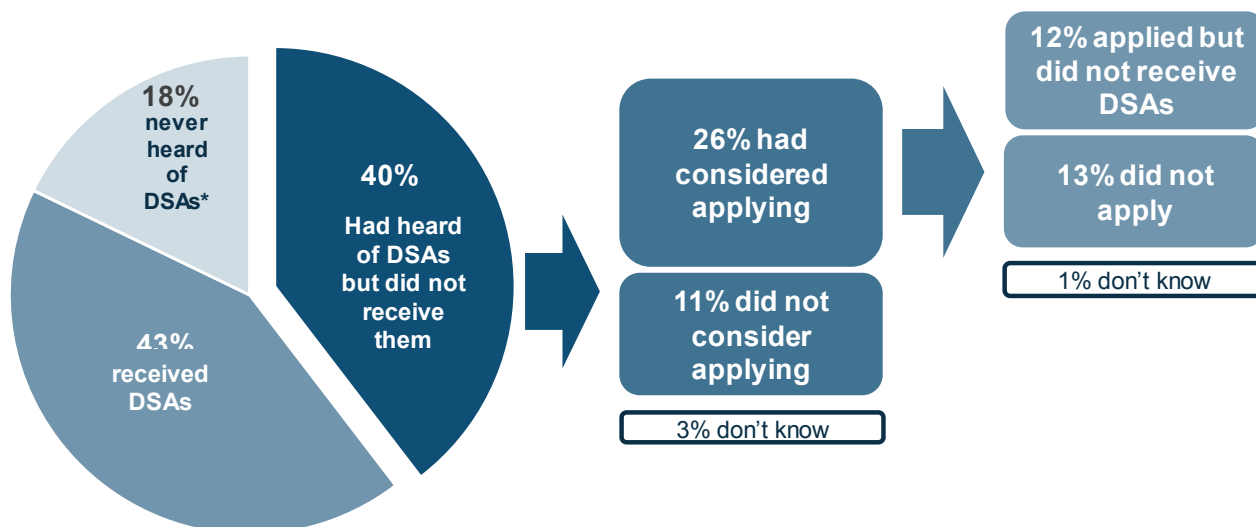
*Unweighted base: All students who had heard of DSAs, 1,478*

*Source: Quantitative Survey A5*

## Decisions about applying for DSAs

There was an even split among disabled students, between those who received DSAs and those who had heard of DSAs but did not receive it. Of the latter group of non-recipients, two-thirds had considered applying for it (amounting to 26% of disabled students) and nearly one-third went on to apply but did not receive it (representing 12% of disabled students) – see Figure 2.4.

**Figure 2.4: Overview of decisions to apply for DSAs**



*\*Includes 'don't know/ can't remember'*

*Unweighted base: All students 1,773*

*Source: Quantitative Survey S12, A4, B1 and B3 rebased to all*

Those who either did not consider applying, or who considered it but did not apply, were asked why. A large proportion chose not to apply for DSAs because they did not want to go through the application process. This was a factor for a quarter of students (25%) who did not consider applying and two-fifths (40%) of students who considered applying but ultimately chose not to. Other prominent barriers also included not knowing how to apply and feeling that the support they would receive was 'not worth the hassle of applying'. The qualitative interviews suggested that students with specific learning difficulties needed to get their condition reassessed in order to have the requisite evidence they would need, and were taking this into account as well as the DSA application form and assessment process itself.

**Table 2.1: Top three reasons for not applying, relating to the DSAs application process**

Students who did not consider applying		Students who considered but did not apply	
	% of students		% of students
I don't want to go through the assessment process	25%	I don't want to go through the assessment process	40%
The support I would get isn't worth the hassle of applying	22%	The support I would get isn't worth the hassle of applying	36%
I don't know how to apply	14%	I don't know how to apply	23%

*Unweighted base: All who did not consider applying, 188; all who considered but did not apply, 246*

*Source: Quantitative Survey B2, B4*

In addition, 60% of students who did not consider applying and 39% of those who considered but did not apply said they did not think they were eligible. A smaller proportion said that they either did not need any support or that their HEP already provides them with all the support they require (30% of those who had not considered applying and 11% of those who considered applying but did not).

This suggests that the take up of DSAs may not be optimal and that some students who could be eligible for support are not applying because the application process deters them. In the qualitative interviews, this particularly affected students with undiagnosed or 'hard to evidence' conditions because they were either put off by the complexity of having to 'prove' their condition or felt they would not qualify because of practical difficulties in providing evidence.

"It was difficult with my doctors to get the medical evidence that was appropriate for the university or for DSAs' parameters... I was struggling quite a bit at the time and I didn't want to keep chasing it because it was just hard getting appointments. It just felt it wasn't worth my time"

***Non-DSAs, undergraduate, mental health condition***

"People sometimes think it's in your head, sometimes [you're] not sure yourself why you're feeling like this and I just decided that was too difficult to do"

***Non-DSAs, postgraduate, mental health condition***

## **Experiences of the DSAs application process**

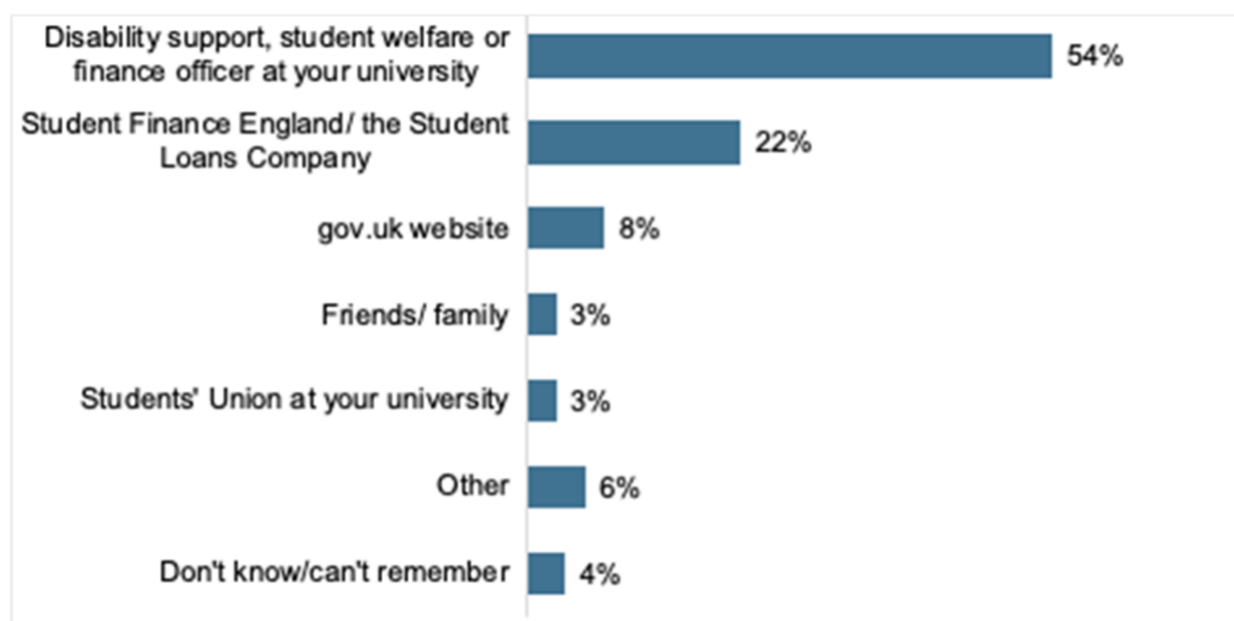
This section focusses on all students who received DSAs, and the 12% who did not receive DSAs but went through the application process, as illustrated in Figure 2.4. This means that 55% of disabled students within the survey had applied for DSAs.

## Information about the application process

Six out of ten students (63%) who applied for DSAs received information about the application process. Students who were satisfied with the application process and felt that their support needs were met were significantly more likely to have received information about the process than those who were not. As detailed in Figure 2.5, students used three main sources of information:

- A disability support, student welfare or finance officer at their HEP - 62% of those who applied used this source and 54% said that this was the only or most useful source of information. Postgraduates were significantly more likely to use this than undergraduates (66% of postgraduates compared to 49% of undergraduates cited this as their only/ most useful source)
- Student Finance England/the Student Loans Company – 38% found information here and 22% said this was their only or most useful source. Conversely, undergraduates were more likely to use this information source than postgraduates were (26% of undergraduates compared to 14% of postgraduates cited this as their only/ most useful source).
- The gov.uk website – 19% said that they used this as source of information, usually combined with another source. This website tended to be used in conjunction with other information sources: only 8% said it was the only or most useful source.

**Figure 2.5: Only/most useful source of information about the DSAs application process**



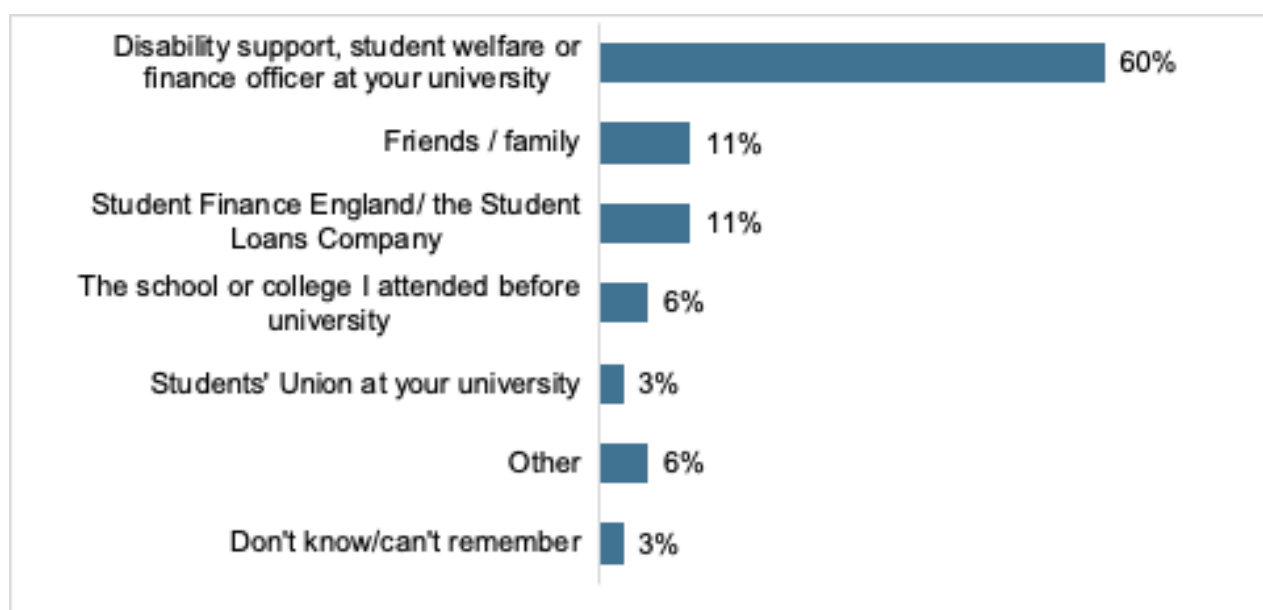
*Unweighted base: All who received information about DSAs application process, 620*

*Source: Quantitative Survey B7/B8*

## Help and support with completing the application form

Only four out of ten students received help or support to complete their application form. This includes 42% of those who went on to receive DSAs and 35% who did not. As with those who received information about the application process, students who were satisfied with the application process and feel their needs were met were significantly more likely to have received help completing the application form than those who did not. Mature students of 46 years or over were more likely than any other age group to receive help completing the form.

**Figure 2.6: Only/most useful source of information about completing the DSAs application form**



*Unweighted base: All who received information or support with DSAs application form 401*

*Source: Quantitative Survey B14/15*

In line with getting information about the process, students are most likely to turn to their HEP for help with completing the form. Of those who had support, 66% received it from a disability support, student welfare or finance officer at their HEP and 60% said that this was the only or most useful source of information.

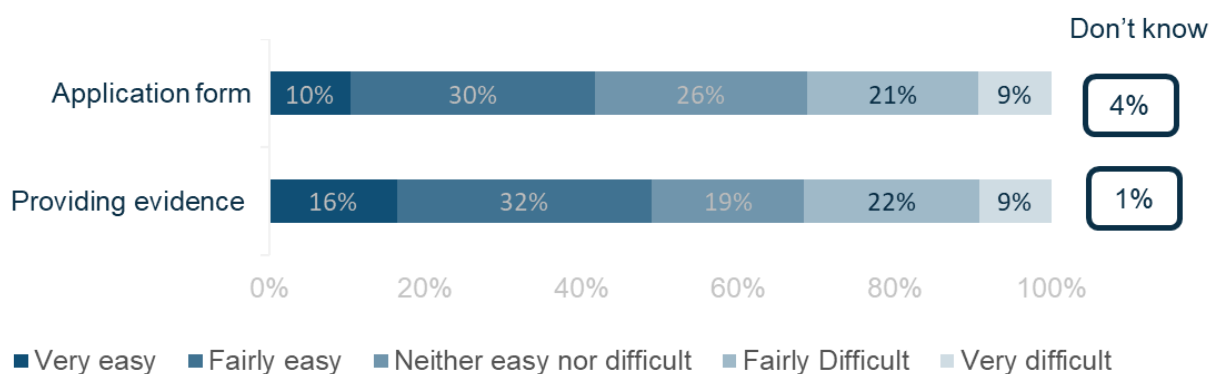
While this help clearly has a positive effect on the students, findings from the case study visits suggest that HEPs are finding it increasingly difficult to provide the same level of support with the application process that they previously could. Some HEPs described feeling more cut off or distanced from the DSAs application process since the most recent changes. Whereas previously they would have been able to keep track of the progress of each application, they now only engage if it becomes clear that the student needs help. This means they are dependent on students communicating any problems or

concerns to them, which does not always happen for various reasons (for example, linked to the nature of the student’s condition, such as autism or anxiety).

Students were also likely to receive help from Student Finance England or the Student Loans Company and from family or friends, as illustrated in Figure 2.6. Students aged under 21 years when they started their course were more likely than other age groups to go to family or friends for support (17% turned to family or friends as their only/most useful source of support compared to 11% overall).

Respondents expressed mixed views about the ease of completing the application form and providing evidence (Figure 2.7). This question was asked of students who received DSAs and those who went through the application process but did not receive DSAs. The latter group were much more likely to find both the application process and process of gathering evidence difficult, as shown in Table 2.2.

**Figure 2.7: Ease/difficulty of completing the application form and providing evidence**



*Unweighted base: All who received DSAs and applied for DSAs but did not receive it, 997*  
*Source: Quantitative Survey B9, B11*

**Table 2.2: Ease/difficult of completing application and providing evidence by students who did and did not receive DSAs**

Completing the application form			Providing evidence of disability/condition		
	% easy	% difficult		% easy	% difficult
Overall	40%	31%	Overall	48%	32%
DSAs Recipients	*43%	*28%	DSAs Recipients	*51%	*28%
Non DSAs recipients who applied for DSAs	*30%	*41%	Non DSAs recipients who applied for DSAs	*37%	*44%

*Unweighted base: All who received DSAs and applied for DSAs but did not receive it, 997; of which DSAs recipients, 780 and Non DSAs recipients, 217*

*Source: Quantitative Survey B9, B11*

Experience of both the application form and the evidence gathering process also varied greatly by types of disability/ health condition. Those with multiple health conditions were much more likely to find both processes difficult (Table 2.3).

**Table 2.3: Ease/difficulty of completing the application and providing evidence by single or multiple disability/ health condition**

Completing the application form			Providing evidence of disability/condition		
	% easy	% difficult		% easy	% difficult
Overall	40%	31%	Overall	48%	32%
One disability/health condition	*43%	*27%	One disability/health condition	*53%	*28%
Multiple disabilities/health conditions	*33%	*39%	Multiple disabilities/health conditions	*39%	*39%

*Unweighted base: All who received DSAs and applied for DSAs but did not receive it, 997; of which one disability/health condition, 652 and Two or more disabilities/health conditions, 345*

*Source: Quantitative Survey B9, B11*

Focusing on completing the application form, 40% found this easy and 31% found it difficult. The remainder were ambivalent (26%) with a small proportion who did not know (4%). Postgraduates and those studying part-time were more likely than average to find it difficult (39% and 40% respectively) as were students who had a mental health condition or a learning difficulty or disability (36% and 34% respectively).

Those who found the application form difficult gave reasons such as:

- having to find evidence (66%)

- the length of the form/ time it took to complete (59%). This was particularly prevalent among those who did not receive any help with the application form.
- lack of clear guidance to complete the form (55%)
- unclear language (27%).

The likelihood that students would experience these difficulties varied depending on the type of condition(s) they had. For example, those with mental health conditions were more likely to find it harder to find evidence and wanted more guidance; while those with a long-term health condition were more likely to find it difficult to provide evidence; and those with learning difficulties or disabilities were more likely to have trouble with the length of the form or unclear language.

Qualitative research among students who had mental health conditions, or a learning difficulty/ disability revealed that, where they found the form difficult, they tended to need more support with understanding the wording and knowing what information was required, or being able to describe how their disability/ health condition affected them.

“I was getting confused as to where I was writing and starting to fill in wrong parts in the wrong section because for whatever reason I may have missed what it said... I found it wasn't overly clear as to what was necessary for me to fill in and what wasn't”

***DSAs, postgraduate, mental health condition and learning difficulty/disability***

“When we were sorting out the form, they use quite professional terms, and there were sections that I didn't fully understand so I had to google the questions, to translate into simple terms”

***DSAs, 2015/16, undergraduate, mental health condition***

Both qualitative and quantitative evidence therefore suggests that making the application form more accessible for students with particular condition types would improve students' understanding and experience of completing it.

Turning now to how students found the process of gathering evidence about their condition or disability, around half (48%) found this easy and a third (32%) found it difficult. When asked why students found it difficult, the main problems were around



getting hold of the evidence and lack of clarity about what evidence was required. Issues included:

- Paying for a specialist or GP to write a letter / provide evidence (57%). This was more likely to affect students with a mental health condition (64%).
- Pulling together evidence from different sources (49%), in particular where there were multiple disabilities/ conditions (57%)
- Lack of clarity about what evidence was required (34%).
- Having to obtain old records from secondary school or even before that, for example on diagnosis of Special Educational Needs (SEN) (22%)

The survey showed that students with more than one condition were more likely to have to pay for a specialist or GP to write a letter and find it difficult to pull together evidence from different sources. During the qualitative interviews, students mentioned having to go to multiple different specialists or having to go back to the GP for different types of evidence, for which the GP might charge them. One student had originally provided a list of her prescribed medications as evidence, and then after sending the application had to go back to the GP because she needed a GP's note evidencing her conditions.

“It was too much... the medications and filling it in, after I did that then getting the doctors report [interviewer asks if had to go to GP twice?] Yes”

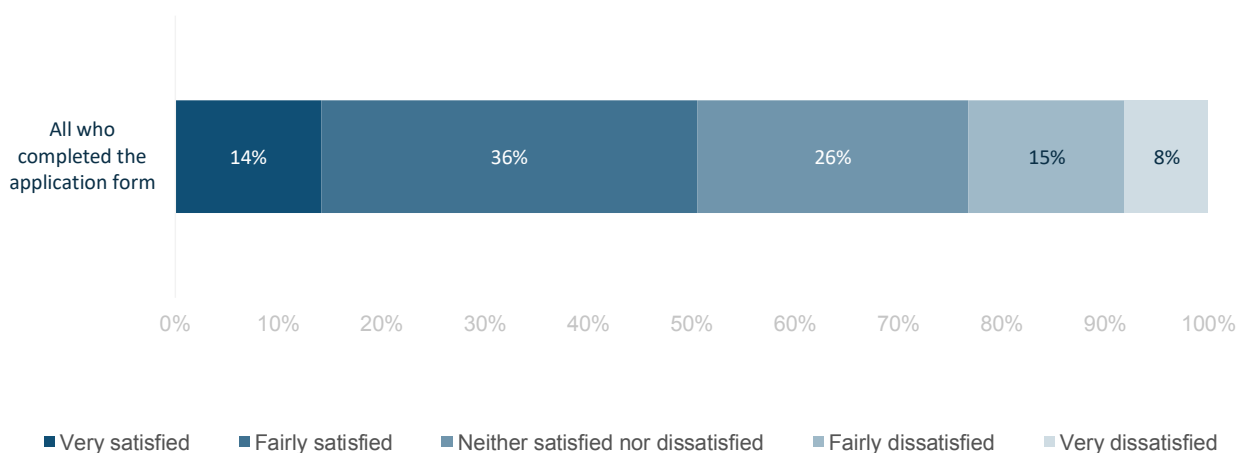
### ***DSAs, 2017/18, undergraduate, physical and mental health condition***

Students with learning difficulties were more likely to say that they were unclear about what was required and that they needed to get hold of records from school or earlier. In the qualitative interviews, there were examples of such students who had to pay to have a new assessment conducted for their learning difficulty because they had lost the previous one or because the original dated from primary school and deemed out of date.

## **Satisfaction with the DSAs application process**

Nearly half of those who applied for DSAs were satisfied with the application process, overall (Figure 2.8).

**Figure 2.8: Satisfaction with the application process overall**



*Unweighted base: All who receive DSAs and applied for DSAs but did not receive it, 997*

*Source: Quantitative survey B17*

There were no significant differences in satisfaction levels among DSAs recipients who first received the support before and after the changes made in 2016/17. Mature students (55%) were more likely to be satisfied than younger students (46%) and part-time students were more likely to be dissatisfied (34%) than those studying full-time (20%).

As might be expected, students who ultimately received DSAs were much more likely to say they were satisfied with the application process than those who applied but did not receive it (54% compared to 32% respectively). Qualitative interviews among students who had experienced the application process but did not receive DSAs found that the length of the process had deterred them. One student felt it would take too long to provide evidence of their condition because they would need to get a new assessment of their learning difficulty, and she felt she could manage without support, while another had applied but it took a long time to get the results of the application, by which point he had finished his course.

In line with how easy or difficult students found the application process, satisfaction levels varied by the number and types of disability/health conditions students had, as shown in Table 2.4. Over a quarter (28%) of students with two or more conditions/disabilities felt dissatisfied with the process compared to a fifth (20%) of those with one condition.

**Table 2.4: Satisfaction with the application process by condition type and number**

Satisfaction with the application process		
	% satisfied	% dissatisfied
<b>Overall</b>	<b>49%</b>	<b>23%</b>
One disability/health condition	51%	*20%
Multiple disabilities/health conditions	45%	*28%
Physical condition (inc. sensory)	*57%	18%
Mental health conditions	*44%	*27%
Learning difficulty/disability	*46%	25%
Long-term health condition	54%	22%

*Unweighted base: All who received DSAs and applied for DSAs but did not receive it, 997; of which one disability/health condition, 652; two or more disabilities/health conditions, 345; physical condition 170; mental health condition, 430; Learning difficulty/disability, 568; Long-term condition, 214*

*Source: Quantitative Survey B17*

Those with mental health conditions were generally less positive, with 44% feeling satisfied compared to 49% overall and 27% feeling dissatisfied compared to 23% overall. This finding is in line with how well informed students felt about DSAs. Staff interviewed during the case study visits also felt particularly concerned about students with emotional or communication disorders and mental health difficulties, who they observe as being more likely to have trouble with the application process. Issues included students feeling anxious about making calls or attending meetings about their application, and finding it difficult to articulate how their disability affects them on their form or during their assessment. When asked students who were dissatisfied with the application process offered four main suggestions on what could have improved it:

- Having an advice / support worker to help them through it (61%)
- Dealing with one organisation rather than several (54%)
- Clearer evidence requirements (40%)
- Applying earlier in the term/ allowing more time for the application (39%)

Some students mentioned during depth interviews that it would have had been helpful for someone to support them to complete the application form, while others who did receive help suggested that their HEPs were especially supportive, in some cases completing the form for them. These students were by far more positive about the whole process of applying for DSAs.

“All I know is the university supported me every step of the way, they were absolutely brilliant and explaining what sort of things might be available, I think they did the application form. It didn't feel arduous at all”

***DSAs, 2017/18, PhD, mental health condition***

“Because of the systems in place at [Name of HEP] I had assistance filling in the form. The staff advised me the best way to give evidence and told me what was required so I didn't give too much or too little information. I was guided in the process. It was a vulnerable time back then”

***DSAs, 2017/18, undergraduate, mental health condition & learning difficulty/disability***

Another student received help from someone in the support team at their HEP who completed the form for her, but because they were not used to the process there was an error, which caused delays, and resulted in his application eventually passing to a different colleague to follow up.

This highlights the importance and variability of support provided by HEPs: students are more likely to seek help from their HEP than other sources and those who were satisfied with the application process and felt their needs had been met were more likely to have received help. It also echoes HEP case study visits, which highlighted increasing variability in the support offered to students, particularly with learning difficulties. Some case study HEPs described feeling more distanced from the DSAs application process after the 2016/17 change. Whereas previously they would have been able to keep track of the progress of each application, they now only engage if it is clear that the student needs help. This means they are dependent on students communicating any problems or concerns to them, which does not always happen.

Students also suggested that being able to send evidence by email or upload it online would be easier than sending it by post and suggested that having a checklist before sending off evidence would make sure that nothing is omitted. One student mentioned that they expected the online application to mark off the steps you had completed as you go through, but this did not happen.

“On the website it is a bit confusing, they have a to do list with steps and normally [on other sites, when it's done] it'll tick it off. But for DSA it was still there”

***DSAs, 2017/18, undergraduate, learning difficulty/disability***

Another common theme from the depth interviews was that students would like to know more upfront about what kind of support DSAs can provide, and that this would help to give them some context when completing the application process.

“It was easy [to find the information] and it was helpful but they could have had more information on what DSA could provide”

***DSAs, 2017/18, undergraduate, learning difficulty/disability***

Considering the uncertainty mentioned at the beginning of this chapter about who was eligible for support and whether this also covered mental health or long-term conditions, it might be useful if the applications process provided a list of the range of support available for different types of disabilities.

### 3. Experiences of the DSAs assessment process

#### Chapter summary

This chapter explores students' experiences of the DSAs assessment process; why some students did not pursue their application; their views on the quality of the assessment and how satisfied they were with the outcomes. Evidence here suggests that:

- Two thirds (68%) of all students who were eligible for DSAs found it easy to make an appointment for a study needs assessment; there were no significant differences according to type of disability, HEP tariff level, or when the student first received DSAs.
- The assessment tended to take place at a HEP (55%), either their own (43%) or another one (12%). Around two fifths (42%) took place at a separate assessment centre.
- The majority (81%) were satisfied with their overall experience of the assessment, and were satisfied with the recommendations made in the assessment report, the amount of funding they were entitled to, and the amount of non-medical support they could get.
- The area that students were least satisfied with was the range of equipment and providers they could choose from to access their designated support.

#### Experiences of the DSAs assessment

##### Making an appointment

Once students apply for DSAs, they receive a letter informing them about whether they are eligible for funding. The letter asks them to make an appointment for a study needs assessment to identify recommendations for the most appropriate forms of support. Most students felt making an appointment for the study needs assessment was very or fairly easy (68%); there were no significant differences according to type of disability, HEP tariff level, or when the student first received DSAs. Around a third of students waited for less than three weeks (15 working days) for their appointment while one in five (19%) waited for three weeks/ 15 working days exactly. A further 15% reported waiting for longer than 15 working days for their appointment, and therefore exceeded the service target. Almost a third of students (31%) could not recall how long they waited and this was more common among students who first applied in 2015/16 or earlier, as might be expected given the greater elapsed time since their assessment.

The qualitative interviews generally found that students found making an appointment to be a smooth process:

“It was quite easy [to get an appointment], got it within two weeks. I did it online, I booked it on the time and day and just went there.”

### ***DSAs recipient, 2017/18, undergraduate & learning difficulty***

One in ten (11%) students made use of the 5-star student-rating scheme when deciding where to have their study needs assessment. Those who first received DSAs from 2016/17 onwards (13%) were significantly more likely to make use of the 5-star student-rating scheme when identifying where to have their assessment, than those who first received it in 2015/16 or earlier (5%). Those who had a physical or sensory disability (16%) were the most likely to use the scheme, as might be expected given that the accessibility of the venue is a key factor for this group.

### **Attending the assessment centre**

Among students who were eligible for DSAs (regardless of whether or not they proceeded with the rest of their application) 91% attended a study needs assessment and 9% did not. Students with a mental health condition (13%) were the most likely to not attend a study needs assessment, even though they had been informed they were eligible. Students with a specific learning disability were the most likely to attend the study needs assessment once invited (94%). The main reasons why some students did not pursue their application from this point are related to:

- lack of awareness of needing to attend (24%)
- lack of response about their application (14%) – those with a physical disability were less likely than others to cite this as a reason for not attending (6%)
- feeling that they did not need to attend/ pursue DSAs (13%) – those with a physical disability were more likely than students other types of condition to say they did not attend because they did not need to (28%).

Students also cited a range of other reasons relating to the process itself, such as taking too long to get an appointment, being too difficult to organise on their own, or getting appointment times/venues that were inconvenient or inflexible. A small number of students decided to withdraw their application because their health had worsened or because of issues obtaining medical evidence. One interviewee in the qualitative research described how he had initially applied but then withdrew his application:

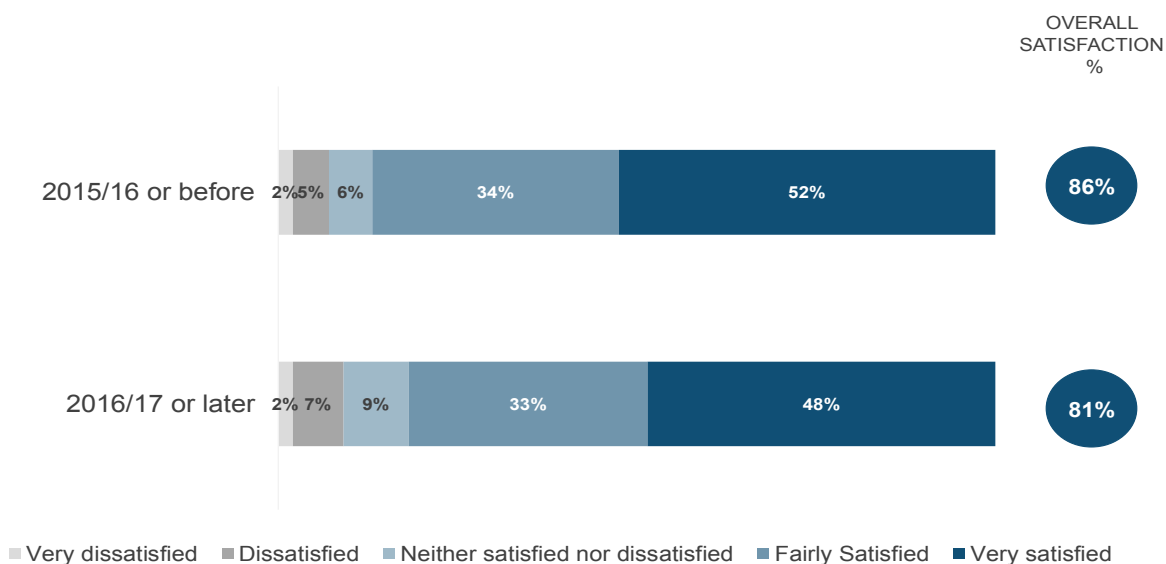
“It was difficult with my doctors to get the medical evidence that was appropriate for the university or for DSAs’ parameters... I was struggling quite a bit at the time and I didn’t want to keep chasing it because it was just hard getting appointments. It just felt it wasn’t worth my time.”

**Non-DSAs, undergraduate, mental health condition**

Students mainly attended their study needs assessment at their own HEP (43%) or at a separate assessment centre (42%); while around one in eight (12%) had their assessment at a different HEP. Those who attended a low tariff HEP were the least likely (37%) to attend a study needs assessment at their own HEP, in comparison to medium tariff (48%) and high tariff (45%) HEPs. In line with this, students of low tariff HEPs were the most likely to have their study needs assessment at a different HEP (48%).

Although satisfaction with the ease of getting to the assessment centre was high (81%), those who first received DSAs in 2015/16 or before were significantly more satisfied (86%) than those who first received it after 2016/17 (81%) as figure 3.1 shows.

**Figure 3.1: Satisfaction with ease of getting to the assessment centre among DSAs applicants**



Unweighted base: 2015/16 or before 201, 2016/17 or after 547; Source: Quantitative Survey C9\_2



Students who had a long-term health condition were less satisfied than students with other types of disability (74%) which may relate to the nature of their condition and the distance/ length of time they had to travel.

The majority of students were also satisfied with their waiting time to get an appointment (72%) with no significant differences between subgroups. One notable point was that the most recent applicants, in 2017/18, were more likely than average to say they were very satisfied with the waiting time (41%, compared with 35% overall).

Three-quarters (73%) of students were satisfied with the amount of time it took to get the results of their assessment, with 12% who were dissatisfied. Mature entrants were particularly likely to be satisfied (78%) but there were no other significant subgroup differences.

### **Views on the assessor**

Overall agreement that students felt listened to by the assessor was high (91%). In cases where the overall level is so high and there are no significant subgroup differences it is interesting to explore differences among the proportions who strongly agreed (61% overall). This shows that mature students were more likely to strongly agree than younger entrants (70% compared with 55%) – in particular those in the oldest age group, aged 46 plus (81%). Part-time students more likely to strongly agree than full-time students (71% compared with 58%), and students with physical/ sensory or long-term health conditions were more likely to strongly agree than those with learning difficulties/ disabilities or mental health conditions (73% and 67% respectively, compared with 58% and 61%). Students in low and medium tariff HEPs were also more likely to agree than those in high tariff ones (Figure 3.2).

"She made me feel like an individual really, I didn't feel like some commodity."

#### ***DSAs recipient, 2016/17, undergraduate & learning disability***

Overall agreement that the assessor understood their study support needs was also high (88%), with 57% who strongly agreed. Again, the groups most likely to strongly agree were mature entrants (67% compared with 50% of young entrants); part-time students (67% compared with 55%); and students with physical/ sensory or long-term health conditions, compared with those who had learning difficulties/ disabilities (66%, 64% and 55% respectively). Students in low and medium tariff HEPs were also more likely to agree than those who attended high tariff ones (Figure 3.2).

“Friendly and understanding, she was very informative and explained everything that was going to happen and why the assessment was necessary, and where things could possibly go from there. I was even given a better understanding of my condition by the assessor.”

***DSAs recipient, 2014/15, postgraduate & mental health and learning disability***

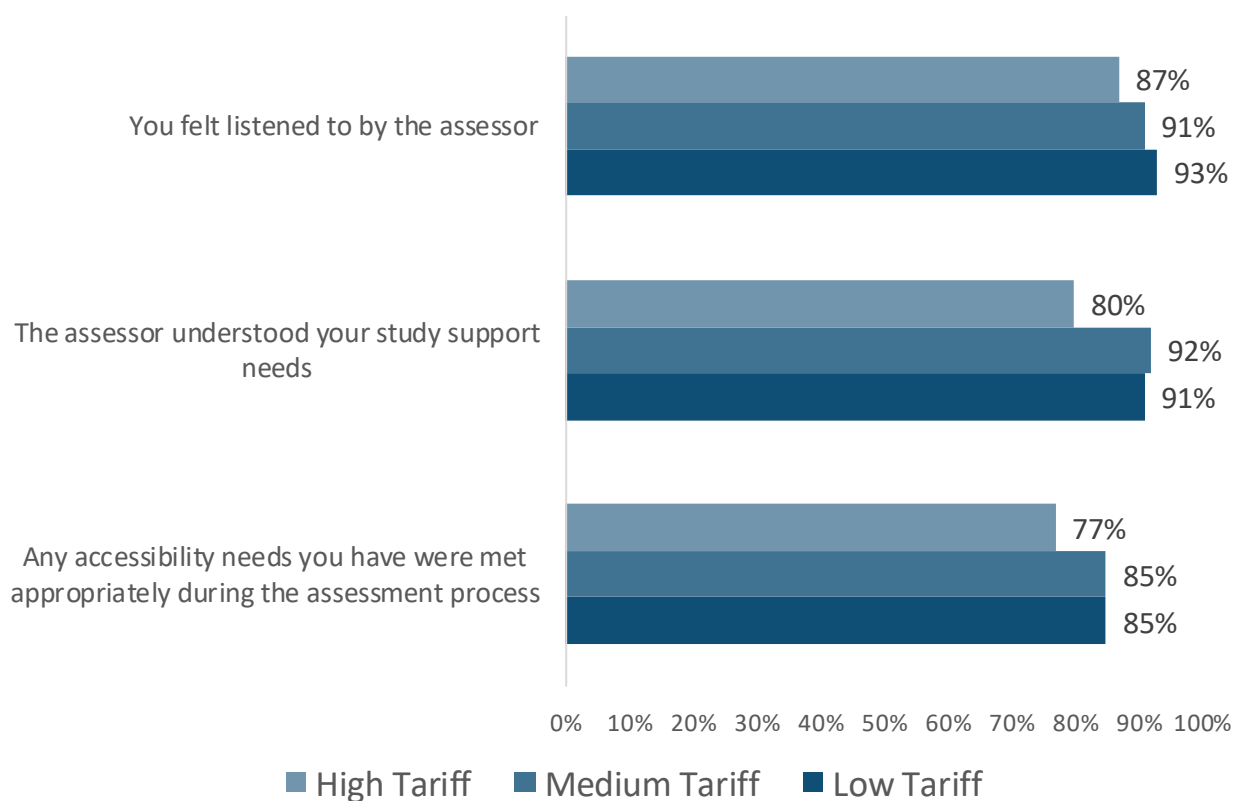
“It was just a revelation that there was so much there that I hadn’t known about before. I thought it was going to be an interrogation and involve actual testing, but when I got there and found it was a really comfortable environment, really laid-back I wasn’t rushed for time, and she spent so long talking about all the different things and saying ‘in this scenario how would this affect you.’ It really hammered home to me how much I had been struggling through, thinking I couldn’t get any support. But it was a really useful process, I didn’t feel rushed. She explained everything to me.”

***DSAs recipient, 2017/18, postgraduate & mental health condition***

## **Views on the accessibility of the venue**

Overall agreement that any accessibility needs were met appropriately during the assessment process was also high (83%), with 54% who strongly agreed. Agreement levels were again higher among part-time and mature students, as well as students from low tariff HEPs, compared with those in high tariff HEPs (58% compared with 47% of whom strongly agreed). This may relate to the nature of the assessment centres attended by these students, who were more likely to have attended a centre that was not at their own university.

**Figure 3.2: Agreement that students felt listened to by the assessor, the assessor understood their study support needs, and the venue was accessible**



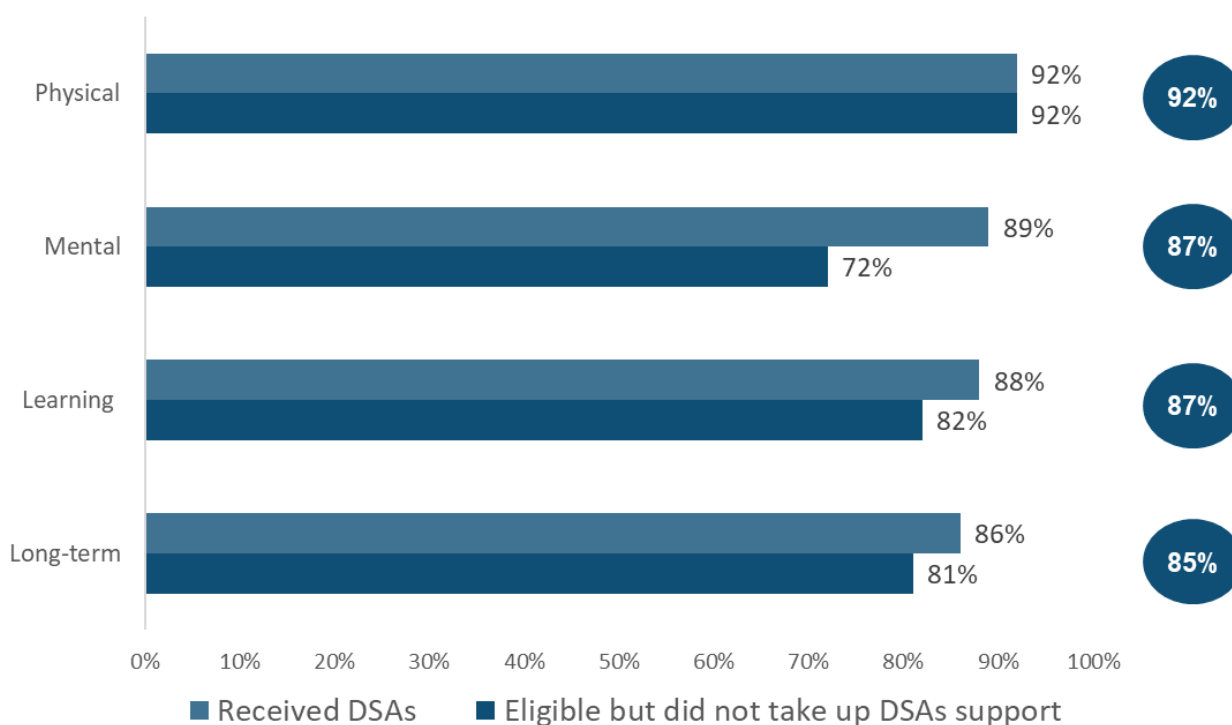
*Unweighted base: 853 students who attended a study needs assessment*

*Source: Quantitative Survey C10\_1, C10\_2 & C10\_3*

## Satisfaction with the DSAs needs assessment report

Overall, most students (87%) were satisfied with the recommendations made in the assessment centre report. Students who went on to receive DSAs (88%) were more likely to be satisfied with the recommendations made in the assessment report compared to those who applied and were eligible, but who did not take up the support (83%). Students with a physical disability (92%) were more likely to be satisfied with the recommendations made in comparison to those with a long-term health condition (85%) – but satisfaction levels were still high among this group. Again, students who attend low or medium tariff HEPs were more satisfied than those attending high tariff ones (89% and 90% respectively, versus 81%).

**Figure 3.3: Overall satisfaction with recommendations made in the assessment centre, by type of disability**



*Unweighted base: DSAs recipients (748) & Non-DSAs recipients (115)*  
*Source: Quantitative Survey C13\_1*

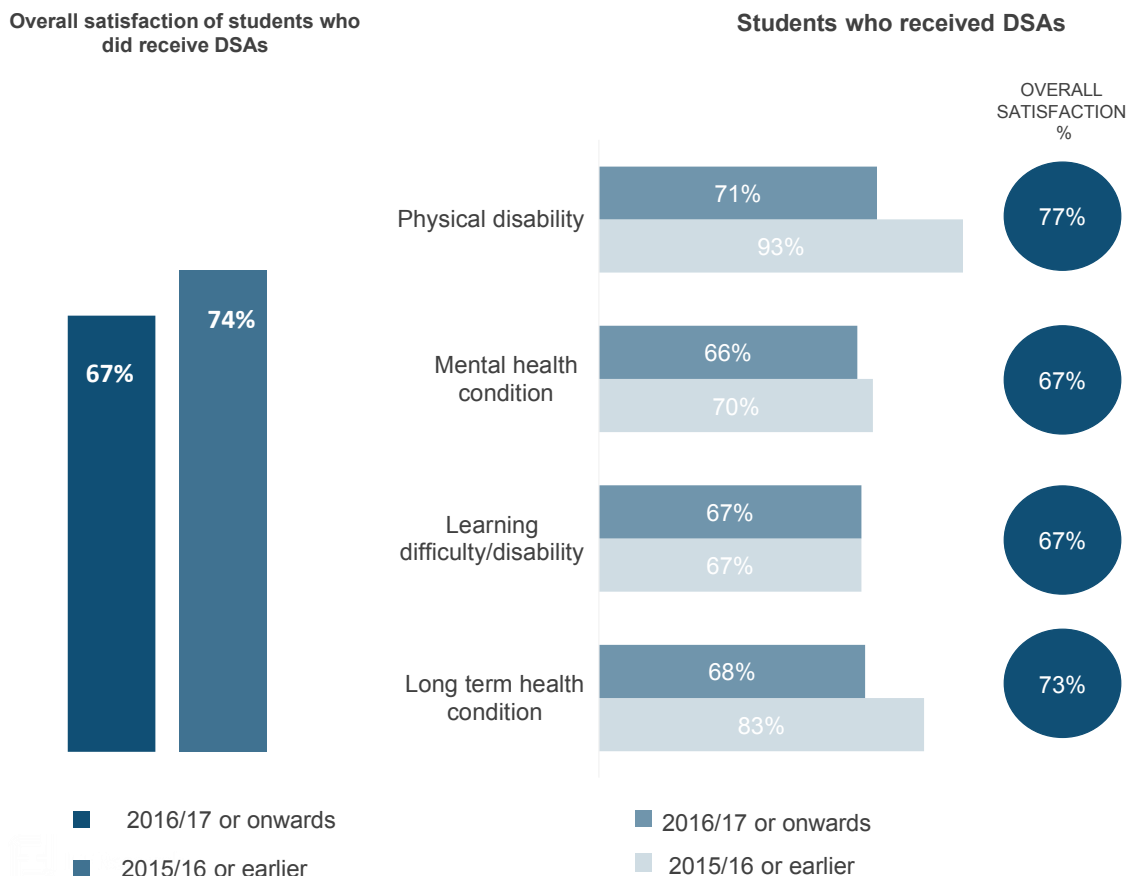
### Satisfaction with different aspects of the report recommendations

Although most (67%) were satisfied with their HEP’s response to the recommendations made, a fifth of students (19%) were dissatisfied. There was no significant difference between DSAs and non-DSAs claimants, neither was there any significant difference between those who first received DSAs in 2015/16 or earlier and those who first received DSAs from 2016/17 onwards. Postgraduate students were more likely to be dissatisfied with the recommendations than undergraduates (26% compared with 16%) as were students studying arts and humanities subjects (24% dissatisfied). Those with a physical or sensory condition were the most likely to be satisfied with their HEP’s response to the recommendations (77%) in comparison to those with a mental health condition (67%) or with a learning difficulty/ disability (63%).

Two-thirds of students were satisfied with the amount of funding they were entitled to under DSAs. However, there was a significant difference between students who received DSAs (69%), and those who applied, were eligible, but ultimately did not take it up (51%). Students who received their DSAs in 2015/16 or earlier were more likely to be satisfied with the funding they were entitled to (74%), compared to students to who received DSAs in 2016/17 onwards (67%). Among students who received DSAs, those with a physical condition were most likely to be satisfied with the funding in comparison to students with

a mental health condition, a specific learning difficulty/ disability or a long-term health condition, detailed in figure 3.4.

**Figure 3.4: Satisfaction with the amount of funding they are entitled to, among DSAs recipients**



*Unweighted base: 2015/16 or before 201, 2016/17 or after 547*  
*Source: Quantitative Survey C13\_3*

Almost three quarters (73%) of students were satisfied with the type of support they were entitled to under DSAs. In line with previous findings, students with a physical or sensory disability were significantly more likely to be satisfied with the types of support they were entitled to (80%) compared with students with a mental health condition (73%), a learning difficulty/ disability (72%) or a long-term health condition (69%). There was no significant difference by the nature of the DSAs support received.

A similar proportion of students (70%) were satisfied with the amount of non-medical help they were entitled to – a key element of the most recent changes to how DSAs operates. There were no significant differences by the year that the student first received DSAs. Students with a physical or sensory disability (77%) were more likely to be satisfied with the amount of non-medical help they received than those with a learning difficulty or

disability (67%), who were the least satisfied. Students who studied at high tariff HEPs were more likely than others to be dissatisfied with the amount of non-medical help they could get (17%, compared with 11% among low and medium tariff HEPs).

Compared with other aspects of the assessment report recommendations, students were by far the least satisfied with the range of providers or equipment they could choose from, although the majority were still satisfied overall (55%). Almost a quarter (23%) were dissatisfied. Students who studied at HEPs with a low tariff (62%) were significantly more likely to be satisfied with the range of providers or equipment they were offered in comparison to those studying in a medium or high tariff HEP (52% and 47% respectively). Young entrants were also more satisfied than mature students (59% compared with 49%). There were no significant differences between types of disability/condition, or the year that students first received DSAs.

## 4. Types of support provided to disabled HE students

### Chapter summary

This chapter covers the specific types of support accessed by students, both through DSAs funding and from their HEP, and how easy it was to access these types of support.

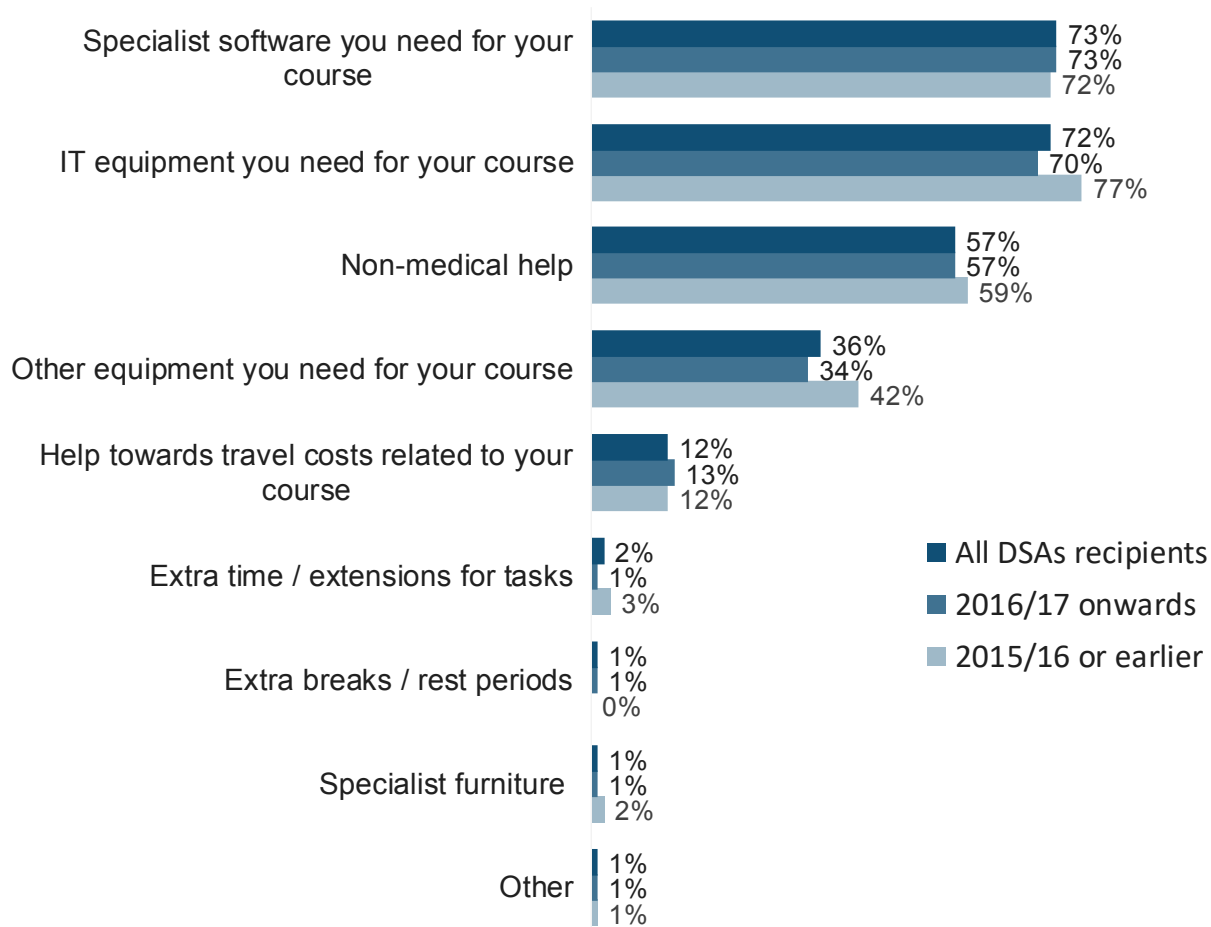
- Various types of support were offered by both DSAs funding and HEPs and where support was offered to eligible students, most took it up;
- Students who received support from DSAs were also more likely to have received support from their HEP and be satisfied with this;
- Fifty-five percent of students who were claiming DSAs found it easy to access the support on offer to them, although there were difficulties with this process;
- Accessing DSAs support could benefit from more clarity and guidance to make it easier for recipients, it was also suggested that having one central point of contact co-ordinating the support would make this easier.

### Types and amounts of support provided through DSAs

#### Type of support received by students through DSAs

Students in receipt of DSAs received a wide range of support. Three-quarters (73%) of students said they received specialist software needed for their course and a similar proportion received IT equipment needed for their course (72%). Over half (57%) said they received non-medical help, including support such as note-takers in lectures or from other types of learning support workers. Figure 4.1 details the full range of support. It should be noted that this is based on self-reported measures and differs from the most recent SLC statistics on DSAs. SLC statistics show smaller proportions of students receiving IT support (38%) and travel support (5%), and a higher proportion receiving non-medical help (67%). The difference is perhaps indicative of a lack of clarity among students about who the support is from. Individuals may also answer survey questions differently from a formal data collection process. In addition, people's conditions can change over time, which may account for differences in the types of support they receive across different time points.

**Figure 4.1: Types of support accessed through DSAs**



*Unweighted base: All who receive DSAs (780)  
Source: Quantitative survey D1*

In terms of DSAs, the chart appears to show some differences between those who received DSAs before the changes and those after, however, none of these are significant. Types of support differed depending on students' health conditions, disabilities, or special educational needs. Those with a learning difficulty, such as dyslexia, or learning disability, such as autism, were more likely to have been provided with specialist software for their course (77%) and non-medical help (61%) and less likely to have been provided with other equipment needed for their course (34%) than students overall. Conversely, those with a physical disability or long-term health condition were more likely to have been provided with other equipment needed for their course (58% and 44% respectively) than students overall. Help towards travel costs was more often provided to those with a physical disability (31%), long-term health condition (27%), and mental health condition (16%).

There were some other differences in types of support provided, with postgraduate students more likely to have received non-medical help than undergraduate students (68% compared with 53%). Mature students were more likely to have received specialist



software for their course (78% compared with 69% of young entrants) and IT equipment needed for their course (76% compared with 69% of young entrants). Female students were more likely than male students to have received non-medical help (61% compared with 51%).

Students in the qualitative interviews reported a variety of support offered to them, and all of them were offered multiple types of support. For example, those with learning difficulties, such as dyslexia, often mentioned the specific types of specialist software offered to them, which allows them to speak into the computer rather than writing, and certain types of mind map software. These students also mentioned non-medical help offered to them, generally involving a learning support worker who they saw on a regular basis to proof-read their work. Many of the students interviewed in the qualitative work mentioned the IT equipment and specialist software they had received, and the training that came with this, and one-to-one support workers. In terms of the other equipment that would help with their course, examples given throughout the qualitative interviews included ergonomic chairs and computer tables or desks, particularly referenced by those with physical or long-term health conditions. Other more specific examples of other support offered included printer credits, and digital recorders.

In monetary terms, around two-thirds (67%) of students said they received up to £500 worth of DSAs support and there was very little variation by the year they first received DSAs. Those in full-time study were more likely to have received less than £500 (69% compared with 56% of part-time students). Students with a physical disability received more in terms of the monetary value of their support, as did those with multiple disabilities or conditions (Table 4.1).

**Table 4.1: Monetary value of DSAs support by disability**

	All DSAs recipients	Physical disability	Mental health condition	Learning difficulty	Long term health condition	One disability / condition	Two or more disabilities / conditions
<b>Base</b>	<b>780</b>	<b>149</b>	<b>327</b>	<b>475</b>	<b>157</b>	<b>490</b>	<b>290</b>
£0 to £500	67%	54%*	66%	66%	61%	71%*	59%*
£501 to £1000	12%	17%*	14%	12%	13%	11%	15%
£1001 to £2000	10%	8%	10%	11%	12%	11%	10%
£2001 to £3000	3%	4%	3%	3%	5%	2%*	5%*
£3001 to £4000	3%	5%	1%*	3%	2%	3%	2%
£4001 to £5000	2%	2%	3%	2%	2%	1%*	3%*
£5001 and over	3%	10%*	4%	2%*	4%	2%*	5%*-

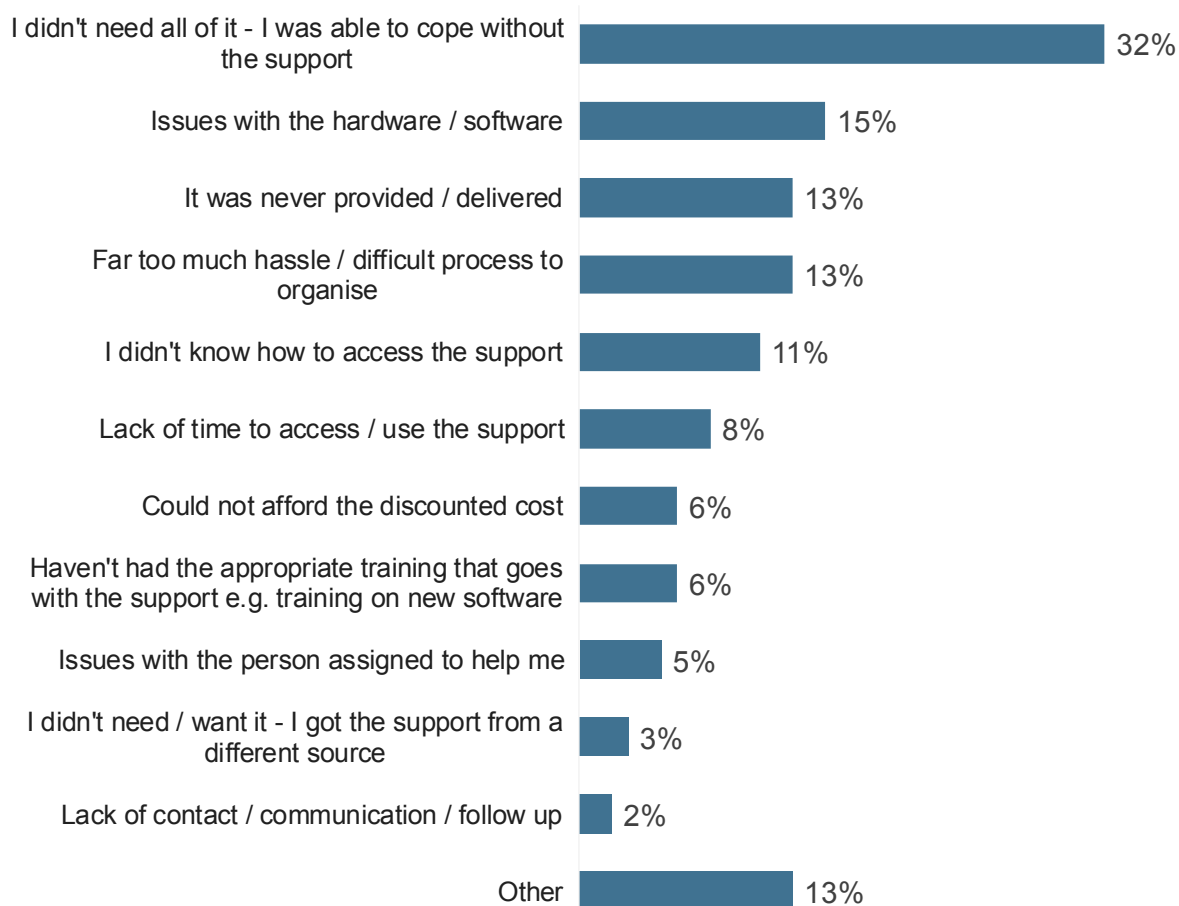
*\*indicates a significant difference (95% CI)*

## Take-up of DSAs support offered to eligible students

A significant minority of the students who applied and were eligible for DSAs did not take up all of the support offered in their entitlement letter. While around six in ten (61%) students used all of the support offered to them, just over a third (34%) stated they did not.

The main reason given by those who did not utilise all of the DSAs support they were offered was that they did not need all of it and were able to cope without it (32%) – see Figure 4.2. The other reasons given related more to issues with the support itself and the process of accessing or using it, including: issues with the hardware or software (15%), difficulties organising the process of accessing the support (13%), and the support never being provided (13%). One in ten (11%) reported that they did not know how to access the support that had been identified for them.

**Figure 4.2: Reasons why support offered by DSAs was not utilised**



*Unweighted base: All who did not use all of the DSAs support they were entitled to (274)*

*Source: Quantitative survey D3*

There were only a handful of differences by DSAs cohort. Those who first received DSAs in 2015/16 or earlier were more likely than those who first received DSAs from 2016/17 onwards to state that they did not use all the support they were entitled to because they didn't need or want it, as they got the support from a different source (7% compared with 1%). Other key differences by cohort were:

- Those who first received DSAs in 2015/16 were more likely than average to lack the time to access or use the support (17% compared with 8% overall);
- Those who first received DSAs in 2016/17 were more likely than average to have stated that it was too much hassle or a difficult process to organise (22% compared with 13% overall); and
- Those who first received DSAs in 2017/18 were more likely than average to have stated that they could not afford the updated cost (9% compared with 6% overall).

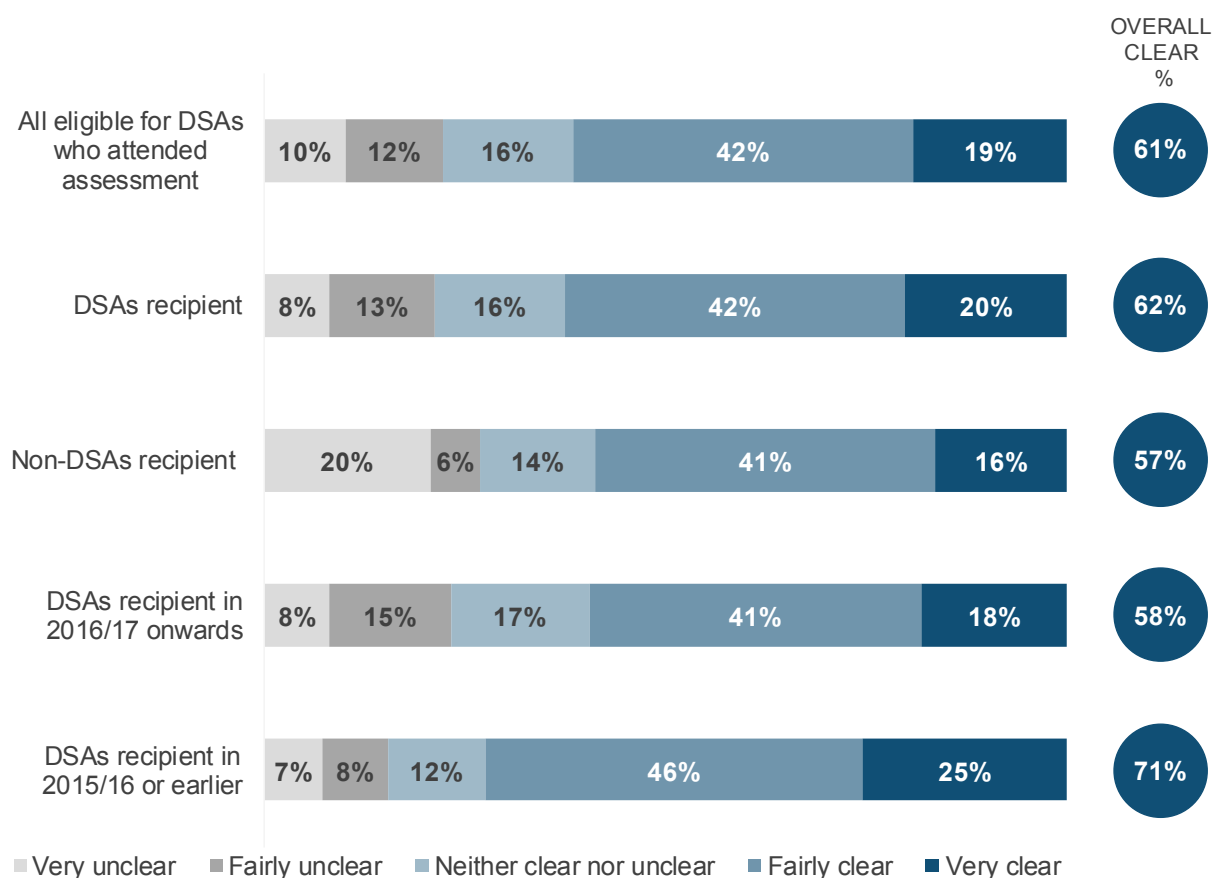
Students with physical disabilities were particularly likely to say they were unable to afford even the discounted cost of the support they were eligible for, such as the £200 up front and certain costs associated with the travel they were entitled to (16%) compared with students who had other disabilities. There were a number of differences in the reasons for not accessing identified support between undergraduate and postgraduate students. Postgraduates were more likely to state that it was too difficult a process to organise (23% compared with 11% of undergraduates) and, related to this, that they had a lack of time to access or use the support (16% compared with 5%). Undergraduates were more likely to be unsure of how to access the support (15% compared with 3% of postgraduates).

The findings from the qualitative interviews with students echoed these reasons. A number mentioned that they were offered certain support that they did not then go on to use as they were unsure how it could help them and therefore felt it was unnecessary. One example given was printer credits offered to a student with dyslexia, who did not understand why they needed this to support their learning need. This suggests that students need better signposting in order to explain how different forms of support might help them with their course.

## **Accessing support provided through DSAs**

Reasons for not accessing support were primarily linked to issues with lack of clear guidance on how to go about this. All students who attended an assessment and were eligible for DSAs, whether they went on to access the funding or not, were told how much they were entitled to. These students had mixed opinions on how clear they felt about how to access the support that had been identified for them: while three in five (61%) were clear about how to access the support, one in five were unclear (22%). Students who first received DSAs in 2015/16 or earlier were more likely to feel clear about how to access support than those who first received DSAs in 2016/17 or onwards (71% compared with 58%), whereas those who first received DSAs from 2016/17 onwards were more likely to be unclear (Figure 4.3).

**Figure 4.3: Clarity on how to access support identified**



*Unweighted base: All who were eligible for DSAs support and attended assessment (863), non-DSAs recipients who attended an assessment and were eligible for DSAs (115), DSAs recipients from 2016/17 onwards (547), DSAs recipients in 2015/16 or earlier (201)*

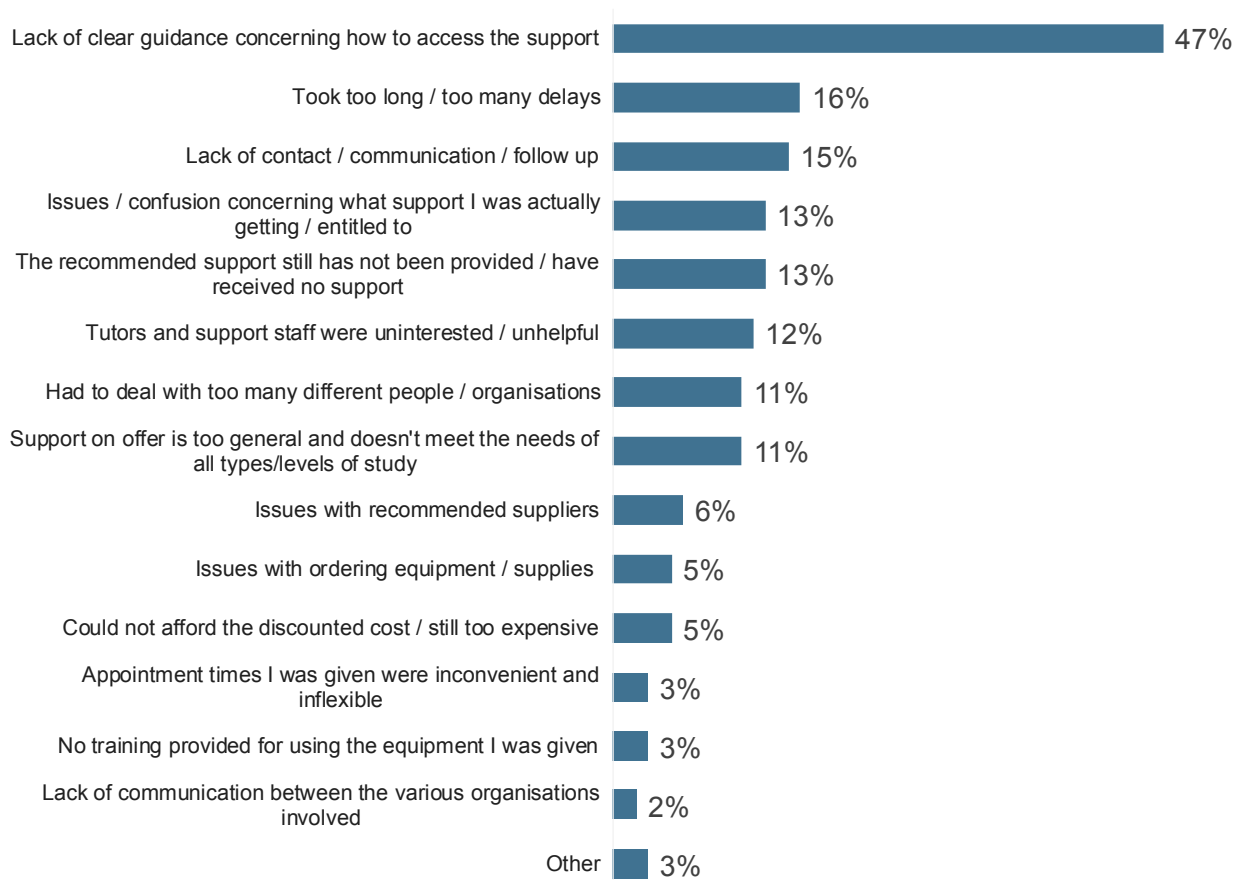
*Source: Quantitative survey C14*

As Figure 4.3 shows, clarity differs dependent on whether and when students received DSAs support. Despite no significant difference in overall clarity about how to access support, those that did not receive DSAs but who applied for and were entitled to it were more likely to say they were very unclear on how to access this support (20% compared with 8% of DSAs recipients), to the extent that they did not make use of it.

There were clear variations by type of disability or health condition. Those with a physical disability were more likely to be clear on how to access the support (72%), whereas those with a learning difficulty/ disability or a mental health condition were far less likely to be clear (59% and 56% respectively). Age was also a factor here, with mature students more likely than young entrants to be clear on how to access the support that was recommended to them (66% compared with 58%).

The main reason why students felt unclear about how to access the support identified for them in their entitlement letter was a lack of clear guidance about how to access it (47%). Young undergraduate entrants were more likely to find this an issue than mature entrants or those doing postgraduate courses. Lack of guidance about how to access the support they were entitled to was a particular issue among those receiving non-medical help (55%) and specialist software needed for their course (53%). There were no differences here between those receiving DSAs at different points in time. Students mentioned other reasons for the lack of clarity about how to access support much less frequently (Figure 4.4).

**Figure 4.4: Reasons for being unclear on how to access recommended support**



*Unweighted base: All who found it unclear about how to access the support that had been identified for them (205)*

*Source: Quantitative survey C15*

Other reasons for being unclear about how to access the support that had been identified for them differed slightly by DSAs recipient group; those who first received DSAs in 2015/16 or earlier were more likely to feel that tutors and support staff were uninterested or unhelpful (23% compared with 12% overall). Lack of communication or follow up was commonly given as the reason why eligible non-DSAs recipients did not access support (28% compared with 15% overall), whereas those who first received DSAs from 2016/17 onwards were less likely to give this as a reason (10%). It could be inferred from this that

lack of communication or contact following assessment is a key reason why some students entitled to DSAs do not proceed to utilise the support. Universities visited in the case study visits echoed these concerns regarding lack of communication, prior to changes with DSAs, universities generally felt they had good relationships with external providers of support. However, some now felt that getting in touch with quality providers was now much more variable.

Students with physical disabilities tended to give different reasons for a lack of clarity on how to access their DSAs support than students with other conditions. Among those who found this unclear, they were more likely to have had to deal with too many different people or organisations (24% compared with 11% overall) and have issues with recommended suppliers (16% compared with 6% overall). Students with physical disabilities who took part in the qualitative interviews all had to communicate with two or more organisations in order to access the different types of support recommended to them, and they reported variable experiences depending on the different organisations they dealt with.

However, those with a long-term health condition were more likely to find that the support on offer was too general and did not really meet their needs (21% compared with 11% overall).

Students who were entitled to non-medical help and were unclear about how to access this differed from others in their reasons, being more likely to feel that the process of sourcing the support took too long or they encountered too many delays following receiving their support recommendations and being able to access the support (21% compared with 16% overall). Students who used specialist software found how to access this as unclear because they had to deal with too many different people or organisations (16% compared with 11% overall). Findings from the case study visits with universities showed that recent changes to DSAs, specifically the required qualifications for non-medical helpers, had meant that it was difficult to find qualified staff in the local area with necessary qualification. This may contribute to the problems with clarity and ease of accessing non-medical help experienced by students.

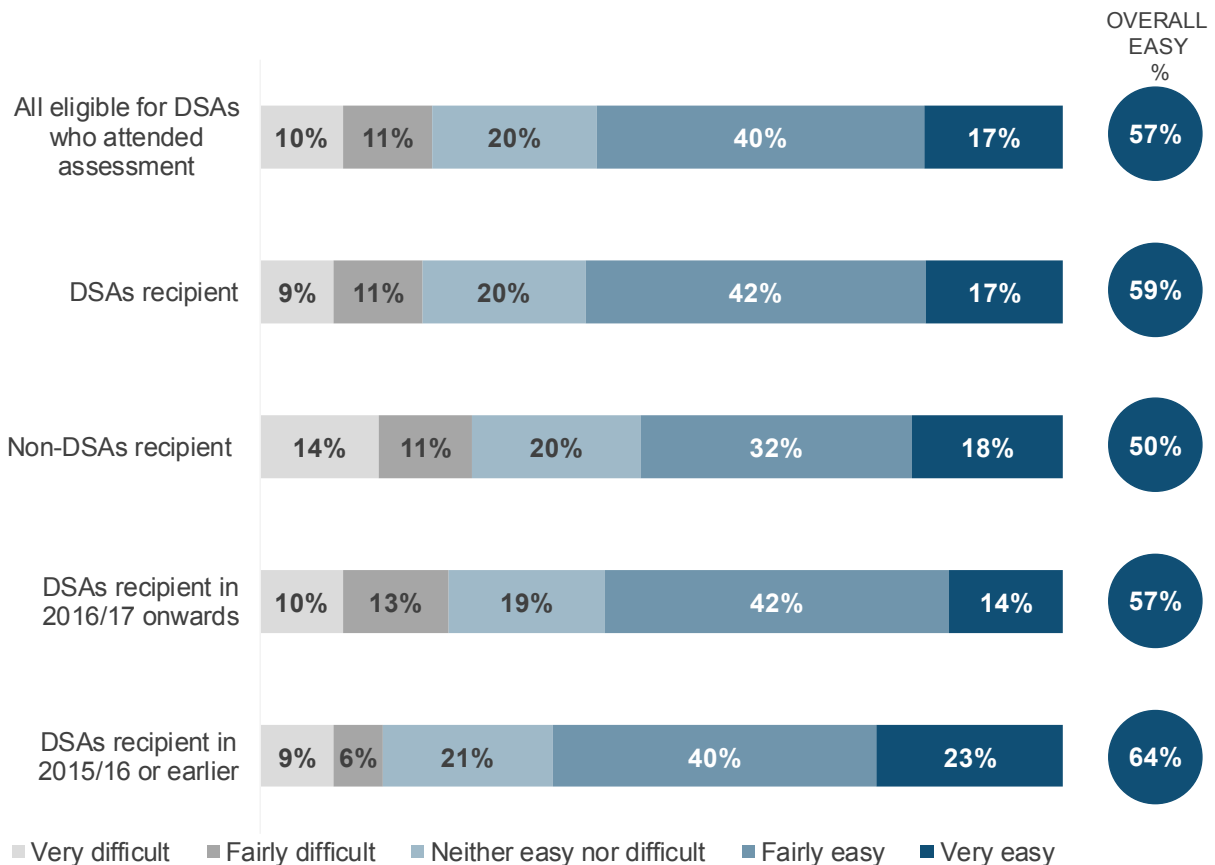
Again, there were differences by age of students and whether they were undergraduates or postgraduates. Both mature students and postgraduates were more likely to be unclear on how to access the support they were eligible for because it was too general or did not seem to meet their needs (22% and 26% respectively compared with 5% and 7% of their counterparts). Postgraduates who felt unclear were also more likely to state this was because their tutors and support staff were uninterested or unhelpful (21% compared with 9% of undergraduates). An example of this given in the qualitative interviews, was where a postgraduate student felt that the staff they contacted about accessing their DSAs support did not have sufficient specialist knowledge to deal with supporting postgraduate students specifically.

“The person didn't seem to know how to deal with me as a Ph.D. student, it felt a lot more complicated and I wasn't quite sure why. It hasn't been too bad because I had all the software anyway.”

### ***DSAs recipient 2014/15 or earlier, postgraduate, learning difficulty***

There was a similar pattern found in relation to how easy or difficult students found accessing support following the assessment process. Just under six in ten (57%) felt that it was easy for them to access the support that was recommended to them, while one in five (21%) stated that this was difficult. Figure 4.5 explores this in more detail.

**Figure 4.5: Ease of accessing recommended support**



*Unweighted base: All who were eligible for DSAs support and attended assessment (863), non-DSAs recipients who were eligible for DSAs support and attended assessment (115), DSAs recipients from 2016/17 onwards (547), DSAs recipients in 2015/16 or earlier (201)*

*Source: Quantitative survey C16*

There were no significant differences in ease of accessing support between DSAs and non-DSAs recipients, although there were differences in terms of when DSAs was first

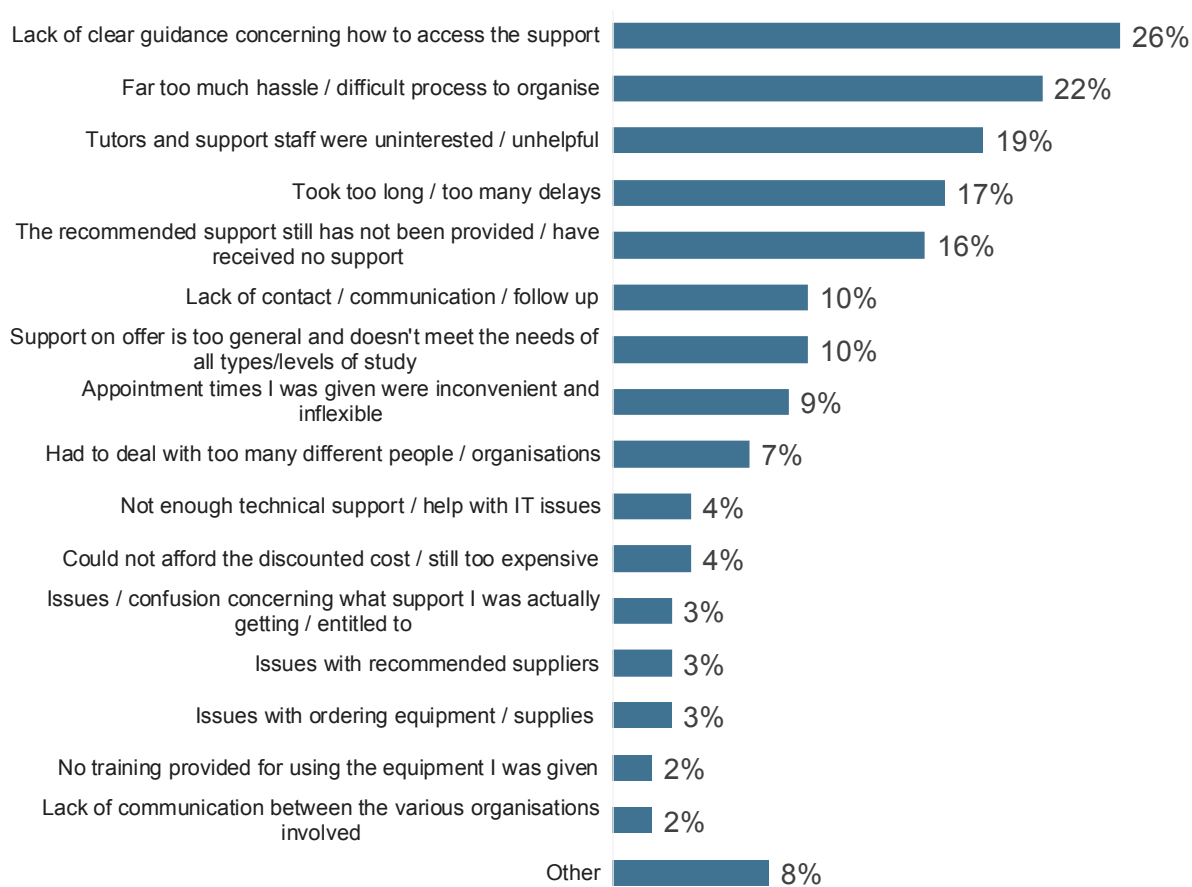


received. Those who received DSAs in 2015/16 or earlier were more positive, being more likely have found it easy to access the recommended support (64%) and less likely to have found it difficult (15%) compared with those who accessed DSAs in 2016/17 onwards (57% easy and 23% difficult). Indeed, students who first applied for DSAs in 2014/15 were the most likely to find accessing support easy (65%).

Consistent with findings on how clear the recommendations were, students with a physical disability were more likely to have found it easy to access support (65%), whereas those with a learning difficulty / disability or a mental health condition were less likely find it easy (55% and 49% respectively). Students with two or more disabilities or conditions were also less likely to find accessing their recommended support easy (50%). There were no differences by type of support accessed.

The reasons given for finding it difficult to get support were similar to those given for being unclear about how to access it. The main reason again was lack of clear guidance about how to access the support (26%), followed by it being far too difficult process to organise (22%) and tutors and support staff being uninterested or unhelpful (19%). Figure 4.6 looks at this in detail.

**Figure 4.6: Reasons for finding it difficult to access support**



*Unweighted base: All who found accessing the support that had been identified for them difficult (197)*

*Source: Quantitative survey C17*

Around one in five (22%) of students, who found it difficult to access support, stated it was too difficult a process to organise on their own. This issue arose repeatedly in some of the qualitative interviews: students felt that there was too much responsibility on them to arrange the support, often by contacting multiple organisations or individuals, which some found it difficult due to the nature of their disability or condition, or just very time-consuming. The HEP case study interviews found that staff members are aware of students that have not received the support they needed, or received it late, because of a breakdown in the application process. This is sometimes because the student has not realised they need to act on their DSAs<sup>1</sup> or DSAs<sup>2</sup> letter, or because they have a disability which makes this challenging for them. Staff were particularly concerned about students with emotional or communication disorders and mental health difficulties, who they see as more likely to struggle with this aspect of the process.

There was a feeling throughout the qualitative interviews that, particularly for younger students, guidance needs to be clearer about how to follow up on accessing the recommended support, and certain students would welcome more help for this part of the process.

“It’s just really simple things that when you think about it they really should have explained that stuff, while it’s just a little thing and you think it is common sense it’s really not, for a lot of people it’s the first time they are having to do stuff independently and I know in my case especially having to be quite reliant on your parents... it’s just stupid that it is left in my hands to be dealt with.”

***DSAs recipient, 2015/16, undergraduate, mental health condition and long-term health condition***

At an overall level, qualitative interviews revealed mixed views on the ease of accessing support. A reasonable proportion of students who received DSAs found that accessing support was generally an easy or straightforward process.

“It was pretty easy really... I’m very lucky it worked out very well for me.”

***DSAs recipient, 2016/17, undergraduate, learning difficulty***

Where students felt positive about the ease of accessing their support, some had support from disability services at their HEP, but this varied depending on the HEP. Some only had one organisation to deal with to organise receiving the support they were entitled to, and students felt having one central point of contact created a smoother process.

“All I had to do was replying to an email... and they just arranged it all for me I didn't have to do anything.”

***DSAs recipient, 2014/15 or earlier, undergraduate, mental health condition***

Students who found they had to get in touch with multiple organisations to organise different types of support often found this more difficult. One student did have a point of contact at their HEP to help them but having to contact different organisations still caused issues.

"It would have been easier if they didn't have to contact loads of people to get my support"

***DSAs recipient, 2017/18, undergraduate, learning difficulty***

Another issue that arose in some of the qualitative interviews about accessing DSAs support was the time taken to receive it. This applied both to delivery of equipment and subsequent training provided on how to use it, and to organising non-medical help. Examples were given throughout the qualitative interviews as to where delays occurred; for example, one student mentioned the time taken for their allowance to come through, another stated that the IT equipment took a while to arrive due to confusion around delivery, and there were sometimes difficulties organising convenient times to meet with specialist tutors. These delays were sometimes linked to having to co-ordinate support between different organisations.

“It took two years really because it didn't come in till the start of the second semester but I didn't get the support of mentor until the next year - I think the funding hadn't yet to come through. I had to pretty much sit the whole of the first year again to be able to access everything I should've had at the start of that year.”

### ***DSAs recipient, 2014/15 or earlier, undergraduate, physical disability and mental health condition***

Interviewees gave a few examples where difficulties of accessing various types of support meant it was not utilised. A couple of these cases involved having to pay for things up front to then be reimbursed but this deterred them from using it. Students referenced taxi fares to and from their provider and glasses to help with learning difficulties as examples of this.

Overall, students who took part in the qualitative interviews suggested that there could be a clearer 'road map' that sets out the process of accessing support which details who needs contacting and how, and how long they can expect to wait.

## **Types of support provided through HEPs**

There is an increasing expectation on HEPs to provide more inclusive forms of learning for all their students (see Chapter 1).

The majority (85%) of disabled students reported that at least one form of learning support was offered by their HEP, most commonly putting course materials online in an accessible format (55%), having specialist disability services staff or advisers (45%) and providing lecture notes in advance (36%). However, one in ten (10%) disabled students reported that their HEP provided no additional forms of learning support (note that this may simply be because they were not aware of any support, rather than because their HEP not providing it). Overall, students who received DSAs were more likely than non-recipients to cite that their HEP offered any form of support (89% compared with 82%), and in particular DSAs recipients were more aware of the availability of HEP support through: course materials online; specialist disability advisers; lecture notes in advance; e-books, font and braille; and the provision of specialist software/ assistive technology. Table 4.2 provides further details.

**Table 4.2: Types of support provided by HEPs**

	<b>All students</b>	<b>DSAs recipients</b>	<b>Non-DSAs recipients</b>
<b>Base (All)</b>	<b>1,773</b>	<b>780</b>	<b>993</b>
Putting course materials online in an accessible format	55%	60%*	51%*

<sup>6</sup> All these types of support were displayed as precodes on screen to students completing the survey for them to select which ones were relevant (if any), with the exception of extra time / extension for tasks, which was frequently specified by students in response to the 'something else' open code.

	All students	DSAs recipients	Non-DSAs recipients
<b>Base (All)</b>	<b>1,773</b>	<b>780</b>	<b>993</b>
Specialist disability services staff/ advisers	45%	53%*	39%*
Providing lecture notes in advance	36%	42%*	32%*
Lecture capture (eg through audio or video)	35%	36%	35%
Encouraging disclosure of disability	34%	35%	33%
Providing e-versions of books, font and braille	25%	31%*	20%*
Providing specialist software/ assistive technology	25%	31%*	20%*
Offering alternative assessment methods	25%	26%	23%
Making physical adjustments to the accessibility of teaching and learning facilities	18%	20%	17%
Extra time / extensions for tasks	3%	1%*	4%*
Other	2%	2%	3%
None of these	10%	9%	11%
<b>ANY SUPPORT OFFERED</b>	<b>85%</b>	<b>89%*</b>	<b>82%*</b>

\*indicates a significant difference (95% CI)

Young entrants, undergraduates and those studying full-time were more likely than mature entrants, postgraduates and part-time students to be aware that their HEP provided course materials online in an accessible format (61%, 60% and 57% respectively) and lecture capture (all 39%). Students who were mature entrants, part-time or postgraduates (an overlapping group) were more likely to be unaware that their HEP offered any of these types of support (13%, 15%, and 16% respectively).

As might be expected, students' awareness of the different types of support offered by their HEP varied according to their type of disability or condition, and hence the types of support they themselves might need. Those with a physical disability were more likely to be aware that their HEP offered:

- Specialist disability services staff or advisers (51%); and
- Physical adjustments to the accessibility of teaching and learning facilities (28%).

Students with a mental health condition were more likely to be aware of their HEP offering:

- Course materials online in an accessible format (59%); and

- Encouragement of disclosure of disability (37%).

Students with a long-term health condition were more likely to be aware of their HEP offering:

- Encouragement of disclosure of disability (40%);
- Alternative assessment methods (29%); and
- Physical adjustments to the accessibility of teaching and learning facilities (24%).

Students with a specific learning difficulty or disability were more likely than average to say that their HEP provided no additional forms of support (12%). Notably, they were less likely to mention encouragement of disclosure of disability (31%) and alternative assessment methods (22%). However, they were more likely than other students to be aware of the availability of specialist software or assistive technology (28%) – which they are more likely to need use of.

Larger and higher tariff HEPs were more likely to offer support than smaller, lower tariff HEPs; 87% of larger HEPs offered any support compared with 77% of smaller HEPs, and 91% of high tariff HEPs offered any support compared with 81% of low tariff HEPs.

The qualitative interviews revealed large variations in the type and level of learning support offered by different HEPs. All of them had disability services that students can use for advice, but the quality of this and what they provide differs.

Students often mentioned counselling as a type of support offered by HEPs, sometimes directly provided by the HEP and in other cases signposted to other providers. Some students in the qualitative research mentioned that their HEP offered them a specific support worker to help them.

Other types of HEP-provided learning support spontaneously mentioned in the qualitative interviews included; lecture notes available online, support from lecturers and other teaching staff, help from other support staff and extra time or breaks in exams. A small number mentioned lecture capture now being available, in line with the findings from the qualitative interviews among HEPs which showed they were all making headway in this area (albeit some faster than others) as they drive for more inclusive practice.

Qualitative follow-up interviews highlighted being encouraged to disclose a disability as a key first step in students getting the support they need.

“I was in the position that I was gradually losing more and more time because I was either feeling depressed so I couldn’t really focus on things or was feeling tired and couldn’t focus on things... and that became more and more stressful... being encouraged to disclose that and being able to put in place mechanisms to deal with that has made all the difference so that now I’ve actually got a much better perspective on the work that I’m doing.”

***Non-DSAs recipient, postgraduate, mental health condition***

“When you register, there’s a declaration on health conditions. I ticked a box and then got an email from the Disability Services asking if I wanted to go for a meeting and talk about what I might need”.

***Non-DSAs recipient, postgraduate, long-term health condition***

Staff at the HEPs who took part in the qualitative research tended to feel that encouraging disclosure was generally not a challenge for them, and reported that levels of disclosure continue to increase year on year. They did highlight that disclosure can take longer among students with mental health conditions or learning difficulties, partly due to the stigma of asking for support and partly due to the ‘hidden’ nature of those disabilities, which students themselves may not recognise.

Take up of support offered by HEPs was high, and the majority (96%) of students who were aware of support used it<sup>7</sup>. DSAs recipients were more likely to use it than non-DSAs recipients (98% compared with 94% respectively). Table 4.3 breaks this down.

<sup>7</sup> In the survey, only those who reported their HEP offering two or more types of support were asked about usage.

**Table 4.3: Types of HEP support used by students**

	All students	DSAs recipients	Non-DSAs recipients
<b>Base (All offered two or more types of support)</b>	<b>1,253</b>	<b>598</b>	<b>665</b>
Putting course materials online in an accessible format	61%	66%*	56%*
Specialist disability services staff/ advisers	41%	50%*	34%*
Providing lecture notes in advance	40%	45%*	36%*
Lecture capture (e.g. through audio or video)	37%	37%	38%
Encouraging disclosure of disability	31%	34%*	27%*
Providing e-versions of books, font and braille	24%	29%*	19%*
Offering alternative assessment methods	22%	24%	20%
Providing specialist software/ assistive technology	20%	26%*	14%*
Making physical adjustments to the accessibility of teaching and learning facilities	11%	15%*	7%*
Other	6%	5%	7%
None of these	4%	2%*	5%*
ANY SUPPORT USED	96%	98%*	94%*

\*indicates a significant difference

Unlike when focusing on support *offered* by HEPs, when looking at *uptake*, there were no differences at overall level in terms of age, whether their course was part-time or full-time and between undergraduates and postgraduates. However, certain types of support were more likely to be used by younger entrants, full-time students and undergraduates including; course materials online in an accessible format (66%, 63% and 66%) and lecture capture (41%, 40% and 40%). Whereas, mature entrants and postgraduates were more likely to make use of specialist disability services staff or advisers (53% and 50%).

In terms of disability type, those with a physical disability and those with a learning difficulty or disability were more likely to have used any of the support offered (99% and 97% respectively). There were also differences in terms of the types of support used, as we might expect. For example, those with a physical condition were more likely to use e-versions of books, font and braille (30%) and physical adjustments to the accessibility of teaching and learning facilities (29%) while those with learning difficulties or disabilities were more likely to utilise specialist disability services staff or advisers (46%) and specialist software or assistive technology (27%).



Overall, students at high tariff HEPs were more likely than others to have used any form of learning support (97%).

The findings from the qualitative interviews also demonstrated that where HEPs offer support, uptake is high. The key forms of support that students had used were online lecture notes and getting direct support from staff. A handful of HEP-provided support was not taken up by students for various reasons, one example being a student who was offered a note taker. They did not take up this support as alternatives were available, such as lecture notes available online, and they felt that they would rather not have an adult sitting next to them in lectures, for social reasons. Another example given was one student who did not make use of the general learning support workshops offered by their HEP, as they preferred the one-to-one support they received instead.

“I see [special adviser] once a month, it’s just a check-in on how you are doing, what is causing difficulties. It’s getting another pair of eyes on a situation... I’ve had a bit of difficulty lately, I’m trying to transfer some notes from one word document to referencing system, which should be really simple, but because of my O.C.D it’s not, it’s becoming really long winded... and she has said let’s try this strategy, and it just makes such a difference to have someone who wants to go through that with me.”

***DSAs recipient, 2017/18, postgraduate, mental health condition***

## 5. Satisfaction with support and whether it is meeting students' needs

### Chapter summary

This chapter explores satisfaction with both DSAs and HEPs in the extent to which they meet the learning support needs of students with disabilities, health conditions or special educational needs.

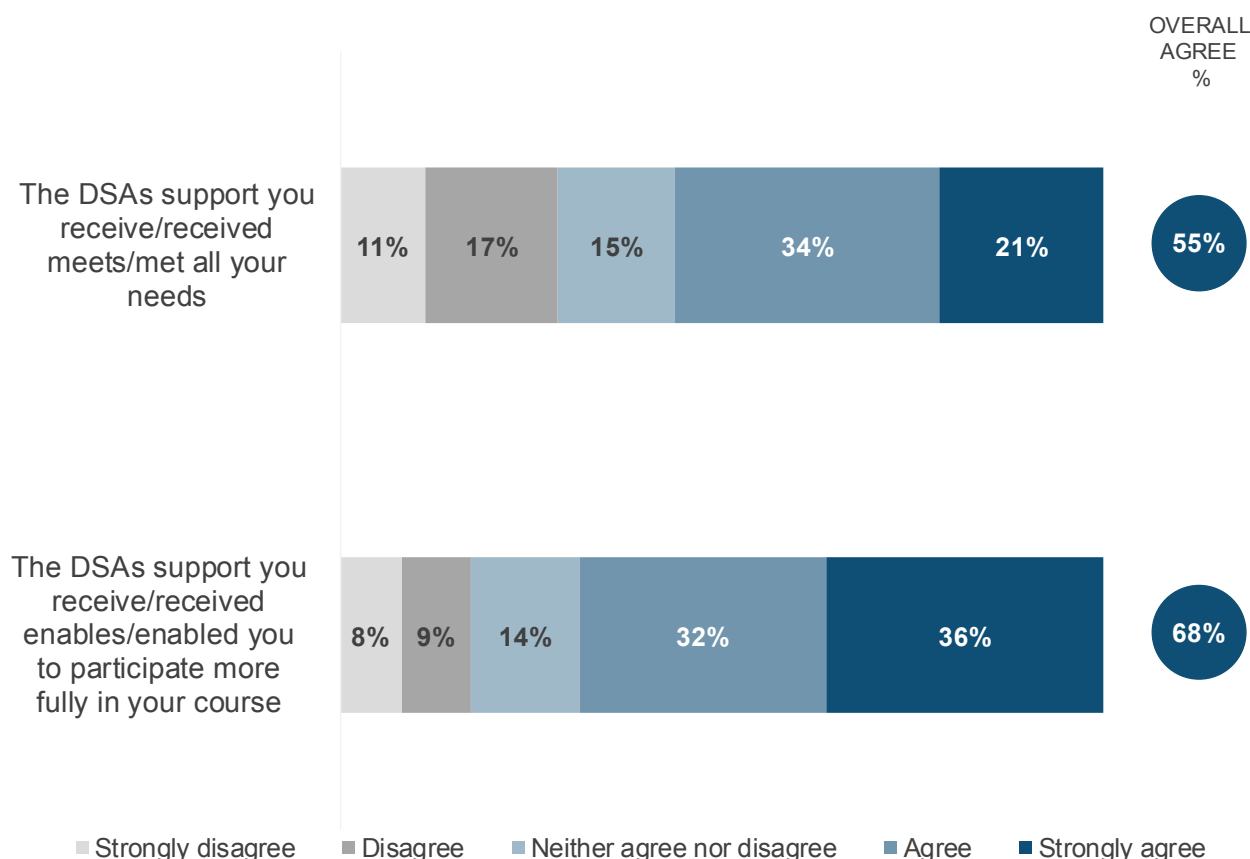
- Where support was provided from DSAs and HEPs, it was generally positively received;
- There are a number of differences between students who first received DSAs before and after the recent changes; there tended to be more positive feedback about DSAs from those who first received it in 2015/16 or before. However, satisfaction with support from their HEP was more positive among those who first claimed DSAs from 2016/17 onwards.

### Is the support offered meeting students' needs?

#### Satisfaction with DSAs funding and DSAs support overall

At an overall level, DSAs support is broadly meeting the needs of students. Just over half (55%) of those in receipt of DSAs agreed that the DSAs support they receive meets all of their needs, although 28% disagreed. Findings were more positive with regards to whether the DSAs support they received enabled them to participate more fully in their course than they would be able to otherwise: around two-thirds (68%) of DSAs recipients agreed and just 16% disagreed (Figure 5.1)

**Figure 5.1: Students' views on whether DSAs meets all their needs and enable fuller participation in their course**



*Unweighted base: All who receive DSAs (780)*

*Source: Quantitative survey D4*

When comparing students who first received DSAs in 2015/16 or earlier and 2016/17 onwards, the only difference is that those who first received DSAs in 2015/16 or earlier were more likely to strongly agree that the DSAs support they received enabled them to participate more fully in their course. However, there were no differences in overall agreement with both of these statements between these two broad DSAs groups. Looking at a more granular level, the most recent intake (students who first received DSAs in 2017/18) were less likely to agree that DSAs support met all their needs and that the support enabled them to participate more fully in their course (49% and 64% respectively). Table 5.1 breaks this down.

**Table 5.1: Perception that DSAs met their needs or enabled them to participate more in their course by DSAs cohort**

	All students who receive DSAs	2015/16 and before	2016/17 onwards	2014/15 or earlier	2015/16	2016/17	2017/18
<b>The DSAs support you receive/received meets/met all your needs</b>							
Strongly agree	21%	21%	21%	23%	20%	22%	20%
Agree	34%	37%	32%	31%	45%*	38%	30%*
Neither agree nor disagree	15%	13%	16%	17%	9%	14%	17%
Disagree	17%	19%	16%	17%	21%	12%*	19%
Strongly disagree	11%	9%	12%	12%	5%*	12%	13%
<b>SUMMARY: AGREE</b>	<b>55%</b>	<b>59%</b>	<b>53%</b>	<b>53%</b>	<b>65%*</b>	<b>60%</b>	<b>49%*</b>
<b>SUMMARY: DISAGREE</b>	<b>28%</b>	<b>28%</b>	<b>29%</b>	<b>29%</b>	<b>27%</b>	<b>24%</b>	<b>31%</b>
<b>The DSAs support you receive/received enables/enabled you to participate more fully in your course than otherwise</b>							
Strongly agree	36%	41%*	33%*	39%	43%	37%	31%*
Agree	32%	31%	33%	36%	26%	34%	32%
Neither agree nor disagree	14%	11%	15%	10%	13%	14%	15%
Disagree	9%	9%	8%	9%	8%	6%	9%
Strongly disagree	8%	6%	8%	5%	8%	7%	9%
<b>SUMMARY: AGREE</b>	<b>68%</b>	<b>72%</b>	<b>66%</b>	<b>75%</b>	<b>70%</b>	<b>70%</b>	<b>64%*</b>
<b>SUMMARY: DISAGREE</b>	<b>16%</b>	<b>15%</b>	<b>17%</b>	<b>14%</b>	<b>16%</b>	<b>13%</b>	<b>18%</b>

*\*indicates a significant difference*

There were a couple of key differences by disability type or health condition; students with a mental health condition were less likely to agree that the DSAs support they received met all of their needs (48% compared with 55% overall). Conversely, those with a physical disability were more likely to agree that the DSAs support they received enabled them to participate more fully in their course (75% compared with 68% overall).

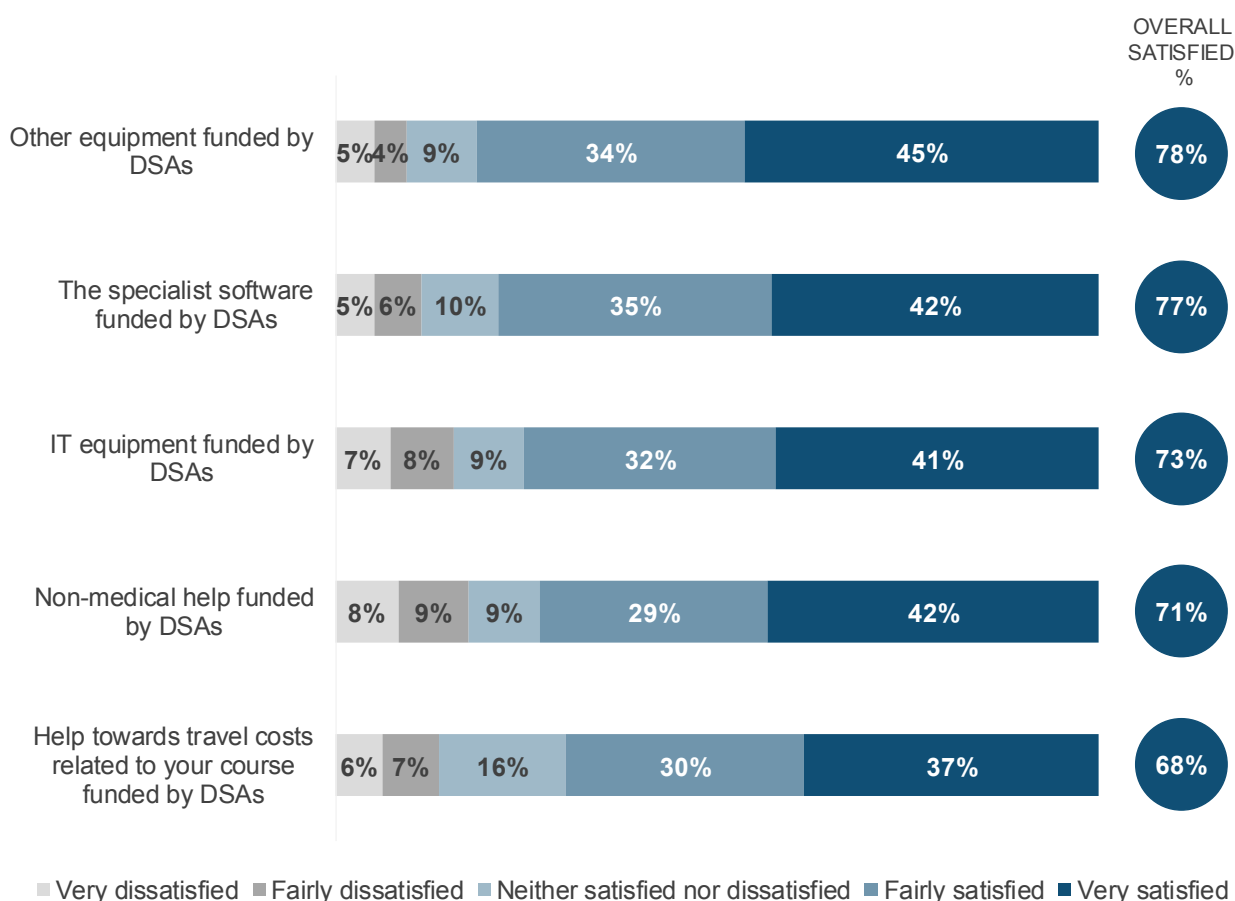
A number of other factors were associated with higher levels of agreement that the DSAs support met all their needs and allowed them to participate more fully in their course than would otherwise be the case:

- High level of satisfaction with the DSAs application process (69% and 78% respectively);
- Getting access to IT equipment (58% and 72%) and non-medical help (58% and 74%) as part of their DSAs support;
- Receipt of various types of support from their HEP;
- A high level of satisfaction that their HEP supports inclusive learning overall (69% and 81%) and that their course specifically is adapted to support learning (70% and 82%).

## Satisfaction with different types of DSAs support

As Figure 5.2 illustrates, satisfaction with each of the types of support funded by DSAs is relatively high. Around seven in ten or more students were satisfied with each of the types of support they received via DSAs.

**Figure 5.2: Satisfaction with different types of DSAs support**



*Unweighted base: All who receive each type of DSAs support; other equipment (270), specialist software (554), IT equipment (553), non-medical help (411), help towards travel costs related to course (101)*

*Source: Quantitative survey D5*

Satisfaction with the types of support regarding software and equipment is higher amongst students who first received DSAs prior to the changes (in 2015/16 or before) than among those who first received DSAs from 2016/17 onwards. However, in contrast to this, satisfaction with non-medical help is higher amongst more recent recipients of DSAs. Table 5.2 below details this.

**Table 5.2: Satisfaction with types of DSAs support by year first received DSAs**

	All students who receive specific type of support	2016/17 onwards	2015/16 and before
<b>Base (All who receive other equipment funded by DSAs)</b>	<b>274</b>	<b>196</b>	<b>78</b>
Satisfaction with other equipment funded by DSAs	78%	79%	76%
<b>Base (All who receive specialist software funded by DSAs)</b>	<b>563</b>	<b>414</b>	<b>149</b>
Satisfaction with specialist software funded by DSAs	77%	75%*	83%*
<b>Base (All who receive IT equipment funded by DSAs)</b>	<b>558</b>	<b>399</b>	<b>159</b>
Satisfaction with IT equipment funded by DSAs	73%	70%*	79%*
<b>Base (All who receive non-medical help funded by DSAs)</b>	<b>414</b>	<b>296</b>	<b>118</b>
Satisfaction with non-medical help funded by DSAs	71%	74%*	62%*
<b>Base (All who receive help towards travel costs funded by DSAs)</b>	<b>101</b>	<b>77</b>	<b>24</b>
Satisfaction with help towards travel costs funded by DSAs	68%	69%	64%

*\*indicates a significant difference*

There were no differences in levels of satisfaction with each of these sources of support by disability type, as well as no differences by age, mode of study (full time and part time) and level of degree (undergraduate and postgraduate).

Satisfaction with all of these types of support was unsurprisingly more likely to be higher where students were also satisfied with various other aspects:

- the DSAs application process;
- that the support from DSAs met all their needs;
- that their HEP supports inclusive learning; and
- How their specific course is adapted to support learning.

Students echoed these high levels of satisfaction regarding different types of DSAs support in the qualitative interviews, where opinions on the IT equipment, specialist software and other equipment supplied through DSAs were positive.

The training received on the IT equipment and specialist software gained mixed feedback in the qualitative interviews. Some trainers received praise, whereas others received criticism for being unhelpful, lacking in specialist knowledge, and not understanding of the student's needs. This varied depending on the particular organisation providing support.

There was one example where a student was not provided with any training on how to use the equipment delivered to them, and left to 'get on with it' themselves.

"A pain in the behind, it was a case of here is your support this is what we are going to give you, go away and deal with it. There was no 'this is how you deal with it' or anything like that."

***DSAs recipient, 2015/16, undergraduate, mental health condition and long-term health condition***

The non-medical help provided also created mixed feedback, which varied depending on the skills of the individual support workers. Students often stated that the most useful of all the DSAs support received occurred when the support worker and student's needs matched well.

"[Support worker]'s just been amazing, and to have someone who understands not exactly what I'm going through but who's been through similar stuff, and to have someone who understands that and someone who just encourages you to be open and be honest."

***DSAs recipient, 2014/15 or earlier, undergraduate, mental health condition***

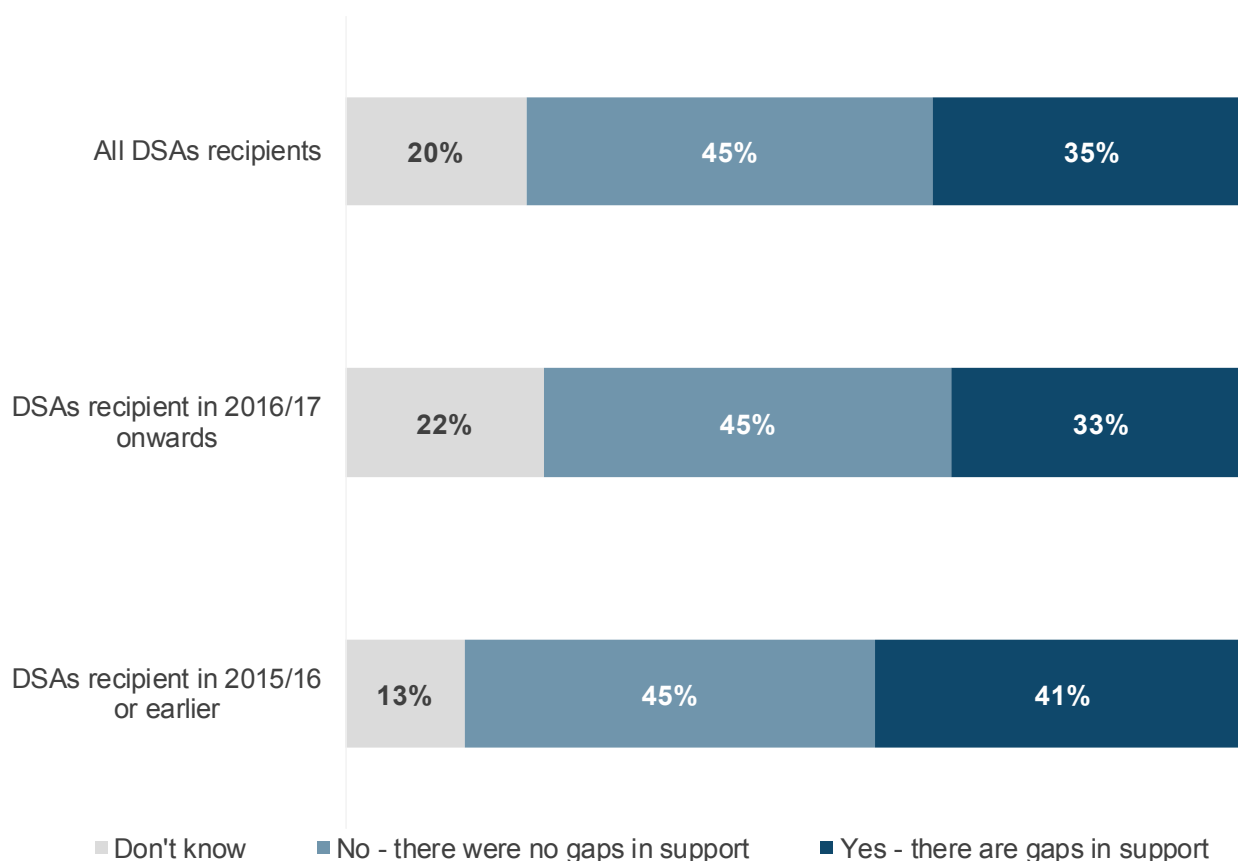
However, where the support worker did not meet the needs of the student or where the student was not satisfied with their support worker, there were bigger issues. In a couple of cases in the qualitative interviews, students went through a number of different support workers before eventually finding one they were happy with.

Only a handful of those who took part in the qualitative interviews were entitled to travel expenses for taxis, but some students raised a few issues with this process, finding it difficult to use. One suggested they preferred money rather than a taxi account, as it would make it easier for changing destinations.

## Gaps in DSAs support

Just over a third (35%) of students who received DSAs stated that there were still gaps in the study support they needed. In contrast to the majority of findings reported so far in this chapter, those who received DSAs prior to the changes that were more likely to feel there were gaps in their support (41% of those who first received DSAs in 2015/16 or before compared with 33% of those who received it in 2016/17 onwards). This may relate to different expectation levels, or to differences in the types and level of support provided by HEPs. Figure 5.3 details these findings.

**Figure 5.3: Perceived gaps in DSAs support by DSAs cohort**



*Unweighted base: All who receive DSAs (780), DSAs recipients 2016/17 onwards (573), DSAs recipients 2015/16 or earlier (207)*

*Source: Quantitative survey D6*

In terms of disability, consistent with the findings around DSAs not meeting all of their needs, those with a mental health condition were also more likely to have felt there were



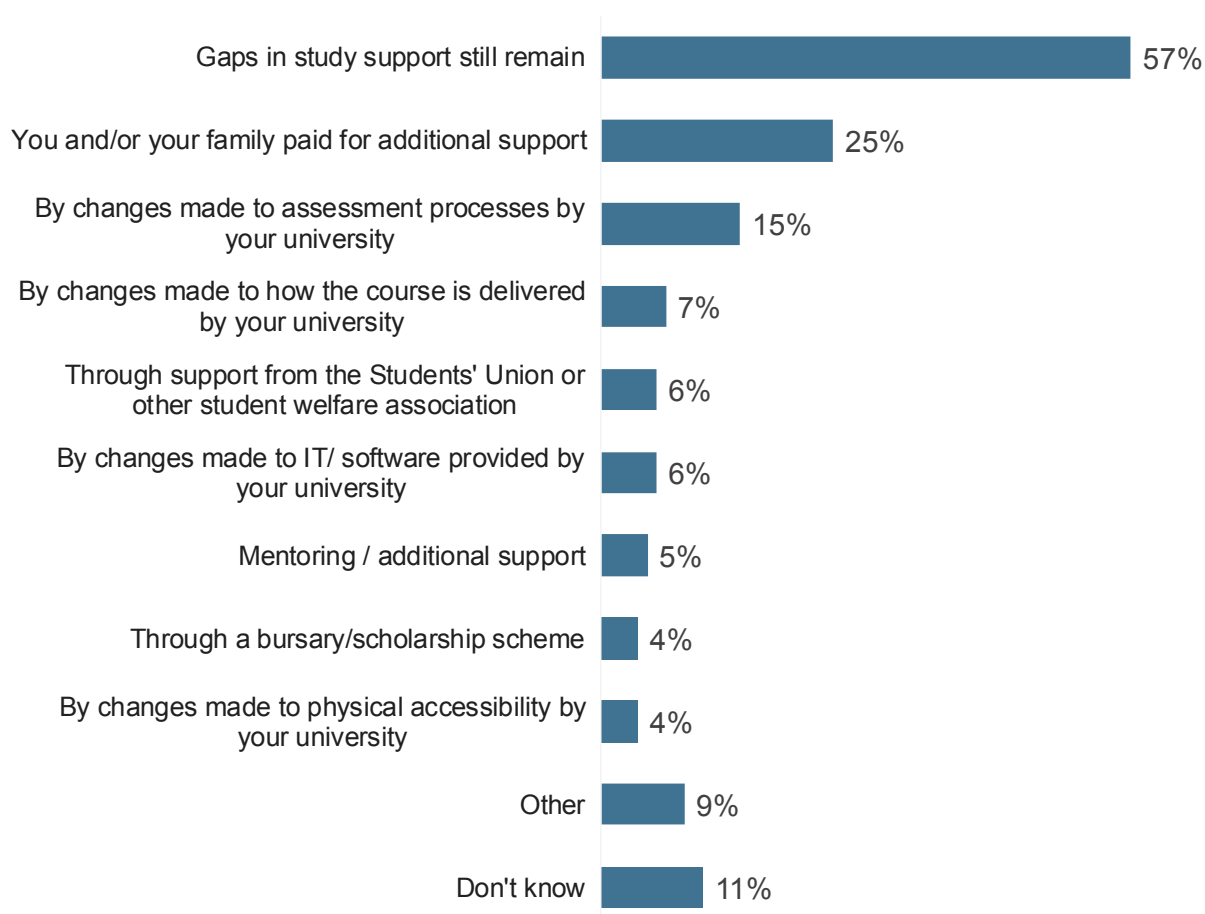
gaps in the study support they needed (43% compared with 35% overall), as were students with two or more disabilities (42%).

Consistent with previous findings, mature entrants were less positive in that 43% of them stated there were gaps in support (compared with 29% of young entrants). A similar pattern emerged among part-time students (49% compared with 32% of full-time students) and postgraduates (47% compared with 31% of undergraduates) - note there is a large degree of overlap within these three groups.

Students who were dissatisfied with the DSAs application process, and those who disagreed that DSAs support met all of their needs, were more likely than overall to report gaps in their support (60% and 66% respectively). The same pattern was true concerning levels of satisfaction with how their HEP supports inclusive learning and how their specific course is adapted to support learning (62% and 56% respectively of those dissatisfied felt there were still gaps in support).

Over half (57%) of the students who reported gaps in their learning support said that these still remain, particularly among those with two or more disabilities or conditions (64%). Other students had addressed these gaps in various ways: a quarter (25%) reported that they or their family had paid for additional support; 15% said their HEP had made changes to the course assessment process; and 7% said their HEP had changed how the course is delivered (Figure 5.4).

**Figure 5.4: How, if at all, were any gaps in support were addressed**



*Unweighted base: All who receive DSAs and had a gap in their support (276)*

*Source: Quantitative survey D7*

There were no differences between those that first received DSAs in 2015/16 or earlier and from 2016/17 onwards. At a more granular level, students in the latest cohort (2017/18) were less likely to say that they or their family have paid for additional support (18%). Those who received DSAs in 2015/16 were more likely to report that changes made to the delivery of the course by their HEP (17%) and changes made to physical accessibility by their HEP (11%) addressed gaps in delivery.

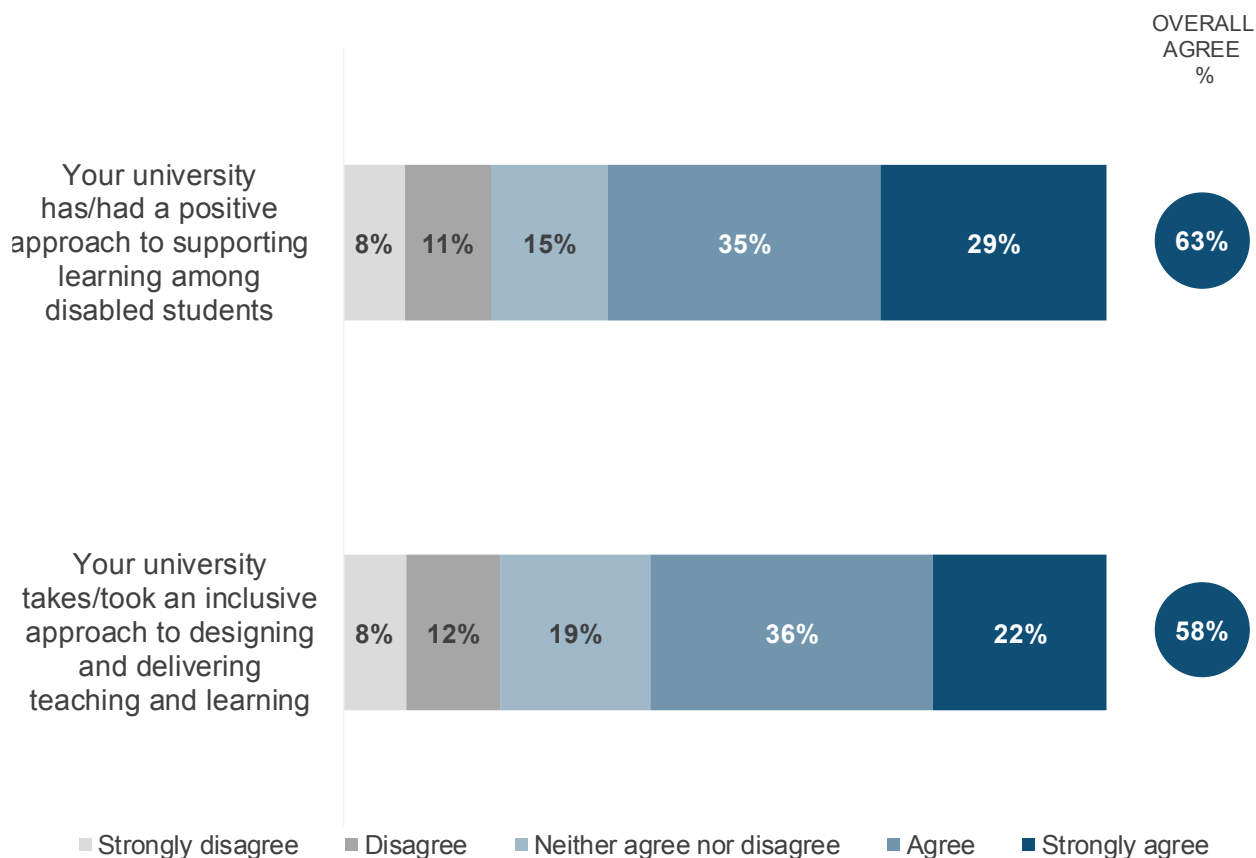
As previously mentioned, those with a mental health condition were more likely to have stated there were gaps in their support, and they were more likely than others to report that these gaps were filled by support from their Students' Union or other student welfare association (10%).

## Satisfaction with HEP support

Satisfaction with various aspects of support from HEPs is slightly lower than with support from DSAs. Just under two-thirds (63%) agreed that their HEP had a positive approach to supporting learning among disabled students, and around six in ten (58%) felt that their

HEP took an inclusive approach to designing and delivering teaching and learning (Figure 5.5).

**Figure 5.5: Agreement that HEP takes positive and inclusive approaches to learning**



*Unweighted base: All respondents (1,773)*  
*Source: Quantitative survey D11*

By disability type, those with a learning difficulty or disability were more likely to disagree that their HEP has a positive approach to supporting their learning and that their HEP has an inclusive approach (22% compared with 19% and 23% compared with 20%). Those doing a postgraduate qualification were also more likely to disagree with both statements (25% disagreed with each statement compared with 16% and 17% of undergraduates).

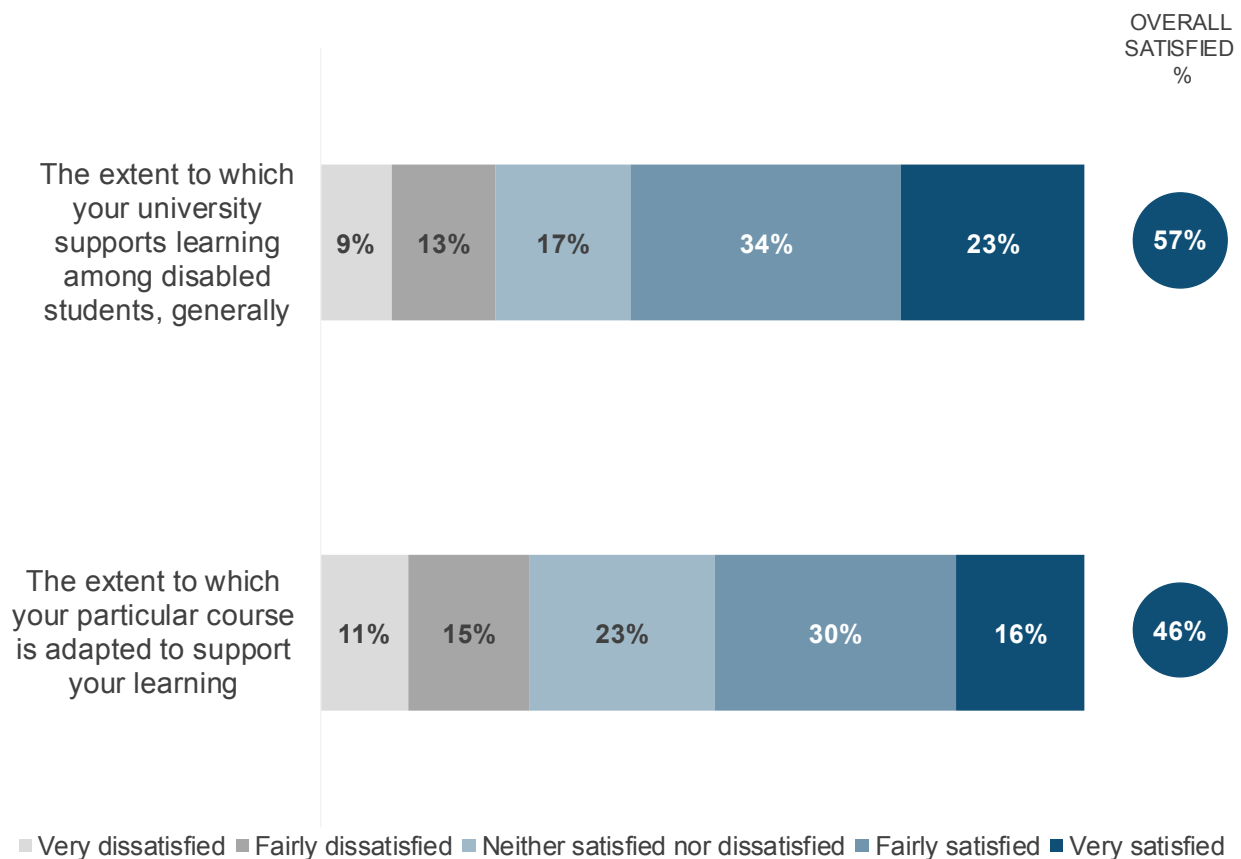
Taking the statements separately, there were no differences by whether a student was a DSAs recipient or by when they first received DSAs.

When asked whether they felt their HEP takes an inclusive approach to designing and delivering teaching and learning, those who received DSAs were more likely to strongly agree when compared with non-DSAs recipients (26% compared with 19%). In terms of when DSAs was first received, those who claimed it more recently (2016/17 onwards) were more likely to strongly agree (25% compared with 22% overall). Those who first claimed DSAs in 2014/15 or earlier were more likely to disagree that their HEP has an

inclusive approach (29%). These differences and trends perhaps suggest that inclusivity in HEPs has improved over time, in line with the policy direction.

The same trend is present when looking at satisfaction amongst students that their HEP supports learning amongst disabled students more generally and that particular courses are adapted to support learning (Figure 5.6).

**Figure 5.6: Satisfaction that HEP supports learning amongst disabled students and that their course is adapted to support learning**

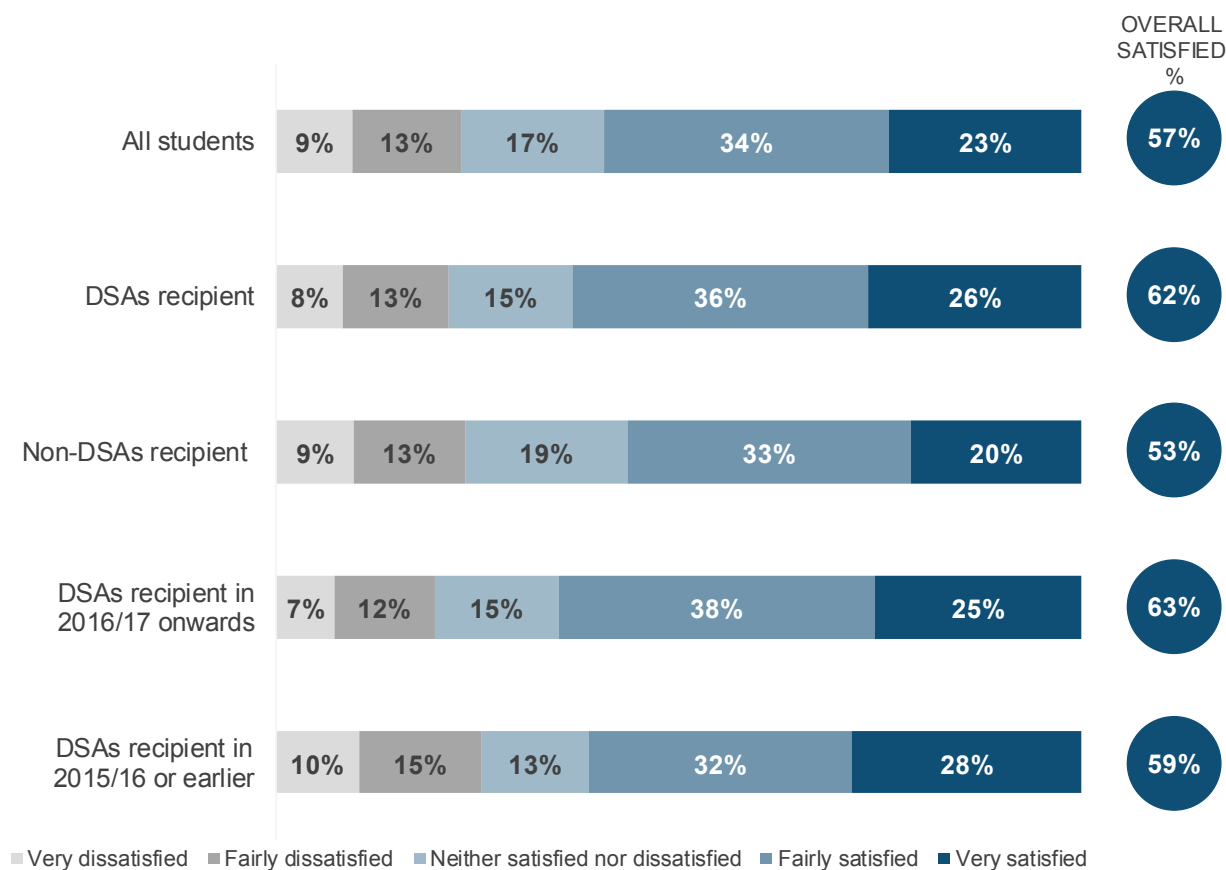


*Unweighted base: All respondents (1,773)*

*Source: Quantitative survey D12/D13*

DSAs recipients were more likely than non-recipients to be satisfied that their HEP supports learning among disabled students more generally (62% compared with 53%). Within DSAs recipients, students who received DSAs for the first time from 2016/17 onwards were more likely to be satisfied with this (63% compared with 59% of those who received DSAs in 2015/16 or earlier). This is consistent with students' perception that the HEP's approach to learning is inclusive, suggesting that HEP support for learning among disabled students has improved over time.

**Figure 5.7: Satisfaction with the extent to which their HEP supports learning among disabled students generally by DSAs cohort**



*Unweighted base: All respondents (1,773), DSAs recipients (780), non-DSAs recipients (993), DSAs recipients 2016/17 onwards (573), DSAs recipients 2015/16 or before (207)*

*Source: Quantitative survey D12*

There were no differences between different DSAs groups in levels of satisfaction with the course being adapted to support learning.

Students with learning difficulties or disabilities were least satisfied with both of these aspects (25% and 30% respectively). Conversely, students with a physical disability were more likely than others to be satisfied that their course was adapted to their learning (57% satisfied).

Satisfaction with the course being adapted to support learning did not vary by subject area, though postgraduates were more likely to be dissatisfied (31% compared with 24% of undergraduates).

Students, who had access to any of the listed types of support offered by their HEP, were more likely to agree that their HEP has a positive and inclusive approach. Similarly, if students were satisfied with both how their HEP supports learning and how their course

is adapted to support learning, they were much more likely to agree that their HEP has a positive and inclusive approach.

Having supportive and understanding lecturers/ teaching staff appeared to have a particularly positive impact on student experience.

"In both first and second year I suffered with close personal loss and both times I felt quite overwhelmed and didn't know what my options were and they [lecturers] were able to help me see all of my options and what was best for me and they were aware of everything so without them supporting and advising me I probably would have dropped out."

***Non-DSAs recipient, undergraduate, mental health condition***

"It's made things easier. Lecturers don't put me on the spot to come up with an answer because it's in my learning contract to not put me on the spot. I am a lot more confident in class because I can answer questions I know the answer to."

***DSAs recipient, 2017/18, undergraduate, learning difficulty***

Satisfaction varied depending on the quality of tutors and teaching staff. Where staff were not very understanding and not felt to be making appropriate adjustments, this often led to a sense of frustration, meaning that students were more likely to be unhappy with the support received and the general experience at their HEP.

"I repeatedly had problems with one tutor, the one who wouldn't make sure I had chairs with a back on them, he just didn't see the point, he said it wouldn't be fair on other students if I had something they didn't. It was finally the note taker who managed to get him to give the printed information to her which she passed on to me... she managed to corner him and explain it very well, the fact that he didn't listen to me for 2+ years."

***DSAs recipient, 2014/15 or earlier, undergraduate, physical disability and mental health condition***

The qualitative research with disability services staff in HEPs highlighted the importance of building awareness of inclusive practices among other members of staff, in particular academics, as once a certain level of buy-in was obtained, this could lead to more widespread changes such as adaptations to assessment methods, and putting lecture materials online. Some staff highlighted that variability between individual academics and departments remained an issue within their HEP, which could mean that disabled students had very different experiences depending on the particular course they were taking.

Some students mentioned access to support and learning groups at their HEP, which also received positive feedback.

"There is enough support in the university itself to support someone with a mental health illness, there is counselling, there are group things, there are talking therapies, there one-to-one tutorials available, there is a learning resources centre which is really good and that I'm going to try to use more next year... there is support there you just have to know where to find it and be in tune with what is wrong and what is going on in your head."

***DSAs recipient, 2016/17, undergraduate, mental health condition***

Other support offered and well received from HEPs included extra time for exams, lecture notes online and alternative assessment methods. These all made a positive difference to student experience.

“[Alternative methods of assessment] actually improved my marks because the first year I did a couple of presentations just in front of the assessor and that really improved my marks, but in the second year I felt a bit more confident so I did them in front of the group and I got 61, 62, 63, so I’m really pleased with that.”

***DSAs recipient, 2014/15 or earlier, undergraduate, mental health condition***

“When lectures are given they are recorded which is very good so you can listen to it, listen to what lecturers have been discussing. The university recognises that people have different styles of learning, I suppose some of it does depend on the lecturer at times but you do get your presentation notes and they are up before the lecture so it does give you the opportunity to look through what they’re going to talk about which I quite like.”

***Non-DSAs recipient, postgraduate, learning difficulty***

All of these factors serve to create a positive and inclusive environment that helps students with disabilities, health conditions, or special educational needs to be able to feel supported.

A few students who took part in the qualitative interviews received minimal support from their HEPs. In some cases, disability support advisers were difficult to get in touch with and did not have much time or additional resources.



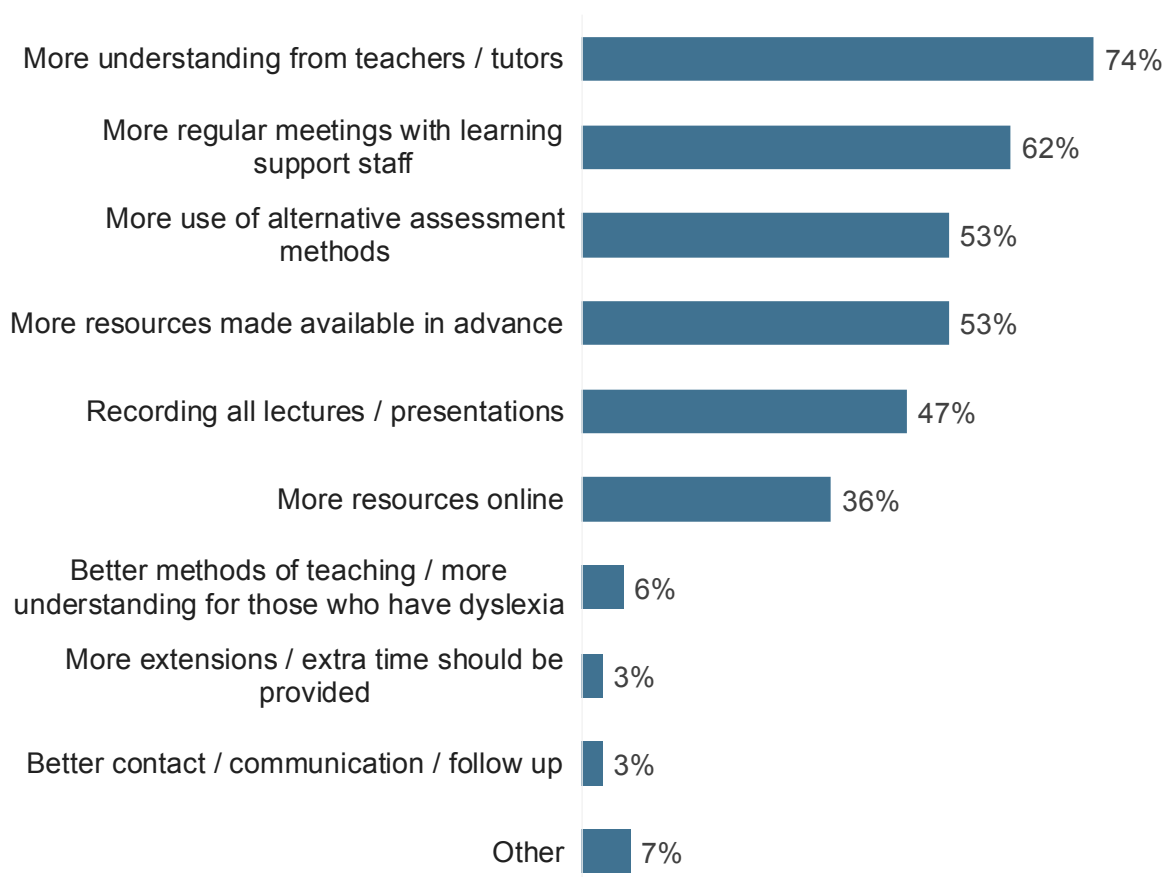
“My impression was that they were under resourced, that is what struck me, so what they could offer was quite niche and quite tight.”

**Non-DSAs recipient, postgraduate, learning difficulty**

**Improvements that could be made by HEPs in support disabled students**

Students who were dissatisfied with either their HEP’s support for disabled students generally or with their specific course were asked how this could be improved. The two main improvements suggested by students related to personal support; 74% suggested more understanding from teachers or tutors and 62% suggested meeting more regularly with learning support staff. Those with a mental health condition were more likely to make these top two suggestions (80% and 68% respectively). Figure 5.8 details other suggestions made by students.

**Figure 5.8: Improvements that could be made by the HEP to support learning**

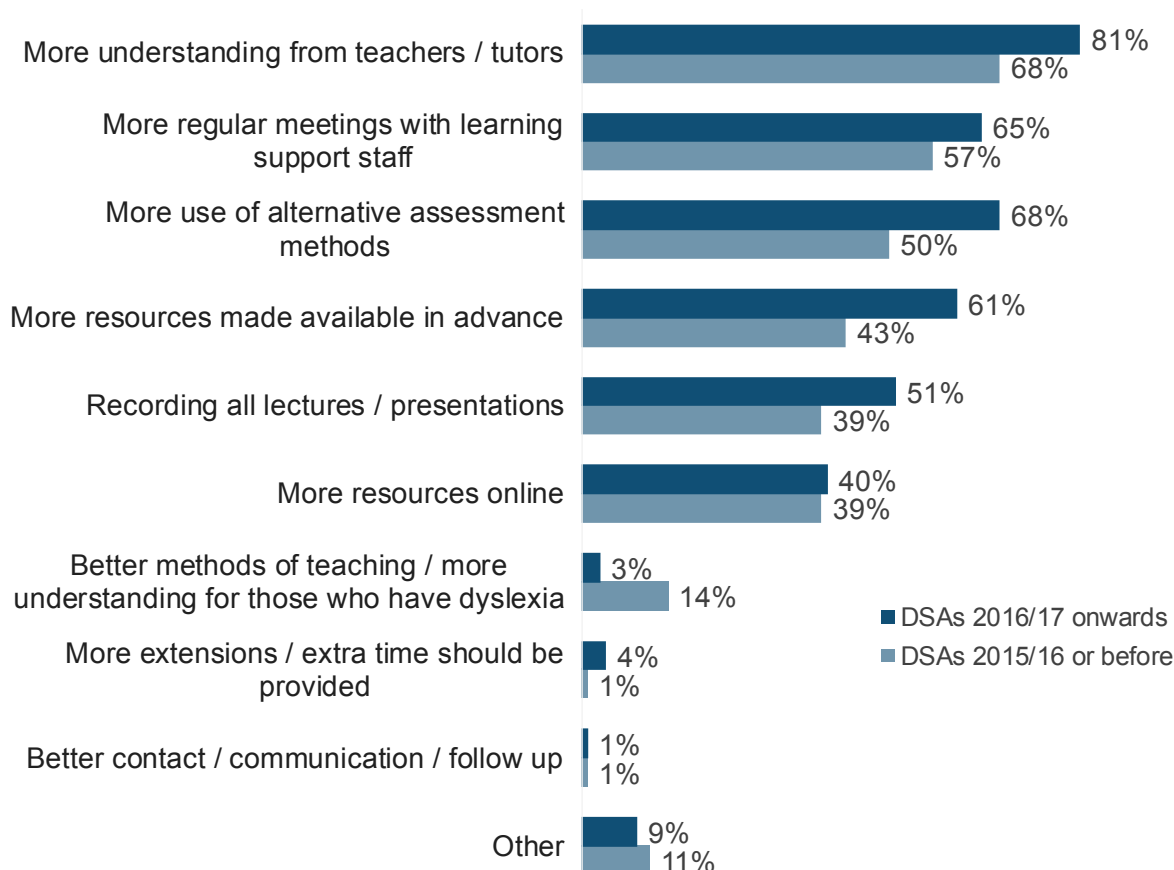


*Unweighted base: All those who are dissatisfied with the extent their HEP supports learning or their adaption to support their learning (574)*

*Source: Quantitative survey D14*

Among DSAs recipients, those who first received DSAs more recently (2016/17 onwards) were more likely to suggest the following improvements: greater understanding from teachers or tutors (81%), more resources made available in advance (68%) and more use of alternative assessment methods (61%), than those who received DSAs in 2015/16 or before (68%, 50% and 43% respectively). Figure 5.9 details this.

**Figure 5.9: Improvements that could be made by the HEP to support learning by DSAs cohort**



*Unweighted base: All those who are dissatisfied with the extent their HEP supports learning or their adaption to support their learning; who received DSAs 2016/17 onwards (179), who received DSAs 2015/16 (73)*

*Source: Quantitative survey D14*

In the case studies, some HEPs felt they prepared sufficiently for the DSAs changes and as a result secured additional funding to put in place direct support or broader inclusive learning measures. Others say they did not have enough time to prepare and that they have had to deal with the implications as and when they become apparent. Some staff described their institution’s response as ‘patchy’; meaning that they are doing what they can to fill the gaps in terms of funding, rather than implementing a universal approach to disability support and inclusive learning. Staff considered that their provider’s response depended heavily on the leadership’s priorities and understanding of and support for inclusive learning as well as on the availability of funding.

Examples of recent changes that HEPs made include:

- implementing a network of academics from every department working to promote inclusive learning across the university;
- promoting collaboration between the network of academics, library and computing services and timetabling services;
- securing more funding for study skills support groups, which are available to all students
- providing additional training for library staff on disability support and inclusive learning
- designing an audit template for evaluating courses from an accessibility perspective (although this was currently not widely used).

Across several case study HEPs, lecture capture has been introduced as a result of the DSAs changes. Staff in these institutions were enthusiastic about this when it was introduced but then felt disappointed by low levels of take-up among academic staff. Some HEPs had introduced it using an 'opt out approach', in an attempt to make this 'the default', but opt-out levels were high. Support staff were frustrated by the mixed levels of engagement with the technology, despite significant investment across the campus, as lecture capture was expected to reduce the need for note takers and the associated costs of this. One case study HEP had introduced lecture capture a few years ago has made it part of the school's published inclusive learning policy, and it is therefore more widely used. Some case study HEPs had success with encouraging academics to publish their lecture slides online, while others have struggled with this due to a perception among academic staff that it will lower attendance. Overall, case study HEPs all mentioned the importance of senior buy-in and a need to 'change the culture' to bring about a more universal approach to inclusive learning.

To summarise, in general, students are satisfied with the support they receive from their HEP, although satisfaction is higher concerning support from DSAs. There is also a link between receipt and positive experience of DSAs, and higher satisfaction with HEP support. There are clear differences concerning the timing of when students first received DSAs, and satisfaction with DSAs support. It is generally higher among those who received it in 2015/16 or before, whereas satisfaction with HEP support is higher among the more recent cohorts of DSAs recipients. This highlights that support from both sources is integral to ensuring that disabled students succeed in higher education.

"I know from helping other students that they often don't see much of a future for themselves in academia, in terms of their self-worth."

***DSAs recipient, 2015/16, undergraduate, physical disability, mental health condition and long-term health condition***

## 6. The impacts of DSAs

### Chapter summary

This chapter explores the impacts of DSAs and HEP-provided support for disabled students, based on self-reported measures. It finds that:

- DSAs had a limited impact on disabled students' decisions to go into higher education – in part, because awareness of it was quite low at the point they were deciding on their application.
- The influence of DSAs on decisions to go into higher education appears to have fallen over time, with the onset of the changes introduced from 2016/17 onwards.
- In the survey, DSAs recipients were split almost 50:50 about whether they could have done their course without getting DSAs or not, but those who first received it in 2015/16 or before, prior to the main changes, were more likely to report that they could not. DSAs also appeared to be more important for mature students, BAME students, students with a physical or sensory disability or with two or more disabilities, students who received DSAs support for travel costs, and students whose parents had not attended higher education.
- Around one in five disabled students reported that the learning support provided by the HEP influenced their choice of provider or course, and a similar proportion reported that DSAs influenced their choice of course.
- Among recipients, DSAs has a positive impact on confidence about completing and passing their course, as does support from their HEP. In the qualitative research students spoke eloquently about the positive impacts that getting DSAs had made on their learning experience and attainment.

### Does DSAs support influence decisions to attend HE?

Disabled students who had heard of DSAs before starting their course were asked how important it was to their decision to start studying their course. Over two in five (43%) reported that it was very or fairly important, and this was particularly the case among DSAs recipients compared to students who were aware of DSAs but did not receive it (58% compared with 18%). Students who first received DSAs in 2014/15 were far more likely than others to say it had influenced their decision to start studying their course (68%).

**Table 6.1: How important was the availability of DSAs in the decision to start studying their course**

	All students who had heard of DSAs before applying	DSAs recipient	DSAs non-recipient
<b>Base (All who were aware of DSAs before they applied to higher education)</b>	<b>692</b>	<b>433</b>	<b>259</b>
Very important	26%	37%*	9%*
Fairly important	17%	21%*	9%*
Neither important nor unimportant	17%	17%	17%
Not very important	14%	11%*	20%*
Not at all important	25%	14%*	44%*
Don't know	1%	1%	*%

*\*indicates a significant difference*

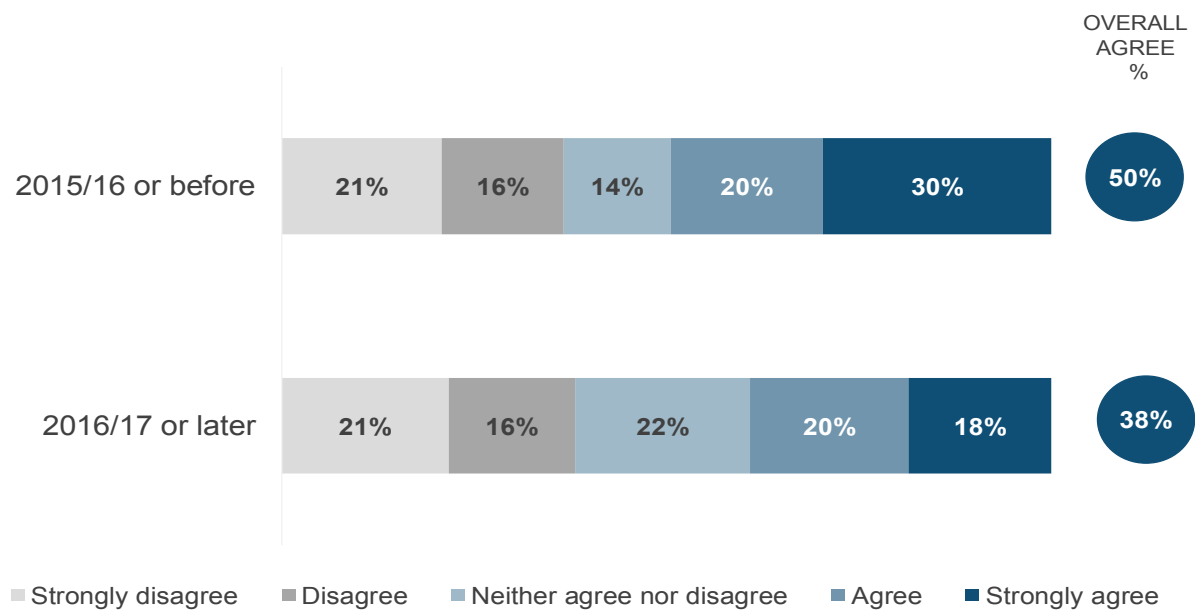
Students with a physical or sensory disability who were aware of DSAs prior to applying were more likely than others to report that they had been influenced in part because of the availability of DSAs (61%), compared with 41% of students with a mental health condition, 46% with a long-term health condition, and 48% with a learning difficulty/disability. As discussed in Chapter 2, students with a mental health or long-term health condition were less confident about their eligibility for DSAs than students with other types of disability and this may explain why they were less likely to report that the availability of DSAs influenced their decision to start studying.

Part of the rationale for DSAs is to support the widening participation agenda, and it is notable that other key subgroups who regarded the availability of DSAs as an influence on their decision to start studying their course were:

- disabled students from Black and Minority Ethnic (BAME) groups (63%, compared with 39% of white disabled students) and;
- disabled students whose parents had not attended higher education (45%, compared with 38% of those whose parents had).
- students who attended low and medium tariff HEPs (54% each, compared with 44% in high tariff HEPs).

When asked directly whether the fact they could apply for DSAs influenced their decision to go into higher education, 42% of disabled students who knew about DSAs prior to applying, and who received DSAs, agreed that it did. Students who first received DSAs before 2015/16 were more likely than those who received it from 2016/17 onwards to say that it had influenced their decision (Figure 6.1). Looking at this in more detail, those who first received it in 2014/15 or before were significantly more likely to agree strongly (38%, compared with around 19% among other students).

**Figure 6.1: Agreement with whether DSAs influenced decision to go into higher education among DSAs recipients**



*Unweighted base: All DSAs recipients who were aware of DSAs prior to applying for HE; first applied in 2015/16 or before (124); first applied in 2016/17 or later (309)*

Part-time students were more likely than full-time ones to report that DSAs influenced their decision to apply to higher education (57% compared with 37%), as were students in low tariff HEPs compared with those in high tariff ones (48% compared with 32%). Again, these are groups for whom the decision to go into higher education may be a borderline one, who may be swayed by the availability / reassurance of additional support via DSAs.

In the qualitative interviews, there was a range of experience, and reflecting the survey findings (see Chapter 2). Many students had not known much about DSAs before they applied. Sometimes this was due to lack of awareness / information, sometimes due to thinking it was not relevant to them (for example if they had a mental health condition), and sometimes because they were not diagnosed until partway through their HEP course. However, where DSAs was well known about in advance, through information provided by colleges, 6<sup>th</sup> forms, parents, and other sources, it could make the difference

between deciding to apply or not. This was particularly the case in ‘borderline’ decisions where students were anxious about their ability to cope with higher education without additional support:

“Knowing I could apply for DSAs and knowing that I might apply to get additional support from the government really help in deciding whether or not to go to uni, because I didn’t want to take out a loan and then not continue with my degree if I was struggling. I really did want to do my degree but I was also thinking, what happens if I get really poorly during my degree... it (DSAs) made a big difference to be honest.”

*DSAs recipient, 2014/15, undergraduate, mental health condition*

### Whether recipients could have done their course without DSAs (self-reported)

There was an even split amongst DSAs recipients about whether they could have done their course without getting support from DSAs: 40% said they could have done it while 37% said they could not (the remainder were unsure). It is important to note that this is a self-reported measure, and that being able to do the course in itself does not mean that students would have an optimal experience, in terms of completion, attainment, and actual enjoyment of their learning. Students who first received DSAs in 2015/16 or earlier were more likely to say that they could not have done their course without it (47%, compared with 33% of students who first received DSAs in 2016/17 or later).

**Table 6.2: Whether DSAs recipients felt they could have done their course without it, DSAs, by year they first received it**

	All DSAs recipients	2016/17 or later	2015/16 or before
<b>Base (All DSAs recipients)</b>	<b>780</b>	<b>573</b>	<b>207</b>
Yes	40%	41%	38%
No	37%	33%*	47%*
Don't know	23%	26%*	14%*

\*indicates a significant difference



DSAs was reported to be a more critical factor among mature students, BAME students, students with a physical or sensory disability or with two or more disabilities, students who received DSAs support for travel costs, and students whose parents had not attended higher education. All of these groups were more likely than average to say they could not have done their course without getting DSAs.

## Do DSAs and HEPs support influence choice of HEP/ course?

### General influences on choice of HEP

Students cited a wide-ranging set of influences on their choice of HEP, with the most common being the course content and how it was delivered (45%) followed by the HEP reputation / ranking (33%) and location (32%). Disabled students also prioritised the ability to live at home while studying and the quality of teaching followed by employment-related factors (see Figure 6.2). It is notable that the HEP offering good quality learning support for disabled students is a more important factor than the HEP offering support to apply for DSAs.

**Figure 6.2: Key considerations that influenced disabled students' choice of HEP (top mentions only)**



*Unweighted base: All disabled students (1773)*

In total, around one-quarter (26%) cited any factors relating to learning or disability-related support, and this was more common among full-time undergraduates, BAME students, and those who attended low and medium tariff HEPs.

### Influence of DSAs on course choice

The influence of DSAs on course choice was more limited: around one in five (22%) of disabled students who received DSAs and were aware of it before applying to higher education reported that it influenced which course they applied for. Similar to whether DSAs had influenced their decision to apply to higher education in the first place, students who first received it in 2015/16 or before were more likely to agree that it had influenced their choice of course than those who first received it from 2016/17 onwards (Table 6.3).

**Table 6.3: Whether DSAs recipients who were aware of it before they applied agreed that it influenced their choice of course, by year they first received it**

	All DSAs recipients who were aware of it before they applied for HE	2016/17 or later	2015/16 or before
<b>Base (All DSAs recipients aware of it before they applied for HE)</b>	<b>433</b>	<b>309</b>	<b>124</b>
Agree	22%	19%*	28%*
Neither agree nor disagree	24%	24%	23%
Disagree	54%	56%	49%
Don't know	1%	2%	*%

*\*indicates a significant difference*

Part-time and postgraduate students (37% and 35% respectively) were particularly likely to say that the availability of DSAs influenced their choice of course, compared with full-time students and undergraduates (17% and 16%).

### Influence of HEP support on choice of provider

A similar proportion of disabled students (20%) agreed that the teaching and learning support offered directly by their HEP influenced their decision to study there, rather than at another HEP. Among DSAs recipients, there was no significant difference according to the pre- and post-2016/17 changes.

The key differences here related more to disability type (with students who had a physical or sensory disability influenced much more by this than students with other forms of disability, at 27%) and, reflecting this, whether or not the HEP had made physical adjustments to the accessibility of buildings and other facilities (39%). The other key adjustments that influenced students to study at that HEP were whether it provided specialist software/ assistive technology (32%) and whether it offered alternative assessment methods (30%).

Certain 'widening participation' groups of disabled students were also more likely to report that their choice of HEP was influenced by the teaching and learning support it offered: BAME students (32%, compared with 18% of white students), and those whose parents had not attended higher education (22%, compared with 18% of students whose parents had been studied in higher education). Students from low and medium tariff providers were also more likely to agree this was an influence on their decision, compared with students in high tariff ones (21% and 25% respectively, compared with 14%).

There was a very similar pattern when students were asked whether the wider (non-teaching) support and general facilities for disabled students provided directly by their HEP influenced their decision to study there. Again, around one in five disabled students agreed (22%), and there were similar subgroup differences to the ones discussed previously, particularly among students with a physical/sensory disability, BAME students, and students in low or medium tariff HEPs.

## **Do DSAs and HEPs support have an impact on student retention and achievement?**

### **Student retention**

Students who were still studying were asked how confident they felt about completing and passing their course. Around seven in ten (69%) were confident of completing their course, but this fell to 64% among students with a mental health condition, among whom one in five (22%) were not confident. There was no difference between DSAs and non-DSAs recipients, or by the year that students first received DSAs.

Confidence in completing the course was highest among DSAs recipients who did not report any gaps left in their support and among disabled students generally who were satisfied with how their HEP supports learning (84%) and specifically with how their course is adapted to support learning (86%). Feeling unconfident about passing the course was higher among students who disagreed that their HEP supported learning or that their course was adapted sufficiently, than among students who still felt there were gaps in their DSAs support. This suggests that providing an inclusive learning

environment and adaptations within the course has more influence on students' confidence to complete.

## Student achievement

A similar proportion of students were confident about passing their course (68%), with 17% who were not confident and the remainder ambivalent. Postgraduates and mature students were the most confident about passing their course (75% and 72% respectively) compared to their undergraduate and younger counterparts. As for course completion, it was notable that students who had a mental health condition were the least confident about passing (63%, with 21% not confident).

There was a similar pattern in terms of confidence in passing the course as there was for completing it, with students who reported no gaps in their DSAs support (79%), and those who were satisfied with how their HEP supports learning (79%) and how well their course is adapted (83%), feeling more confident than those who were dissatisfied.

DSAs recipients who felt confident about passing their course were asked whether they would feel this way without getting DSAs: just one-quarter said they would (23%) while three in five (59%) said they would not. There was no difference by the year they first received DSAs or by any other key subgroups, suggesting that DSAs has an equally positive impact across the board.

The qualitative interviews identified a range of impacts among students who received DSAs, which had made a substantive difference to students' experiences of doing their course. Students who had applied partway through the course most often articulated this, as they could talk about the difference the support had made to them:

“Having the software has enabled me to maintain a 2.1 level. It's given me the confidence to continue.”

***DSAs recipient, 2016/17, undergraduate, mental health condition, learning difficulty/disability, and long-term condition***

“Between the 1st and 2nd semester I saw a large improvement in my grades, going from low 60's to high 60's mid-70s. If I didn't have it [specialist software] I probably wouldn't've completed [the course] because I'd just get so downbeat from receiving low grades... I probably would've dropped out to be honest.”

***DSAs recipient, 2016/17, undergraduate, learning difficulty/disability***

“I came out with a first, I would not come out with a top degree without that support... My personal tutor spent extra time sitting with me going through things if I needed to ask questions with it. Without the support of the tutor and my notetaker I think I would be in a different position.”

***DSAs recipient, 2016/17, undergraduate, learning difficulty/disability***

Students with mental health difficulties and other fluctuating conditions were especially positive about the impact of DSAs funded support on helping them to maintain the consistency of their academic work.

“I suspect if I hadn't had the support my work would have varied drastically. With the support in place, I have a better chance of completing the course than doing it on my own. I don't feel as isolated, alienated. My needs have been acknowledged and if I need extra support there are people there... willing to help. If my mood is low I can just put the headset on and speak my thoughts. It makes writing and typing easier. The 1-2-1 meetings with a mentor have allowed me to get a second opinion on thoughts and life routines.”

***DSAs recipient, 2017/18, undergraduate, mental health and learning difficulty/disability***

Where students felt that DSAs support had not made much difference, this was sometimes due to obstacles such as delays getting access to it or problems using it, exacerbated by restrictions and lack of inclusive practices within their HEP. One interviewee who had a very positive experience of using DSAs support at undergraduate level spoke about the very different issues she had encountered in a different HEP, during her current postgraduate course.

“It’s made a little bit of a difference but not a lot because a lot of the support I received can’t be applied at the university, for example the note taker I’ve not been able to have... I’m not sure why. I couldn’t audio record certain supervisions and tutorials because the people weren’t happy to be recorded. My building doesn’t have a lift and I have to climb a lot of stairs every day which is very difficult and it’s just not accessible, doors are completely inaccessible because they’re heavy and quite painful to deal with. So, in terms of support from the DSAs yes I still got my laptop from my undergraduate course, yes I’ve still got my printer and yes I still got the software. But I’m in a shared office so I can’t use the software and I can’t have my equipment in my office... So because of circumstances it hasn’t really helped me this time around.”

***DSAs recipient, postgraduate, learning difficulty/disability***

Students who felt confident about passing their course and who had access to support from their HEP were also asked whether they would feel confident without that support: around three in ten (28%) said they would while just over half (54%) said they would not. Students who first received DSAs from 2016/17 onwards were more likely than more longstanding recipients to say they would not feel confident without this HEP support (67%, compared to 53% of those who first received DSAs in 2015/16 or earlier). This suggests that, in line with the policy intention, adaptations to provide a more inclusive learning experience are becoming more commonplace and more important in terms of the wider network of support available for disabled students.

“I think it's a combination of DSAs and the uni support which has enabled me to get to third year, and hopefully complete in May.”

***DSAs recipient, undergraduate, learning difficulty/disability***

## **Would students recommend their course to others?**

Disabled students were asked whether they would recommend studying their course at their HEP to other students with the same disability or health condition. Three in five (62%) said they would recommend it, while one in five (22%) would not: the remainder were unsure.

The likelihood of recommending the course was higher among DSAs recipients (66% compared with 60% of non-recipients) suggesting that DSAs has a positive effect on course experience, in line with the findings discussed earlier in this chapter. Advocacy was more prevalent among:

- DSAs students who reported that their DSAs support met all their needs (78%, compared with 44% of those who said it did not); and
- Students who were satisfied with how their HEP supports teaching and learning (84%) and with how their course is adapted to support learning (89%), compared with those who were dissatisfied (just 17% and 23% respectively). How well the HEP adapts its teaching and learning approach, and supports its students, therefore has a greater impact than DSAs support on students' advocacy for other disabled students to do the same course.

Two key issues that interviewees in the qualitative stage drew attention to were the need for more consistent understanding among HEP teaching staff about disabled students' needs and how this links to different learning styles. Some students had found this to be highly variable between individuals. The second key issue identified was the need to improve awareness and information about the support on offer through DSAs at the point that students were considering applying to go into higher education.

“I guess just making students aware, I know so many people that have got mental health problems that haven’t considered higher education because they don’t think they would have that support there - the university has been fantastic at letting students know what is available, but at an earlier stage when you’re looking at the application... so I think at the point where people are looking to apply making them aware that it is not just students that are dyslexic or dyspraxic or have a physical disability that can get support.”

***DSAs recipient, 2017/18, postgraduate, mental health condition***



## 7. Conclusions

DSAs are instrumental in the decision to apply to higher education among those who know about them at that point, particularly those with certain types of disability and in certain widening participation groups (who may be facing a 'borderline' decision). However, not enough students know about DSAs at the point of application for them to be a more widespread influence.

Students report high satisfaction with the application and assessment process overall, although there are some areas for improvements – such as clarity of the guidance, and more support to get hold of evidence. Students with certain types of disability are more likely to be deterred from pursuing their application if they face delays/ difficulties with the process – the support from disability services teams in HEPs is important here.

The biggest stumbling block in terms of the DSAs 'customer journey' appears to be the ease of accessing support once it has been identified – students are more unclear about this aspect than about the others, and some have missed out on support they were entitled to because of this lack of clarity, or due to delays in receiving the support. Students would welcome having a single point of contact for advice to help them through this process.

Students who receive DSAs support are generally satisfied with it. Generally, students are positive about HEP support and this appears to be increasing over time.

The survey shows mixed views about the impacts of DSAs. There is limited impact on the decision to go into higher education, or choice of provider or course. However, it does show that experience of doing the course, and confidence in completing and passing it, are influenced by receiving good quality DSAs support (i.e. that meets all the identified needs) and good support from the HEP (i.e. that students are satisfied with in terms of general approach to learning support and specific adaptations made to the course). The qualitative research revealed positive examples of this.

At this point, it seems that HEP led adaptations and support are moving into the space left by the changes to DSAs, and the two appear to be working well alongside each other to support disabled students. However, there are various improvements, which would improve the DSAs process for students (such as more information about DSAs upfront, prior to applying for HE; more clarity about eligibility; and more clarity about next steps in terms of accessing the recommended support to ensure better take-up). The case studies show that there are still challenges for HEPs to overcome in terms of smoothing out variabilities between different academic departments or even the approaches of individual academics. Some of the case study HEPs would also like to return to a situation where they have more visibility of and involvement in the DSAs application process so that they can provide better assistance to their students.

## Appendix A: Methodology

This appendix will set out a detailed outline of the methodology utilised in this evaluation, covering the initial qualitative visits to HEPs, the student quantitative survey methodology and the approach to the student qualitative interviews.

### HEP Case Study visits

The first stage of the evaluation involved eight case study visits to HEPs and took place between December 2017 and February 2018. These involved in-depth face-to-face interviews with between two and four members of staff, who were predominantly from student services departments, though some were in more specialist roles.

#### Method

IFF approached all the vice chancellors of the 20 HEPs originally selected to take part in the research over email with an initial introduction to the evaluation. This email requested that vice-chancellors nominate members of staff within the provider for IFF to liaise with regarding the possibility of setting up interviews with two to three members of staff.

The IFF research team arranged eight case study visits at the HEPs between 19<sup>th</sup> December 2017 and 20<sup>th</sup> February 2018. These covered a variety of tariffs, regions and proportion of students receiving DSAs. Table A.1 details this.

**Table A.1: Case study visits completed by tariff and pre-post 1992**

Tariff	Low	Medium	High	TOTAL
<b>Pre/Post 1992</b>				
Pre	0	1	3	4
Post	3	1	0	4
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>8</b>

### Sampling Approach

#### Original sampling approach

The original sampling approach for the main student quantitative survey involved sampling a representative selection of around 20 HEPs and then extracting relevant student identifiers from two main sources: the Student Loans Company (SLC) data and the Higher Education Statistics Authority (HESA) 2016/17 student records. The SLC data would provide the sample of DSAs recipients to use for the student survey and HESA

2016/17 student data would identify those that started in 2016/17 and were not in receipt of DSAs.

The sample of HEPs required careful selection to ensure both the case study visits with HEPs and the student survey was representative of the population. HEPs would be asked to append contact details for the relevant sample of students selected from SLC / HESA records for the survey. The study defined in scope HEPs as:

- HEPs in England;
- Those that offer part-time as well as full-time courses; and
- Those that offer courses to both undergraduate and postgraduate level.

This provided an in-scope population of 131 HEPs, including the Open University as specified in the original research brief.

In order to select a representative sample, all in-scope HEPs were classified by region, entry tariff level (high-medium-low) which ensures a good spread across pre- and post-1992 providers, and the proportion of full-time undergraduate students receiving DSAs (high-medium-low<sup>8</sup>). IFF used full-time undergraduate students for this measure, as they comprise the majority of the sample, except in the Open University where all students study part-time.

Initially, IFF selected 20 HEPs to ensure that the approach was pragmatic within the timeframes and to minimise the burden on the HEP population. These covered a wide-range of tariff, region and proportion receiving DSAs. The HEPs selected were also de-duplicated against the primary sample selected for another piece of research being conducted at a similar time (Master's Degree Loans evaluation, which IFF was conducting on behalf of the DfE).

IFF would then approach the 20 selected HEPs to append up to date email address to their in-scope students received from the HESA 2016/17 database. HEPs would receive a sample template and a detailed information pack to assist them in doing this. HEPs would be sent an introductory letter ahead of being asked to do this. Once the sample had been selected, a representative sample of students would have been drawn to send out the invite to the survey.

<sup>8</sup> The average proportion of full-time undergraduates receiving DSAs is 7.1%. We have therefore categorised low as below 6%; medium as 6-8%; and high as over 8%.

## **Actual sampling approach**

Unfortunately, IFF could not use the original sampling approach because of data protection issues relating to the provision of student contact details to IFF.

Therefore, the research took the same approach as originally planned in selecting HEPs, but with them sending out the invites to students themselves. IFF approached the same 20 HEPs as initially selected to assist with dissemination of the student survey.

## **Student Quantitative Survey**

In total, 1,773 students from 18 different HEPs took part in the main online quantitative survey between July and October 2018; 780 DSAs recipients and 993 non-DSAs recipients.

## **Contacting HEPs**

As the approach changed, IFF informed contacts at the initial 20 selected HEPs via email that now HEPs would be required to send out the link themselves to students. This email also requested they provide information on the following:

- If their HEP keeps a database of all students with a disclosed disability and those receiving DSAs;
- The number of current students who have or are currently accessing DSA;
- The number of students with a disclosed disability who have not accessed DSAs.

The IFF Research Team asked HEPs to send out email invites, to the all disabled students at their HEP; students were eligible to complete the survey regardless of whether they were claiming DSAs, but they had to be studying on a relevant course and to indicate that they had a disability or long-term health condition. This email contained an open link for students to access the online survey.

Following initial email contact with HEPs, IFF followed up by telephone to ascertain if they could take part. Each time it became clear that a provider was unable to take part, IFF replaced them with a provider with a similar profile (by tariff and proportion of students receiving DSAs). In total, IFF contacted 43 HEPs and 20 agreed to take part. However, two of these did not send out the survey link within the fieldwork period.

Mainstage fieldwork took place in two 'batches'. Batch 1 took place in July 2018 and Batch 2 in September 2018. In total, 18 HEPs took part in the survey; 7 sending out the invite in Batch 1 and 11 in Batch 2.

## Limitations of the approach

As mentioned previously, IFF could not have direct access to student sample, which led to HEPs having to send the survey out. There were several downsides to this approach:

- IFF had no control over the sample frame, other than specifying to HEPs who was eligible to take part in the survey. This meant that DSAs recipients, and those from particular cohorts, could not be specifically targeted.
- Getting HEPs on board to send out the survey was time consuming, which affected fieldwork timings. This meant that IFF sent out the initial Batch 1 invites over the summer holidays, during which some students may not have been checking their HEP email account. IFF distributed a reminder in September.
- The use of an open link has disadvantages, in that students had to complete the survey in one sitting, and the survey could not target reminders at non-respondents.
- Calculating response rate is difficult because not all HEPs could provide accurate data on the numbers of students who claim DSAs or on the number of students who they invited to take part.

## Fieldwork

IFF conducted a pilot exercise between 29<sup>th</sup> June and 4<sup>th</sup> July 2018, with 41 students completing the full survey during the 10-day pilot period. This flagged potential issues with the questionnaire, with tweaks made accordingly. The final data included the pilot responses.

In the main stage, 1,773 students from 18 HEPs completed the survey. There was a total unadjusted response rate of 3% (estimated based on the 13 HEPs who provided figures on the number of students they emailed). The response rate was low for a number of reasons:

- A proportion of the emails would not have reached their intended students for various reasons (bouncebacks etc.) but it is not possible for us to gauge how many as they were distributed by the HEPs;
- A proportion may not have been eligible to complete the survey (again this was a drawback of not having a direct sample);
- Using an open link meant that it was not possible to send out any targeted reminders and also that students were unable to pause and re-enter the survey, to complete it in more than one sitting;

- To keep to a manageable timetable, the survey had to be sent out during the summer holiday period among certain HEPs (although these were asked to send out a blanket reminder after the start of term).

The delay in fieldwork also meant that students in the earlier DSA cohorts would be more likely to have left university.

Table A.2 provides a detailed breakdown of interviews achieved. The initial plan was to aim for 500 students per cohort, however it was not possible to target emails based on receipt of DSA as the study had to use an open link approach. The lower than target volumes for the 2014/15 and 2015/16 cohorts partly reflect that, by the time of fieldwork, many of these students would have finished university.

**Table A.2: Breakdown of student quantitative interviews achieved**

<b>Profile</b>	<b>TOTAL</b>
<b>Year first received DSAs</b>	
<b>2014/15 or earlier</b>	106
<b>2015/16</b>	101
<b>2016/17</b>	191
<b>2017/18 onwards</b>	382
<b>Did not receive DSAs</b>	993
<b>Gender</b>	
<b>Male</b>	459
<b>Female</b>	1314
<b>Age</b>	
<b>Young entrant (25 or younger)</b>	1170
<b>Mature entrant (over 25)</b>	567
<b>Mode of study</b>	
<b>Full time</b>	1580
<b>Part time</b>	193
<b>Level of study</b>	
<b>Undergraduate</b>	1300
<b>Postgraduate</b>	411
<b>TOTAL</b>	<b>1773</b>

## Analysis

IFF produced a set of data tables and an SPSS dataset containing the responses from all 1,773 completed surveys.

This data was weighted to match the overall disabled student population, using published statistics from HESA. Our achieved sample was broadly in line with the population in terms of level of study and proportion receiving DSAs. However, the data was weighted by gender, mode of study and HEP tariff in order to be more representative of the population. Table A.3 details the achieved sample and weighting proportions.

**Table A.3: Weighted proportions**

<b>Profile</b>	<b>% in achieved sample</b>	<b>% in population / weighting target</b>
<b>Gender</b>		
<b>Male</b>	25%	39%
<b>Female</b>	75%	61%
<b>Mode of study</b>		
<b>Full-time</b>	89%	78%
<b>Part-time</b>	11%	22%
<b>HEP Tariff</b>		
<b>High tariff</b>	38%	30%
<b>Medium tariff</b>	24%	34%
<b>Low tariff</b>	38%	36%

## **Student Qualitative Interviews**

IFF conducted 50 in-depth interviews with students who had taken part in the quantitative survey, between August and November 2018.

### **Sampling**

At the end of the online survey, the questionnaire asked students if they were happy to take part in a follow up 45-minute in-depth telephone interview to discuss their experiences in more detail. Six in ten (60%) of students who took part in the online survey agreed to be contacted about taking part in this qualitative stage of the research.

It was important that a range of students were included. Recruitment involved monitoring by:

- Whether and when they first received DSAs;
- Type of disability or health condition;

- HEP attended;
- Age;
- Gender;
- Level of study; and
- Mode of study.

## Method

Recruiters contacted students who were happy to take part to arrange a telephone interview at a time convenient to them. Fifty students took part in these interviews between August and November 2018. Table A.4 provides a detailed breakdown of the profile of interviews achieved.

**Table A.4: Profile of student qualitative interviews achieved<sup>9</sup>**

Profile	First received DSAs in 2014/15 or earlier	First received DSAs in 2015/16	First received DSAs in 2016/17 or 2017/18	Do not receive DSAs	TOTAL
<b>Disability type</b>					
Physical (inc. sensory)	1	1	2	1	5
Mental health	4	5	7	9	25
Learning difficulty / disability	5	6	11	7	29
Long-term health condition	0	3	3	2	8
<b>Gender</b>					
Male	4	5	5	5	19
Female	4	4	12	11	31
<b>Mode of study</b>					
Full-time	7	8	15	9	39
Part-time	1	1	2	7	11
<b>Age</b>					
Young entrant (25 or younger)	5	8	8	8	29

<sup>9</sup> Disability type can be multi-coded so will not sum to the total.



<b>Profile</b>	<b>First received DSAs in 2014/15 or earlier</b>	<b>First received DSAs in 2015/16</b>	<b>First received DSAs in 2016/17 or 2017/18</b>	<b>Do not receive DSAs</b>	<b>TOTAL</b>
<b>Disability type</b>					
<b>Physical (inc. sensory)</b>	1	1	2	1	<b>5</b>
<b>Mental health</b>	4	5	7	9	<b>25</b>
<b>Learning difficulty / disability</b>	5	6	11	7	<b>29</b>
<b>Long-term health condition</b>	0	3	3	2	<b>8</b>
<b>Mature entrant (over 25)</b>	3	0	9	7	<b>19</b>
<b>Age not stated</b>	0	1	0	1	<b>2</b>
<b>Level of study</b>					
<b>Undergraduate</b>	4	8	11	9	<b>32</b>
<b>Postgraduate</b>	4	1	5	7	<b>17</b>
<b>Other HE qualification</b>	0	0	1	0	<b>1</b>
<b>TOTAL</b>	<b>8</b>	<b>9</b>	<b>17</b>	<b>16</b>	<b>50</b>

## Appendix B: Student case studies

### Case study: DSAs recipient (2014/15), undergraduate, long-term condition

This student recently completed the final year of her social sciences degree, obtaining a 2.1. She transferred to a different university half-way through her course, for personal reasons. She has chronic migraines.

She applied for DSA in 2014/15, towards the end of the first year of her degree at her first university. She was unaware of DSA until she started her course, and on reflection she feels she “didn’t make the most of it” because of that. She found out about it from a disability support officer at her first university.

The application and assessment process was “really easy” and she found the assessor to be helpful and understanding: her main issue was with providing evidence, as this took lots of chasing up from her GP.

Via DSA she received printing credits, specialist software, a Dictaphone and a laptop. This enabled her to print out hard copies of materials rather than reading them on-screen, while the screen-reading software she received could read through pdf documents for her. She has found this support invaluable in being able to complete her course and achieve a 2.1:

*“It’s been a life-saver, I really don’t think I would have done as well as I have done without the tech that I was given through DSA.”*

She felt supported by both universities she attended although there was some variability in this, with the first one providing additional adaptations which the second one did not, such as a separate room for her to do her exams, rather than being in a large brightly-lit hall that might trigger her migraines. However, on reflection she felt that there was no communication or joined-up support across the two institutions and it was very much up to her to seek out support when she transferred, otherwise she would have “fallen through the net.”

Across both universities, she benefited from having materials and lecture notes provided in advance online, and recordings of seminars which meant that, if she was unable to attend in person due to her condition, she could still keep up with the course. She also underlined the importance of lecturers and other teaching staff being disability-aware:

*“I had really understanding lecturers. One time there was a flashing light in the lecture room and that can be a trigger for my migraines, but when I spoke with him about it he was able to dim the lighting so that it didn’t affect me.”*

She thinks that there should be better publicity about DSA, in particular on who is eligible:

*“The fact that you can apply for DSA should be broadcast more and it should be made clearer which conditions it covers. I always thought support wouldn’t apply to people like me, but getting it really helped me to complete my course and get a good pass.”*

### **Case study: DSAs recipient (2015/16), undergraduate, long-term condition**

This student has cerebral palsy and a mental health condition and had just completed her undergraduate degree in sociology at the time of the interview. She first heard about DSAs in school, although her knowledge was very limited and she was clear that DSAs did not impact on her decision to go to university. She first received DSAs in 2015/16.

She found completing the application form easy although it was difficult to get evidence from multiple different specialists, and she needed help from her parents to get evidence from her GP because she was under 18 at the time she applied. Unfortunately the form was lost so the process was delayed while she re-sent it.

*“What would have made that easier was explaining that you needed to go to multiple different sources - it’s not like you can just go to your GP and say you just need that bit of information, it turned out that I not only needed to go to my GP I had to go to both of my specialists... I had to go to everyone individually.”*

Although her experience of the assessment was positive, she had trouble finding an appropriate assessment centre as she was first told to attend one near her home when she had already moved away to university, and then did not get a response from the first local centre she tried. She has a mild form of cerebral palsy which is unusual, so she felt that the assessor initially tried to offer her more equipment than she needed. However, she appreciated that he really tried to understand her situation.

*“My experience of that was quite a pleasant one actually, I was expecting to go into it expecting the typical really leading questions trying to figure out how they could put the bare minimum of support in place... but that actually wasn’t the case... I felt for one of the first times ever I had been listened to in a medical sense.”*

She was offered a laptop, software and a travel allowance but she had difficulties accessing the software and chose not to get the laptop because her own was of higher quality. Getting access to the support was difficult and she had to contact the Disability Support Officer at her university twice for guidance.

*‘It’s just really simple things that when you think about it they really should have explained that stuff, while it’s just a little thing and you think it is common sense it’s really not, for a lot of people it’s the first time they are having to do stuff independently.’*

She feels she would have benefited from more financial help while studying, so that she could pay for accommodation that was closer to the university and did not have stairs.

*‘There are additional costs associated with being a disabled student... I could not afford suitable housing as it is so expensive and things like a financial grant would have helped with that.’*

The most useful learning support she received was from her university. They provided online course materials which meant she could work from home when needed, although not all of the lecturers did this, or videoed the lectures as they were supposed to, and she felt this had a negative impact on her grades in those modules. She was also offered adapted forms of assessment: she found giving presentations to a large group especially difficult and was able to do these individually to her assessors, outside of the classroom setting.

## Case study: non-DSAs recipient, undergraduate, mental health condition

This student had originally studied medicine at a different university but left because he struggled to keep up with the course and had some time off for depression. He is still ambitious to work in medicine so he went to his current university to study biological sciences, with a view to doing medicine at postgraduate level. He has ADHD and a mental health condition.

He first heard about DSAs from pop-ups on the student finance website, and on the university website, but did not pursue this at the time. He recalls thinking that he might not be eligible for DSAs and is still unsure what this includes.

*"I did consider it and I think I clicked on the link to apply for it, I can't remember why I didn't go ahead and apply... I think it did cross my mind that I might not be eligible for it"*

He gets some support from his university in the form of lecture capture, online course materials and being given lecture notes in advance. The online materials are particularly helpful because he can study at his own pace. Most lecturers put the notes up in advance although there are a minority who prefer not to upload anything until the lecture has been delivered.

*"That [online course materials] makes the world of difference to me, I can't really learn by sitting down and listening to lectures in hour/two-hour blocks. I like to break up my studying into 15-minute blocks. So being able to do it my own way in my own time makes a very, very big difference".*

He mentioned that he would have liked more support and feels there is low awareness among students and the university of mental health issues, so students tend to struggle through on their own. He suggested that peer support groups would be helpful, and that his previous university was good at facilitating these.

Overall he felt that they provided him with some tools and course materials but that there is a pressure within his university to learn in a 'traditional' way. He would prefer more interactive materials and more flexibility in how materials are delivered, so that students can work on them in their own time. He has found other ways of studying independently, for example using an online resource which provides 15-minute science and maths videos.

*"A move away from this mindset that there is only one traditional way to study and if you are not sitting in lectures for 2-3 hours you will fall behind. It is often pushed upon students that there is a strong correlation between not turning up for lectures and a drop in grades... I think the traditional way is quite outdated."*

His wife also helped him with organising and scheduling his work and he felt it was because of the support he received from his family that he was able to manage his degree.

### **Case study: DSAs recipient (2014/15), undergraduate, mental health condition**

This student first applied for DSAs in 2014/15 to study teaching, but she left the course in the first month and then took a year out. She has a mental health condition. She first became aware of DSAs during 6<sup>th</sup> form while applying via UCAS.

She now studies a different degree, in a different university, in a subject that she enjoyed at school. She became aware that her chosen university offered good support for disabled students through word of mouth, because a friend of hers had a positive experience. This became an important factor in her choice.

*“Learning support came into it a lot. One friend here got a lot of learning support, and her experience of how good it was made me want to go there more.”*

When she started her new course, she did not need to re-send an application form, only a letter explaining she had taken a year out, with supporting evidence of this. She also included an update on her mental health condition. She found this process straightforward.

She recalls it being easy to make an appointment for her assessment but did not have a positive experience of the assessment itself.

*“I didn’t really enjoy it. The person I saw was quite rude to me and he made me feel like I shouldn’t be applying. He basically said he was surprised I hadn’t been sectioned and I should be in hospital!”*

She received a laptop, laptop bag, printer, reimbursement for paper and printer costs, and a support worker for two hours per week. She found it easy to access her support and felt that this made a huge positive difference to her experience of doing the course:

*“I get really bad anxiety and going to lectures can be quite difficult so having a laptop so I could listen to audio recordings and having a printer so I don’t have to go to the library to print stuff, was really helpful. And, having a support worker has been a life saver to be honest.”*

Her university also provided her with additional support from a mental health advisor and she was pleased with how proactive and supportive their service was: because of this she would definitely recommend studying there.

*“The support you get is amazing; the tutors are friendly and get to know you. It’s a small and friendly team, not too overwhelming... [my university has] amazing support for those with mental health conditions and they have been really accommodating.”*

### **Case study: DSAs recipient (2016/17), undergraduate, specific learning difficulty**

The student chose a course in social work to build on her existing work experience. She went to the local university as it was the most convenient to where she lived and worked.

She had not heard of DSAs before applying to university and was diagnosed with dyslexia after she had started studying. She was referred to the student learning support team by a member of staff who noticed that she may have dyslexia. She therefore first applied for DSA in 2016/17, in the middle of her course.

She did not have much involvement with the application process as her university handled most of it on her behalf. She had a negative experience during the assessment, mentioning that she was left feeling frustrated throughout by not being able to do some of the tasks asked of her.

*“It was quite a long process and at first I was quite up for it, but by the end of it I just felt belittled... it needed to be done, it’s just not a nice process.”*

She received support from a notetaker and a personal tutor. She found it easy to access the support from her notetaker as she came to her lessons; however, she struggled with using the personal tutor time as she was often out on work placements as part of her course. Her university also provided course materials in advance.

*“It helped me plan because I would read material before lectures, I would have all the information there that they were expecting and because of that I was planned and organised, and because of that I was ready to start doing any questions for the assessments.”*

She also received specialist software via DSAs which she found easy to use. She believes the support and software she received were crucial to her successfully passing the course with a first class degree.

*“Definitely [it had an impact], I came out with a first, I would not have come out with a top degree without that support.”*

Although she would recommend DSAs to students in a similar position as her, she highlighted that it was a difficult course. She suspects that without the support she received, both through DSAs and through the university, she would have “massively struggled” and would not have gotten the grade that she has.

*“I think if you’ve got dyslexia you are going to battle with assignments anyway, with support you’re going to complete it [but without it] you’re not going to get your true grade that you could really achieve, that’s the frustrating thing about dyslexia.”*



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