



Department  
for Education

# **Non-medical help through DSA: students' experiences and perceived quality**

**Research report**

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## Glossary

**Disabled Students' Allowance (DSA):** Support to cover the additional study-related costs a disabled student might incur in higher education. It can fund a range of support including specialist equipment, additional travel costs and Non-Medical Help (NMH).

**Non-Medical Help (NMH):** The human support that some students need to enable them to access their studies. It includes roles such as British Sign Language (BSL) interpreting, specialist mentoring, and specialist study skills support.

**Specialist Mentor – Autism Spectrum Conditions (SM ASC):** A specialist mentor who supports students with autism spectrum conditions (ASC), attention deficit disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) by helping them understand academic expectations, identify barriers to learning, develop organisation and time-management strategies, set realistic goals and build independence. The support is not intended to include counselling, advocacy or subject-specific tutoring.

**Specialist Mentor – Mental Health (SM MH):** A specialist mentor who supports students with mental health conditions by helping them understand academic expectations, identify barriers to learning, develop organisation and time-management strategies, set realistic goals and build independence. The support is not intended to include counselling, advocacy or subject-specific tutoring.

**Specialist one-to-one Study Skills and Strategy Support – Autism Spectrum Conditions (SS ASC):** One-to-one support for students with ASC, ADHD or ADD, focused on helping students to develop study skills and strategies to work effectively in a higher education context, and enabling greater independence. The support is not intended to include subject-specific tutoring.<sup>1</sup>

**Specialist one-to-one Study Skills and Strategy Support – Specific Learning Difficulties (SS SpLD):** One-to-one support for students with SpLDs such as dyslexia, dyspraxia, or dyscalculia, focused on helping students to develop study skills and strategies to work effectively in a higher education context, and enabling greater independence. The support is not intended to include subject-specific tutoring.

**Specialist Support Professional – Deafness (SSP D):** A specialist who supports deaf students by using appropriate communication strategies to ensure access to course content. This includes helping students understand assignment language, supporting research access and developing strategies for independent learning.

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<sup>1</sup> Students with ADHD may be allocated support from SM ASC or SM MH, dependent on the recommendation of the needs assessor.

**Specialist Support Professional – Multi Sensory Impairments (SSP MSI):** A support professional providing bespoke support for students with combined vision and hearing impairments, including deafblind students. They adapt communication, help interpret and modify language, assist with research access, and support academic preparation.

**Specialist Support Professional – Vision Impairment (SSP VI):** A specialist who supports students with vision impairments by adapting communication and enabling access to course materials, research sources, and assignments. They develop strategies to help students overcome vision-related barriers to learning.

# Executive Summary

## Introduction

This research, commissioned by the Department for Education and conducted by IFF Research, investigates how Non-Medical Help (NMH) provided through Disabled Students' Allowance (DSA) supports disabled students in higher education. The study aims to understand students' experiences from the point of applying for support, their expectations, the types and quality of support received, and their views on its impact on their studies. The research also explores how NMH compares to other forms of support available at Higher Education Providers (HEPs) and beyond, including a close look at students in receipt of mental health support in higher education.

## Methodology

The study used a mixed-methods approach, combining a short scoping phase, a quantitative survey, qualitative interviews and a small online ethnographic phase.

The scoping phase included 18 interviews with expert groups, NMH providers and disabled student representatives, helping refine the research questions and shape the research approach and materials. Next, we conducted a short screening survey of students in receipt of NMH between academic years 22/23 and 24/25, drawing on three years of Student Loans Company (SLC) application data. The survey captured students' experiences of support, gathered key demographic and support type details, and informed sampling for the qualitative and ethnographic phases.

The qualitative phase comprised 200 in-depth interviews exploring students' lived experiences of receiving NMH support. We implemented flexible interview modes to ensure accessibility and representativeness across students with different disabilities. Concurrently to the interviews, we undertook a five-day online ethnographic exercise with 12 students. This provided real-time insights into how NMH support operates within daily study routines, using diary posts, structured tasks and moderated prompts to capture the practicalities and challenges of NMH support.

This design enabled the research team to capture both broad trends and in-depth personal experiences of NMH, covering a diverse sample of students across seven NMH support types and a range of academic levels and institutions. Students in receipt of the following NMH types were in scope of the research: Specialist Mentor - Mental Health (SM MH), Specialist Mentor - Autism Spectrum Conditions (SM ASC), Specialist one-to-one Study Skills and Strategy Support - Autism Spectrum Conditions (SS ASC), Specialist one-to-one Study Skills and Strategy Support - Specific Learning Difficulties (SS SPLD), Specialist Support Professional - Deafness (SSP D), Specialist Support

Professional - Vision Impairment (SSP VI) and Specialist Support Professional - Multi-Sensory Impairment (SSP MSI).

## Key findings

Students applying for NMH often faced a range of challenges that could make higher education difficult to navigate. Many struggled with heavy workloads, notetaking, reading and processing information, or participating in seminars, group work and presentations. Some also found it hard to access wider aspects of life in higher education, including social events. A number felt that academic staff did not always understand their disability or how best to support them. These challenges, amongst others, were often experienced by students at the start of their support journey with NMH.

Students' journeys with NMH began with the application process for DSA. Around half (46%) of students found the process of applying for DSA easy. These students felt well informed and well supported throughout the process. A sizeable number of students found it either difficult (21%) or somewhere in the middle (32%). Amongst these students, the main concern was that the process was long and overwhelming, owing to delays and unclear steps. Many found this frustrating and that the process postponed access to support. Communication styles and requirements sometimes failed to meet the needs of disabled students, highlighting the importance of clear, accessible information. A sizeable minority of students experienced delays in receiving support, with some not receiving support until the second semester, affecting their ability to settle into and progress in their studies earlier in the year.

Awareness of NMH was limited for many students prior to the point of application. Many were not clear about what the support would entail, and this often only became clear from their first session. Nearly half (47%) did not know what to expect in terms of what support would involve, often because they had not heard of NMH before applying. Where students did have expectations, they were shaped by previous experiences of disability support, or information from peers. Most students found that the support they received matched or exceeded their expectations, but others felt it did not meet their needs. Due to an overall low awareness of what NMH entailed, some students expected NMH to be something other than what it is designed for (e.g. a handful of students expected subject specific support).

Tailoring of NMH support emerged as a central theme. Students valued support that was designed with their specific disability in mind, along with the support being consistent, flexible, and practical. This made the support worker and student relationship very important. There were specific elements of high- and low-quality support by different NMH types. Across NMH types, students highlighted consistency, empathy and proactive communication as hallmarks of effective support, while inconsistency, lack of structure and generic advice were markers of poor quality.

Some students felt their support was not adapted to their specific disability or circumstances, and those with multiple or complex needs sometimes encountered support workers lacking expertise in all relevant areas. For students with attention deficit hyperactivity disorder (ADHD), the appropriateness of support was a concern. There is not one specific NMH type for students with ADHD, and some students with ADHD felt their needs were not fully understood or addressed through the NMH support they received.

The mode of delivery was another important factor in students' experiences of NMH support. Remote (online) only support was the most common, accessed by 68% of students, while 14% received in-person support most or all of the time, and a further 13% received a mix of online and in-person support. About four-in-five (82%) of those with a preference for mode were able to access support in their preferred mode. Across all types of NMH support, perceptions of quality were much higher if the support was in the preferred mode. A few students faced logistical barriers (e.g. the NMH provider told them that they could not offer face-to-face sessions because they were not based in their region)<sup>2</sup>. Preferences for session structure varied, with some students preferring highly structured sessions and others preferring flexibility.

For students receiving one-to-one study skills support, there was some variation in perceived quality of support depending on support mode. Those who received Specialist one-to-one Study Skills and Strategy Support - Autism Spectrum Conditions (SS ASC) in-person were more likely to rate its quality highly than those receiving it online, or a mix of online and in-person support (68% vs. 56% vs. 60%, respectively). Those who received a mix of online and in-person Specialist one-to-one Study Skills and Strategy Support - Specific Learning Difficulties (SS SPLD) were more likely to rate its quality highly than those receiving online-only or in-person-only support (76% vs. 57% vs. 60%, respectively).

When students had a positive experience of NMH, they felt the support had a clear impact on their ability to continue and succeed with their studies. Most reported that it helped them engage with their academic work and supported them in managing their workload. For some, NMH was considered critical to remaining in higher education and achieving academic success. Comparisons with other forms of support, such as HEP services or NHS provision, showed that NMH was often rated more highly for its depth and consistency, though some students valued the specialist expertise available elsewhere. Students often felt that NMH support on offer from universities had a different role to that of NMH accessed via DSA.

Ineffective or poor quality NMH was typically described as support that felt generic or insufficiently tailored, with sessions sometimes following a 'checklist' rather than focusing

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<sup>2</sup> DfE policy is that an NMH provider who cannot supply the support required by the student within 14 days should refer the student back to Student Finance England (SFE) to be reallocated to another NMH provider.

on approaches that worked for the student. A lack of flexibility around session content or scheduling, and sessions without clear goals, also made it difficult for some students to engage with the support. Continuity was important, and frequent changes in support worker disrupted the development of a productive relationship. A handful of students reported concerns about their support worker's approach, including perceptions that support workers were not well trained in their specific needs, appeared unengaged or disorganised, which reduced students' confidence in the support.

The majority (76%) of students received other forms of disability support alongside NMH, most commonly from their HEP. This typically included support from HEP disability or wellbeing services, academic staff support and, for some, additional DSA or privately funded support. Students generally saw HEP support and NMH as serving different purposes, with provider provision often focused on administrative processes, adjustments and broader pastoral needs, while NMH provided more regular, tailored study skills support. The usefulness of HEP support varied by institution, meaning some students relied heavily on NMH, whereas others viewed the two as complementary parts of their overall support package.

The study included a specific focus on students in receipt of a Specialist Mentor for Mental Health (SM MH). Students typically received little or no formal mental health support before entering higher education from their school or college, with provision tending to be reactive, generic and lacking a focus on study skills. Most students were aware of the mental health support available at their HEP, having found it easy to locate through enrolment processes, websites and signposting. HEPs offered a broad but variable range of mental health support, including wellbeing advisors, limited counselling/cognitive behavioural therapy sessions, crisis support and reasonable adjustments, often accessed alongside NMH support. Provider mental health support was generally seen as less effective than NMH mentoring because fewer sessions were available, engagement was inconsistent and continuity was lower, though some students valued HEP staffs' institutional knowledge and crisis support.

Provider and NMH support were viewed as largely distinct, with NMH providing more holistic and study focused wellbeing support and provider offering more pastoral or administrative help (such as reasonable adjustments). NHS mental health support typically provided clinical, therapeutic treatment. Students saw these as complementary but clearly separate, with some preferring the targeted clinical approach of NHS services. Overall, most students felt their needs were met across NMH, NHS and HEP provision. Some wanted more frequent provider-led counselling and more proactive check-ins, plus improved communication between academic staff and support services.

## Conclusions

The findings demonstrate that NMH support can be impactful for disabled students, helping them overcome barriers and achieve their academic goals. However, there are areas where improvements are needed, particularly in the application process, expectation-setting, personalisation of support, and flexibility in delivery.

# 1. Introduction and methods

## Policy background and aims

Non-Medical Help (NMH) is a key component of Disabled Students' Allowance (DSA), providing human support to disabled students at Higher Education Providers (HEPs). NMH roles include specialist mentors for students with mental health or autistic spectrum conditions, one-to-one study skills support for students who have autistic spectrum conditions or a specific learning difficulty (SpLD), and specialist support professionals for students who are deaf, visually impaired or have a multi-sensory impairment.

In 2024, the Department for Education (DfE) launched a call for evidence on NMH to seek views on the current NMH system and roles, and how NMH could be improved<sup>3</sup>. DfE subsequently commissioned IFF Research to conduct research into the experience of students accessing specific NMH support. DfE wanted to understand what good and poor quality NMH looked like from students' perspectives, across different specialist roles (outlined below). Further, DfE wanted to assess how various NMH support roles affect students' perceived ability to succeed and achieve positive outcomes.

More specifically, the study sought to:

- identify features of effective and ineffective NMH across seven specialist roles (outlined below) from students' perspectives
- explore students' expectations and experiences of the overall process of receiving NMH, including the application process, type, mode and frequency of the support received
- explore the impact of NMH on students' ability to progress and succeed in their studies, considering academic outcomes and broader measures such as confidence and resilience
- assess how NMH complemented or compared to support provided by HEPs, identifying opportunities for a more integrated approach

The types of NMH included in this research were<sup>4</sup>:

1. Specialist Mentor - Mental Health (SM MH)
2. Specialist Mentor - Autism Spectrum Conditions (SM ASC)
3. Specialist one-to-one Study Skills and Strategy Support - Autism Spectrum Conditions (SS ASC)

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<sup>3</sup> [Improving non-medical help for disabled students in higher education: Government call for evidence - Department for Education - Citizen Space](#)

<sup>4</sup> To read more about these specialist roles, see here: [matrix-june-2025-latest.pdf](#)

4. Specialist one-to-one Study Skills and Strategy Support - Specific Learning Difficulties (SS SPLD)
5. Specialist Support Professional - Deafness (SSP D)
6. Specialist Support Professional - Vision Impairment (SSP VI)
7. Specialist Support Professional- Multi-Sensory Impairment (SSP MSI)

The full research questions addressed in this study can be seen in the annex.

## Methodology

This research specifically focused on students' experiences of NMH over the 2024/25 academic year. The research included 18 scoping interviews with experts and stakeholders to inform the design. A screening survey was sent to all eligible NMH students, followed by 200 in-depth interviews exploring their experiences. Additionally, an online ethnography with 12 students captured real-time insights into NMH support. A more technical description of the approach is outlined in the technical annex.

### Scoping process

This section sets out a summary of the approach to the scoping process. The technical annex provides full detail on the breakdown of interviews. The technical annex also sets out how the findings from the scoping report were actioned throughout the research.

The scoping stage involved 18 in-depth interviews with expert advisors, advocacy groups, NMH providers, and disabled student representatives. Respondents were sourced via warm leads provided by DfE, and desk research. A broad range of experts, working in charities and membership organisations, took part. The NMH providers involved in the research represented a broad range of provision, across disability types, as did the disabled student representatives.

These interviews provided valuable insights into the NMH landscape, helping to define high-quality provision and refine the research design. Key findings informed the development of research tools and highlighted considerations for accessible and inclusive participation. IFF Research also worked with Disabled Students UK during the scoping process. They reviewed the scoping report, alongside reviewing the survey and topic guides for the quantitative and qualitative strands.

### Screening survey

This section sets out a summary of the approach to the screening survey process. The technical annex provides the sample profile against key demographics.

The screening survey was designed to gather quantitative data on a range of key metrics related to NMH support. This included questions on students' experiences of NMH support, perceived quality and nature of support (frequency, type of contact). The screening survey also gathered information, the purpose of which was to inform the sampling approach for the qualitative phase of the research.

The sample for the screening survey comprised students in receipt of NMH as identified by the Student Loans Company (SLC). The target population for this survey was students who applied for and received at least one of the in-scope types of NMH support, in the academic years 22-23, 23-24 and 24-25.

Where SLC data did not include NMH support type, this was collected directly via the survey. The questionnaire sought consent for recontact, a phone number for follow-up, and students' preferences for interview mode (online, telephone, or in-person).

The survey was programmed and hosted online. The online survey was checked by Test Partners to ensure it was accessible for as many students as possible. All students in the sample were invited to take part, and the survey was open between June 30<sup>th</sup> and September 29<sup>th</sup> 2025. A total of 2,879 surveys were completed. <sup>5</sup>

Screening survey data were cross tabulated by key demographic variables to inform the sampling strategy for depth interviews. Analysis focused on students' views and experiences of NMH support, with particular attention to self-reported quality and the nature of support received. These insights were used to guide selection for qualitative follow-up and ethnographic exercises. To ensure representativeness, survey data were weighted by key demographics. This included age, gender and academic year the student applied for NMH.

Please note, figures of survey findings within the report use rounded percentages, for readability. This means that summary codes (which include multiple response options) may slightly differ from the combined total of individual percentages shown in the figure. As a result of this, the sum of codes in some tables or figures may be slightly above or below 100%.

The percentages shown in figures are based on weighted data while the base sizes outlined beneath the figures are based on unweighted data (i.e. the actual number of responses).

Typically, in the body of this report, data is reported at an overall level (i.e. the proportion of students who reported something). In some cases, we also present data where a

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<sup>5</sup> During fieldwork, a routing error was identified and addressed, which meant some students were not asked two or three specific questions (depending on routing). IFF recontacted students who had agreed to be recontacted, and asked them to answer these few questions. Students who responded to this recontact survey, had their data kept in the overall survey dataset. Those who did not respond had their data removed.

certain subgroup of students are more likely to report something compared to the remaining overall total of students. The significance testing (z tests) uses the base size of the subgroup against the base size of the overall figure excluding the subgroup base size. This is only reported when it is statistically significant (i.e. to 95% confidence level). This is the case in Table 3.1, Figure 4.1, and Figure 4.2. No significance testing has been applied to the data in Table 4.1.

Analysis by NMH type includes all students that received each type of NMH. Most questions were asked at an overall level, and analysis has been done by NMH type. Many students received more than one NMH type, so these subgroups are overlapping in many instances. As such, significance testing has not been conducted between NMH type subgroups.

## **Qualitative fieldwork**

This section sets out a summary of the approach to the qualitative fieldwork. The technical annex provides full detail of the recruitment, interviewing and analysis processes. It also covers the demographic breakdown on the 200 interviews, alongside details on how we reviewed saturation levels throughout fieldwork.

The qualitative phase of this study involved 200 in-depth interviews with students, exploring their lived experiences of NMH support. The sampling strategy was designed to ensure representation across NMH roles, demographic characteristics, and levels of satisfaction with support. Students were selected from those who completed the screening survey and consented to being interviewed.

Interviews were conducted online, by phone, and in-person with a £30 incentive offered to participants. To ensure interviews were accessible, they were offered via either telephone, Microsoft Teams or face-to-face in person. Participants were asked if they needed any support in place to allow them to take part. Prior to the interviews, an information sheet containing a short biography of the interviewer, more details on arrangements for the interview, and what would be discussed during the interview was shared with participants. A boost sample of 50 interviews focused on students receiving support from a SM MH, to explore the support they receive from their HEP as well as through DSA. The counts of interviews by NMH type, course level, and other demographic variables can be seen in the technical annex.

IFF Research conducted analysis of the qualitative interviews using Quirkos, a thematic analysis tool. This started with developing a comprehensive and iterative code frame, incorporating both high-level codes and detailed sub-codes to capture all relevant research themes. Each transcript was analysed and coded according to the agreed code frame. The final code frame comprised of 51 first-level codes, 232 second-level codes and 403 third level codes.

## Ethnographic fieldwork

An online ethnography exercise was conducted with 12 students over five days, using written and multimedia methods to capture real-time experiences with NMH support. Full details of the ethnographic element of this study is detailed in the technical annex.

Participants were asked in the qualitative interviews if they wanted to participate in the ethnography exercise. A selection process ensuring an even spread of NMH type, disability and year of study was used. Participants selected were those who had a confirmed NMH session with their support worker in the week of the online exercise.

Using an online community platform, participants provided daily reflective posts. We also set a daily structured activity on the platform for participants to take part in broader experiences. Members of the research team moderated the participants' answers and input to probe for more detailed information. Raw data from the online community platform was exported and the data was coded thematically in Quirkos. The ethnographic analysis was structured around the research questions and, where possible, utilised a framework consistent with the qualitative interviews to enable the integration of findings from both strands of research. This ethnography exercise helped to uncover deeper insights into the practicalities and impact of NMH.

The findings from the ethnographic fieldwork have been included throughout the report where relevant, to support data from the qualitative interviews.

## Limitations

The qualitative findings in this report are intended to provide in-depth insights rather than a fully comprehensive coverage of all perspectives. It is important to acknowledge that there were some limitations identified in the research design:

- the opt-in nature of the qualitative research and the use of qualitative methods such as interviews and ethnography may have affected the representativeness of findings, as participation relied on students being confident and willing to share their views. This could also mean we primarily heard from those with particularly positive or negative experiences
- the focus on students who did receive NMH support in the 2024/25 academic year may limit insights into the experiences of those who were not able to access support due to barriers such as issues with applications

## 2. Setting up NMH

This chapter considers the context in which students apply for NMH. It goes on to explore student's experience with applying for DSA, followed by their experience of the set-up period for NMH support.

### Context in which students apply for NMH

Students in receipt of NMH support can experience a variety of challenges whilst studying at a HEP. These challenges are specific to different students and the disabilities they have. The most common difficulties that students mentioned were related to their studies. This included having an overwhelming amount of work to complete, challenges with writing or reading, and difficulties processing large amounts of information. Some students found specific elements of academic work more difficult, for example attending seminars and lectures, group work or delivering presentations. Other challenges related to studying include difficulty concentrating and/or feeling over stimulated in lectures and seminars.

“It presents challenges within lecture halls or seminars with lecturers. It's a bit challenging to try and write notes as well as listen to the lecturer speak, as well as trying to filter out noises from behind the barriers, like peers talking or just bustling from other people around me.” **SM ASC, First Year, Undergraduate**

“The working in groups was really difficult because I'm so different from most people anyway because of the stuff that I've been through, and I've never really fit in anywhere... I just sort of kept myself to myself, which I'm happy with because I've always been more like that anyway. But yeah, there were times where the teaching staff would say that we'd have to work in groups and that was a real struggle for me.” **SM MH, Third Year, Undergraduate**

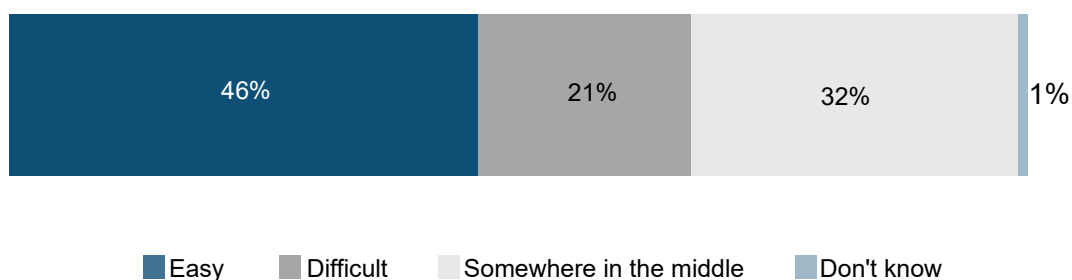
Some students felt the academic staff were not well equipped to support students with a disability. Students suggested the staff often lacked an understanding of specific disabilities, so were not able to provide specific support.

Outside of studying, some students in receipt of NMH support reported they faced challenges accessing the full breadth of things on offer at their HEP. For example, students with mobility issues or anxiety were not always able to access the social events on offer. A handful faced issues with accessing facilities and resources (e.g. books and academic papers).

## Applying for DSA

Students reported a variable experience applying for DSA, with a sizeable minority facing at least some difficulties with their application. Less than half (46%) found applying for DSA easy. One-in-five (21%) reported finding it difficult, and around a third (32%) found it 'somewhere in the middle'.

**Figure 2.1 Whether students found applying for support easy or difficult**



Base: All respondents who received NMH type. All respondents who received NMH support, excluding those who said 'don't know' when asked for NMH type (n=2,758)

Students who had a positive experience with their application often cited a quick and simple process, which in turn meant they started receiving their support quickly. When students had a positive experience of applying for DSA, they typically described the process as straightforward. These students felt well informed about how their application was progressing with the Student Loans Company (SLC), and some reported receiving a good level of support with their application. Often, they received support with applications from family and friends, or if they were already studying, their HEP. Many students felt the application process enabled them to accurately articulate their needs.

For students who found the application challenging, however, the reverse was often true. For example, a typically poor experience of applying for DSA involved a slow-moving application process. For many, this led to a delay in receiving NMH support. In turn, this meant that many students did not begin receiving support at the start of the academic year. In some instances, support began in the second or very rarely the final semester. This was an issue that affected students in their first year in particular, as they often had no other support organised by their HEP (or they were not aware of other support at this stage). This was a cause for frustration for many, and some students felt it had a negative knock-on effect on being able to handle their academic work.

Many students felt the process of applying for DSA was unclear. The lack of clarity arose from either the student having accessed relatively little information about the process, or viewing the information about the process itself as unclear. As will be discussed in Chapter 7, students often had little to no expectations of what NMH was, and did not know much about it. This often meant students heard about DSA or the specific NMH

support available once they had already arrived at their HEP (or too late for the support to start at the start of the academic year).

Some students who found the application process for DSA difficult, felt that the process was overwhelming. This overwhelm stemmed from the lack of clarity of the process. For instance, students were often unclear of who led different elements of the application process, and many were unclear when they needed to act, or when they were waiting for SLC to do something. Many students mentioned the number of forms and amount of evidence that needed to be submitted often resulted in a lot of contact with SLC, which could cause anxiety or overwhelm. For a few, there was confusion about the evidence that needed to be submitted.

“So, I actually didn't receive any support until February this year. Due to the fact that, when I had my needs assessment, I was told that the company would contact me and arrange everything sort of, with them making the first contact, if that makes sense. But it actually turned out that I actually had to be the one to contact them. I had to be the one to do all the sign-up forms.” **SM MH, First year, Undergraduate**

“I'm not great with organisation and it was quite a lengthy and quite a tedious process. So, it took between October and February. A lot of that was because I was taking a while to get back in touch because I'd supply them with what I thought was correct information and they'd come back and say, oh, we need this as well. It ended up taking more time to apply.” **SS SPLD, First Year, Undergraduate**

A sizeable number of students felt the application process was not designed with their disability in mind. For example, for some students who received NMH support for autism and ADHD, many felt the amount of organising and communicating they were required to do to access the support was difficult, made even more difficult by their disability. A handful of students reported their communication preferences were not always followed (e.g. receiving phone calls when they would rather only email). A handful of students also reported long waiting times on the phone to SLC.

## Setting up NMH

Once students had a successful application, the process of setting up sessions with an NMH provider appeared to be more straightforward than the initial application process for most. A handful of students were unclear who should initiate the first contact to set up a session (the NMH provider or the student), and a few would have preferred more proactive communication from the NMH provider at the outset. Students tended to like when it was very clear what the next steps would be, and who would contact whom. It

was also a positive for students when their mode of support (i.e. online or in person) was queried and then followed.

“But I remember, literally, I filled in the form and the next day I had matches with people and was receiving emails from them within like 48 hours of that first kind of preferences thing. And they made it very clear that like, if we were not happy with who we had been matched with, we could very easily swap and it was totally down to us, but I've had no problems with them.” **SS ASC, First Year, Undergraduate**

“I didn't know if I was supposed to go to the university, if I was supposed to be the one reaching out to actually get the stuff organized. So, I was quite late to it when it had already been sat there basically, but I just hadn't realized until I'd actually phoned up and said, “what's going on? How do I do it?”. And they said, “oh, you're supposed to call up””. **SS SPLD, Second Year, Undergraduate**

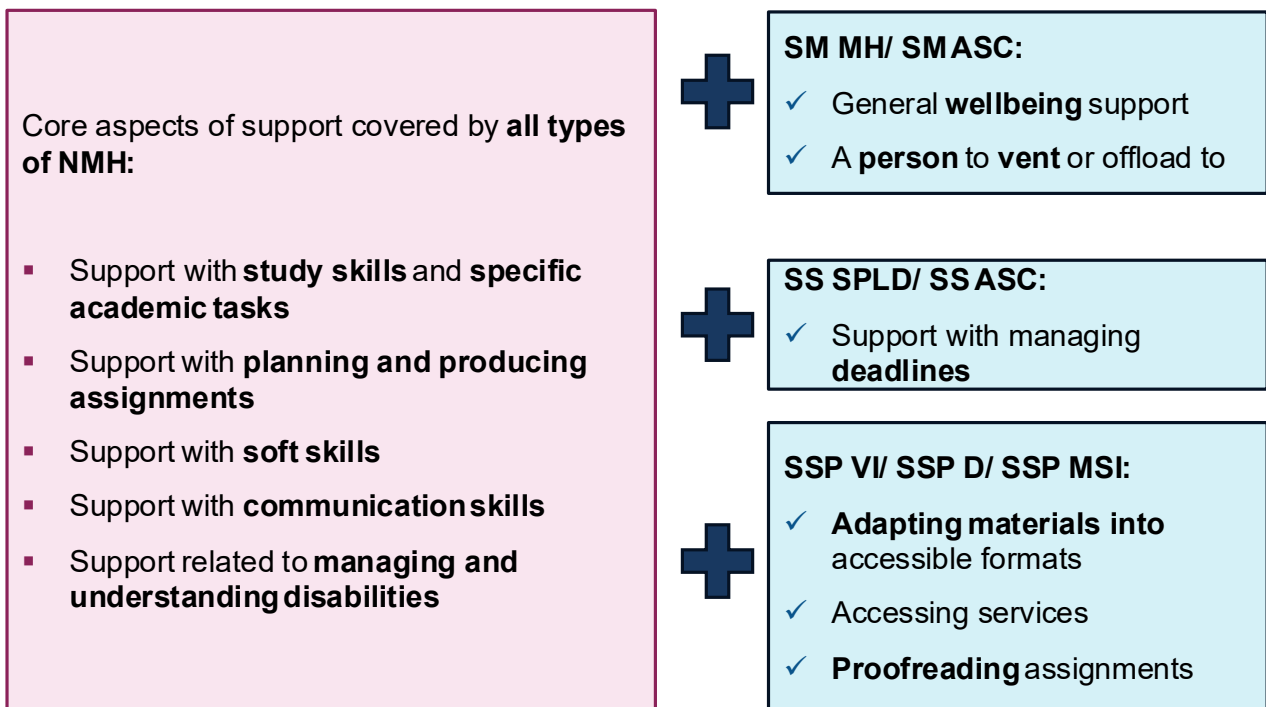
### 3. NMH support

This chapter considers what NMH support sessions involved, including activities and strategies covered during sessions, how regularly support was accessed and how long sessions tended to last. It goes on to discuss whether students who were still in higher education had continued accessing their NMH support.

#### What NMH support involves

A group of key activities emerged from interviews and ethnographic findings as central aspects of NMH support sessions, across all types of NMH within scope. Alongside these universal aspects of support, there were several additional aspects which varied by NMH type (Figure 3.1). It is worth noting these descriptions are from students' own perspectives, and some activities reported may differ from policy intent.<sup>6</sup>

Figure 3.1 Activities covered during NMH sessions



Most students described their NMH support sessions as semi-structured, conversational and relatively informal. Sessions typically began with students and support workers discussing students' progress since their previous session. This included how students had been finding their studies as well as any more general updates the students felt were relevant. Students generally felt able to direct the focus of each session by telling their support worker what they would find most helpful to discuss or work on in the session.

<sup>6</sup> The intended purpose of each DSA-funded NMH role is detailed [here](#) (see Annex A).

The vast majority of students described receiving support with study skills and specific academic tasks during sessions. Support workers covered various strategies to help students study effectively. Students reported learning how to take effective lecture notes, memorise information, break academic reading into manageable chunks and implement productivity techniques. Support workers also advised students on how to find suitable resources for their studies, such as journal articles or library books.

“She was very good at explaining methods for understanding things further. So, if there was a vast amount of information on a sheet and I couldn't quite take into effect what exactly it was I needed, she'd teach me different methods or recommend different websites or apps to assist with things like learning.” **SS SPLD, Foundation Year, Undergraduate**

Support with assignments was one of the most commonly reported activities covered in NMH sessions. Support workers offered help with all stages of the process, from support understanding the assignment brief and producing a work plan, through to proofreading. This included support with academic writing, spelling, grammar and academic conventions like referencing. Support workers often also helped students understand and action feedback.

“So, it's planning your assignments, it's getting you to think about maybe a structure, then you're writing it, then it's going to her to proofread it, then together she's talking through the grammar, any grammatic or spelling mistakes, all of those kind of things.” **SSP MSI, Second Year, Undergraduate**

Developing soft skills was another key focus across all NMH types. This encompassed many skills including improving stress management, become more organised and prioritising tasks. Sessions often involved reviewing to-do lists and upcoming deadlines, and developing a plan to complete all necessary tasks within the available time.

“We put my assignments into a chart so it's more clear for me to see and also looked a calendar so I can be visually seeing how the next weeks are going to look.” **SS SPLD, Undergraduate First Year**

When a need was identified, sessions included guidance on communication skills, such as how to interact effectively with academic staff. This included helping students explain their needs and feel confident advocating for themselves. In a smaller number of cases, support workers communicated with academic staff or disability services following sessions to address an issue raised by the student during their session.

“[The support has] been something that I can use to help and help like plan what I need to say to the university or access support that I needed to by talking things through with a person.” **SM ASC, Second Year, Undergraduate**

Support workers also provided assistance with issues related to students’ disabilities. This included understanding more about their disability, offering informal, non-therapeutic mental health support and ensuring those with sensory impairments were able to access necessary course or study materials using assistive technologies. This also included help accessing services, for example signposting students to other sources of support.

“She's very good at pointing me [in the right direction], because in the university there's so many different departments. She's been helpful in helping me with what to say or where to go in order to get the extra support I need.” **SM MH, Second Year, Undergraduate**

The focus of NMH sessions tended to evolve across the academic year. When students and support workers first met, sessions were typically focused on building a rapport and an understanding of the students’ backgrounds and needs. When support started at the beginning of the academic year, earlier sessions also covered general study skills strategies, such as practising timekeeping and effectively prioritising work. Later in the academic year, support became more focused on specific assignments and exam preparation. Students who had delays instating NMH support and started sessions later in the year often focused on specific assignments and exam preparation from the outset.

Students receiving all types of NMH reported focusing on the core activities outlined above. In addition to this, there was some variation in session content by NMH type.

### **Additional Specialist Mentor support activities**

Students receiving specialist mentor (SM MH / SM ASC) support often described sessions as including general wellbeing support, with their support worker being someone they could talk to openly or offload to. This did not mean sessions involved counselling or therapeutic elements. This type of moral support emerged as a by-product of regular sessions with someone who listened, understood their circumstances, and offered practical guidance. The core content of sessions remained study skills focused.

### **Additional Specialist Study Skills and Strategy Support activities**

For students receiving study skills support (SS SPLD / SS ASC), sessions included a particular emphasis on managing deadlines and developing associated skills such as organisation and prioritisation. While these activities were not exclusive to study skills support, they were more consistently reported by students receiving this type of support.

## Additional Specialist Support Professional activities

For students receiving specialist support professional support (SSP VI / SSP D / SSP MSI), sessions sometimes involved adapting materials into accessible formats and ensuring compatibility with assistive technologies. SSP VI and SSP MSI support also placed particular focus on proofreading essays for grammatical mistakes which might not always be picked up when using screen readers.

## Support for students with ADHD

Students with ADHD received different types of support, because there is not currently a role tailored to providing support to those with ADHD. These students had instead been allocated SM MH, SM ASC or SS ASC support as recommended by their needs assessor. Some of these students felt the support they received was not suitable for their needs. Perceptions of quality of support for those with ADHD will be discussed later in Chapter 5.

## Support for those receiving multiple types of NMH

Students receiving multiple types of NMH most commonly reported that their sessions were distinct from each other, and the role of each was clear. Usually, they had separate support workers for each NMH type, although some had the same support worker. When students did have the same support worker, they typically received a combination of SS and SM support. A couple of students who had the same support worker for two types of NMH described longer sessions split into separate parts for each support type.

“We normally do it in a two-hour slot, both together, because I get an hour for each. We have 50-minute mentoring, 10-minute break, and then we do the study skills.” **SM ASC, Second Year, Undergraduate**

Findings about the perceived quality of support for those receiving multiple types of NMH will be explored later in Chapter 4.

## Variation in support by NMH provider type

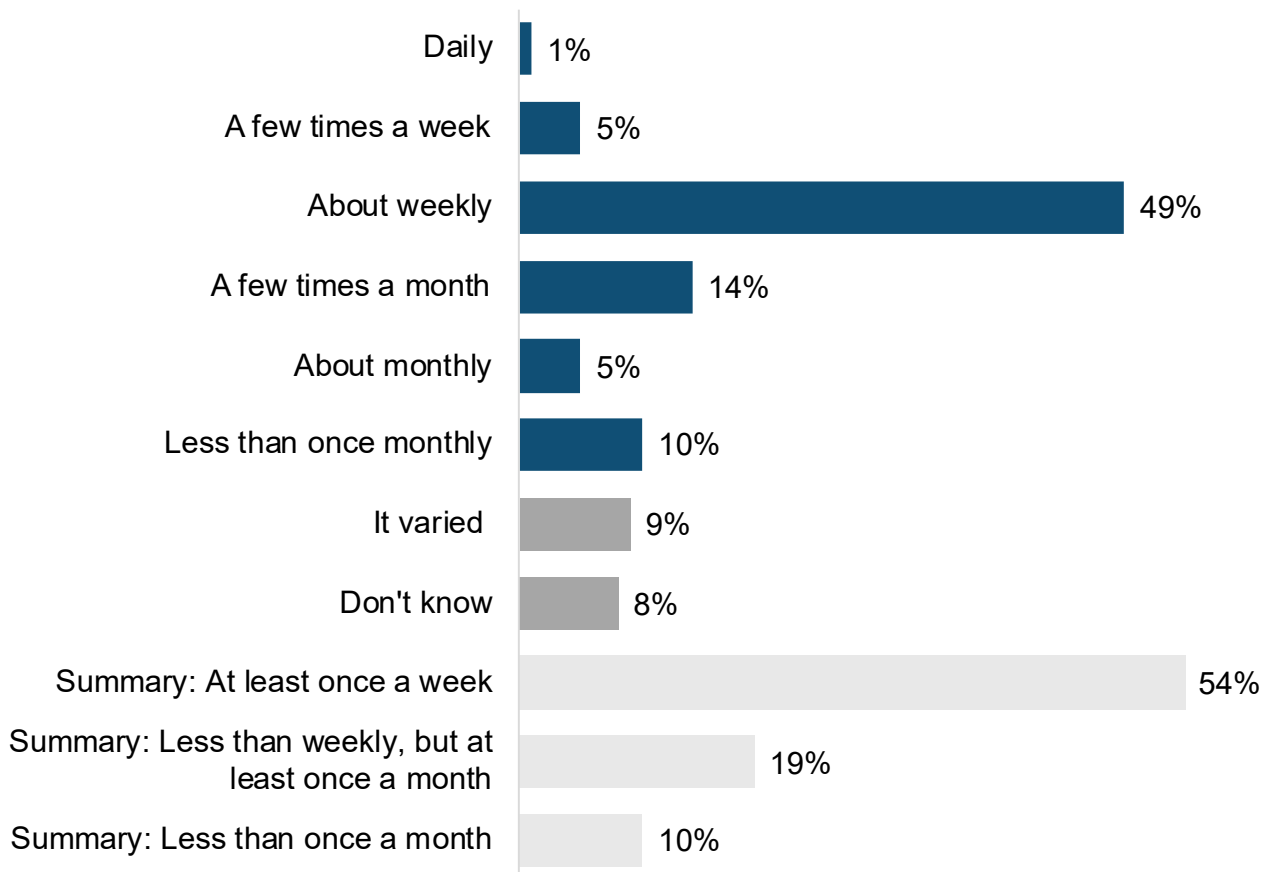
It was most common for students to receive support from external support workers, employed by third-party providers. In a smaller number of cases, support workers were based at and employed by the HEP. The set of core activities outlined above were common to all sessions, regardless of whether support workers were external or HEP based. In addition to these key activities, support workers based at HEPs provided support in understanding institutional processes and following academic conventions, for example specific referencing requirements.

“Helping me write an actual essay for APA standards was huge. You could see the leap [in quality of work].” **SS SPLD, HEP-based support worker, First Year, Postgraduate**

## Regularity of support

Students most commonly met with their support worker at least once a week (54%). Around half (49%) reported having weekly sessions, while only a very small proportion had sessions more frequently than this (6%). A further fifth (19%) had sessions less than weekly, but at least monthly. A tenth (10%) had sessions less frequently than this, and a similar proportion (9%) said the regularity of their sessions varied across the academic year (Figure 3.2 Frequency of support sessions).

**Figure 3.2 Frequency of support sessions**



Base: All respondents who received NMH support (n=2,879). Please note, some figures do not add to 100% due to rounding. See the [methodology section](#) for more information on this.

Students were more likely to meet with their support worker at least once a week if they were receiving SM ASC (67%), SS ASC (64%) and SM MH (58%) compared to the overall average (54%). On the other hand, those receiving SSP VI were more likely to

meet less than once monthly compared to the overall average (18% vs. 10%). Table 3-1 outlines regularity of support, depending on the type of NMH support students received.

**Table 3-1 Regularity of support by NMH type**

	<b>At least once a week</b>	<b>Less than weekly, but at least once a month</b>	<b>Less than once monthly</b>	<b>It varied</b>
Overall	54%	19%	10%	9%
SM ASC	67%*	13%*	8%	9%
SM MH	58%*	21%	9%	8%*
SS ASC	64%*	14%*	8%	10%
SS SPLD	53%	21%	11%	10%
SSP D	32%*	18%	13%	23%*
SSP VI	43%	17%	18%*	15%

Base: All respondents who received NMH support (n=2,879). 'Don't know' not shown in table. SSP MSI not included in table due to low base size. An asterisk indicates a significant difference to the overall figure.

The significance testing uses the base size of the subgroup against the base size of the overall figure excluding that subgroup's base size. Please note, some figures do not add to 100% due to rounding. See the [methodology section](#) for more information on this.

The regularity of support also varied by qualification level and whether students attended their HEP full- or part-time. Undergraduate students were more likely than postgraduates to attend sessions at least weekly (56% vs 40%). Meanwhile, postgraduates were more likely to receive support a few times a month (25% vs. 18% of undergraduates). Full-time students were also more likely than part-time students to receive support at least once a week (55% vs. 45%).

The frequency of sessions also differed depending on mode of support. Students who received face-to-face support (67%) were significantly more likely to receive support at least weekly. This compared to 55% among those receiving online support and 57% among those receiving hybrid support. Variation in mode of support by NMH type will be covered in Chapter 4.

Weekly support sessions were regarded positively by many students. These students found the routine and structure of weekly sessions reassuring, and liked the continuity and consistency of the support. Students often liked that weekly sessions provided frequent check-ins, to ensure they were progressing towards their academic goals. Some reflected that if they did not have sessions so regularly, it would be easy to let their progress with readings, assignments, revision and other academic tasks slip.

“When I talk to my mentor on like a regular basis at the same time, it gets me into a routine.” **SM ASC, First Year, Undergraduate**

When students only met with their support worker a few times a month or less (29%), this was usually the student’s choice. Sometimes they did not feel they needed support more often than this, or they had reduced the amount of support due to their own circumstances/scheduling.

Support sessions varied in regularity across the academic year for some students (9%). When students accessed support on an ad-hoc or irregular basis, it was again usually the students’ choice. Students who accessed support on an ad-hoc basis often only met their support worker when they felt they needed support, for example if they were finding their studies particularly challenging or had a deadline approaching. These students sometimes suggested it would not be a worthwhile use of their time to access a fixed schedule of support just for ‘the sake of it’.

“We actually don’t have rolling sessions. I do so much at university, like volunteering, I have a part-time job, I have a few other jobs as well with the university. It’s actually really helpful to have that ad-hoc time because he can fit around my schedule... and because you do a lot of essays at university, but there might be three weeks where you’re not writing an essay... and you’re just doing your usual university stuff, so I wouldn’t need a session in those times.” **SS SPLD, Second Year, Undergraduate**

However, not having regular sessions was not always the student’s choice, with some of these reporting that they disliked the lack of routine. A few mentioned that because support was not regularly scheduled, the onus was on them to book in sessions. Finding the motivation or time to do this was sometimes difficult, especially for students who struggled with organisation. This was particularly challenging for students with a mental health condition or Autism Spectrum Condition.

“Now for me I like routine, I like having stuff on certain days because it helps me structure my life and makes me feel comfortable. She couldn’t offer me a session every week at the same time.” **SS ASC, First Year, Undergraduate**

## Length of sessions

It was by far most common for support sessions to last between 30 minutes and 1 hour and students tended to be happy with this length. Most felt that this was enough time to catch up with their support worker and cover all necessary session content, without becoming fatigued or overwhelmed. It was very rare for students to report sessions of this length feeling rushed and only a few expressed a desire for longer sessions.

A small number of students had longer sessions, lasting up to 2 or 3 hours each. In longer sessions, some students worked on their assignment largely independently, with the support worker there to provide accountability and guidance. For example, one student described a long support session during which their support worker checked in at regular intervals to see whether they were progressing at a productive pace. This is an example of body doubling<sup>7</sup>, which a handful of other students reported doing with their support worker. Students who had longer sessions did not report finding the length of sessions overwhelming; typically, it had been their choice to extend the length of the session because they felt it would be useful to do so.

“It can go anywhere from one hour to two or three hours. Those longer sessions are great when I've got , say, a deadline that's really stressing me out and I just am not getting focused, and she's got that availability and I've got the hours left over, so I'm able to do that.” **SM ASC, First Year, Postgraduate**

Many students reported their support was flexible with regards to session length, and length could be flexed according to need and circumstances. Students who flexed the length or regularity of sessions often did so around assessment periods.

A minority of students reported that they had longer sessions because their support had started later on in the academic year. This meant that they had fewer weeks to spread their number of DSA-allocated funded hours of support across. Students were often aware of the number of funded hours they had allocated. Many felt that if they had been offered the hours, it made sense to use all of them up. Some were also conscious that this level of support had been recommended by a needs assessor, and trusted this judgement. Typically, though, students only used all of their allocated hours when they found the support helpful and felt it was high quality, therefore worth ‘using up’. Those who did not find the support helpful did not generally feel obliged to extend the length of sessions, or have them more regularly, for the sake of using all of their funded hours.

A handful were not happy with the amount of support they received. These students felt they would have benefited from more support but did not have enough hours allocated. One student with a long-term mental health condition had used their funded hours by May. They disagreed with the DSA needs assessor’s recommendation on the amount of support they needed and felt that those with long term mental health conditions should be offered enough support to cover the summer break, as well as termtime. In these cases, students typically received holistic wellbeing support during their support sessions. This also applied to a handful of students who had placements or academic work to do over the summer break, or outside of usual term times. When students wanted more support, they usually sought more frequent sessions, rather than longer ones.

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<sup>7</sup> Body doubling is a technique of working alongside someone else to help improve focus and productivity.

“It probably would be easier if it was weekly, but then you don't get infinite numbers of sessions either, do you? So, if you did once a week or twice a week, you'd be done with 30 odd sessions in no time.” **SM ASC, Fourth Year Plus, Postgraduate**

## Ongoing nature of support

For students who were still in higher education, it was more common for students to have continued accessing NMH support in the 2025/26 academic year, than to have stopped. Often, but not always, students kept the same support worker across multiple academic years. Those who continued their support did so because they still felt they needed the same type and amount of support. A couple of students said because their disability was lifelong, it felt logical to continue the support, because their level of need had not changed. Students who continued their support usually found it helpful and generally reported continuing with the support as they felt it was of a good quality.

A smaller proportion of students chose not to continue their support. Sometimes, this was due to a change in personal circumstances or because they were more able to manage their disability. For example, one student had had surgery and the improvement it made to their physical health meant their depression and anxiety became less acute, so they did not feel they needed NMH support any longer.

A handful of students also felt they had become more independent as a result of the NMH support they had received, meaning they did not need it any longer. They had developed strategies that they were able to implement independently in the current academic year, without the need for ongoing support sessions.

“I feel more independent in regard to my ability to actually have faith in myself... I think I've built more resilience to the circumstances that I face as well.” **SM ASC, First Year, Postgraduate**

Fieldwork took place at the beginning of the 2025/26 academic year, shortly after students had returned to university. In a handful of cases, students' support was not ongoing because they did not have a clear understanding of the administrative processes around continuing it into a new academic year. Several said this was because they had not heard from their support worker, or the NMH provider they worked for. These students were not sure who was responsible for arranging continued support (themselves, the support worker, the NMH provider or some other party).

“I hope I haven't missed an email or anything, but I don't think so. I'm kind of waiting for them to kind of get back to me because I'm not sure.” **SS ASC, First Year, Undergraduate**

## 4. Mode of support

This chapter considers experiences of remote and face-to-face support, including what mode of support students most commonly accessed. It goes on to discuss students' perceptions of the benefits and drawbacks of each mode, and whether students were able to access their preferred mode of support<sup>8</sup>.

### Mode of support received

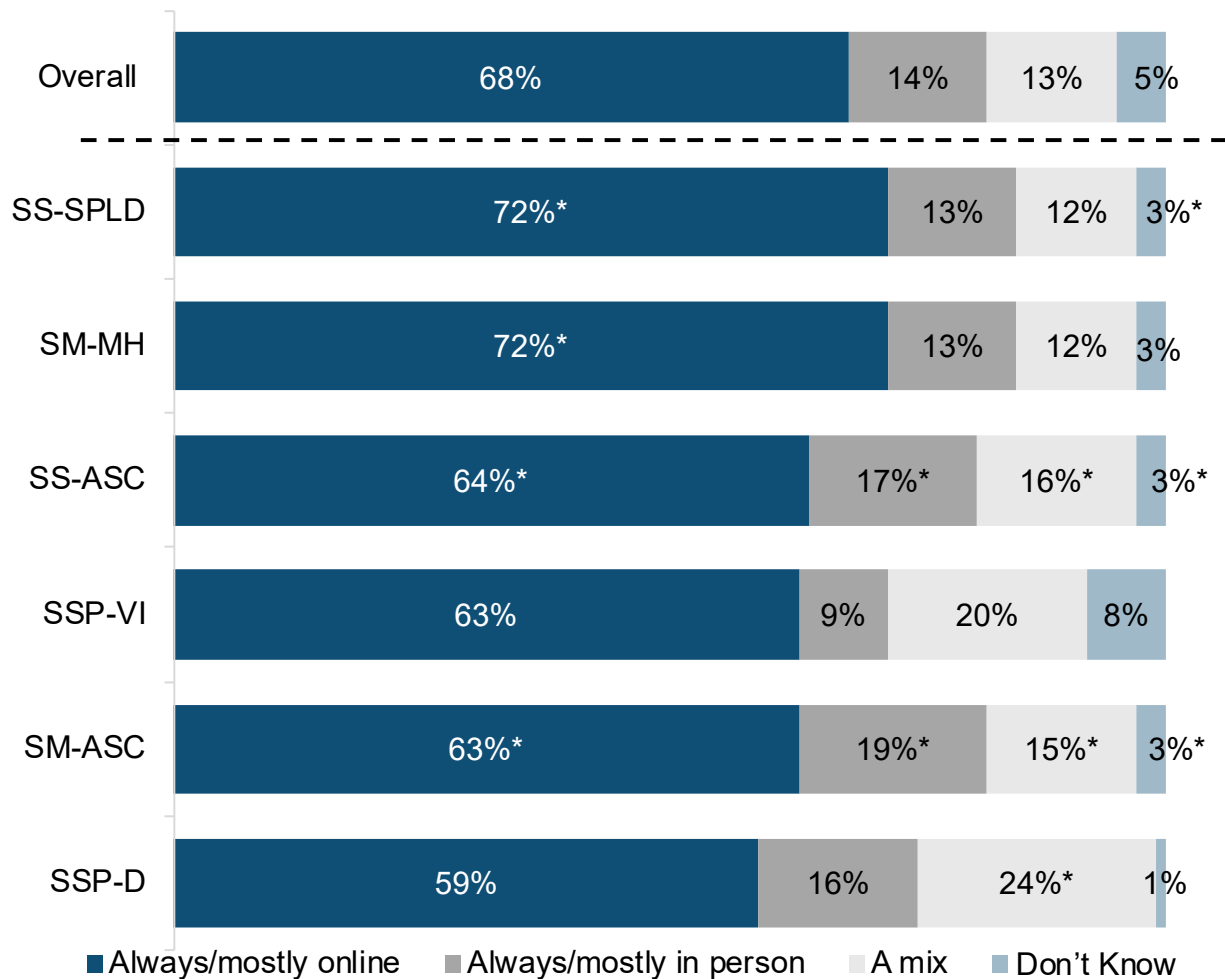
Most commonly, students accessed their NMH sessions remotely. This involved meeting their support worker via video call (e.g. via Zoom or Microsoft Teams). As shown by Figure 4.1, 68% received online support, with smaller proportions receiving support in-person (14%) or mixed-mode (13%)<sup>9</sup>.

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<sup>8</sup> DfE's policy is that NMH providers should be able to provide remote or face to face support, or a mixture of the two, as the student chooses.

<sup>9</sup> As noted in the methodology section, analysis by NMH type includes all students that received each type of NMH. This question was asked at an overall level, and analysis has been done by NMH type. Many students received more than one NMH type, so these subgroups are overlapping in many instances. As such, significance testing has not been conducted between subgroups.

**Figure 4.1 Mode of NMH support received**



Base: All respondents who received NMH support (n=2,879). SM ASC (788), SM MH (1,126), SS ASC (761), SS SPLD (1,168), SSP D (75), SSP VI (66). As asterisk indicates a significant difference to the overall figure. The significance testing uses the base size of the subgroup against the base size of the overall figure excluding the subgroup base size. Please note SSP MSI data is not included as base is too small (7 responses). Please note, some figures do not add to 100% due to rounding. See the [methodology section](#) for more information on this.

The mode in which students received support varied depending on the type of NMH support they received. Students receiving SM MH and SS SPLD support were significantly more likely than the overall to receive support online (72% and 72% vs. 68% overall). Students receiving SM ASC and SS ASC support were more likely than overall to attend support in person, although these proportions remain small (17% and 19% vs. 14% overall).

Overall, postgraduate, part-time and older students were significantly more likely than others to receive support online. For example, postgraduate students were more likely than undergraduates to receive support online (74% vs. 67%). Part-time students were more likely than full-time students to access support online (85% vs. 66%), as were older students compared with younger students (74% of those aged 26+ vs. 66% of 18-21s

and 67% of 22-25s). Age and qualification level were correlated, with older students more likely to be studying at postgraduate level. Qualification level, and whether study was full-time or part-time were also correlated, with postgraduate students more likely to be studying part-time.

## Views on remote support

Remote support was a preference for many due to it being flexible in regard to location, without a need to travel to meet someone. Students appreciated being able to conveniently slot sessions into their schedules, without needing to factor in journey time and cost. Some also reflected that if they did need to travel to access support, this would reduce the time available to study.

The ability to participate remotely made some students feel more comfortable attending sessions, particularly those with mental health conditions. Several students described engaging with people face-to-face as sources of anxiety and discomfort. Accordingly, these students often preferred to take part in sessions from their home, where they felt comfortable. For similar reasons, being able to meet without showing their face (i.e. with cameras off) was a plus for some. A handful said that they might not have attended sessions at all if they weren't able to join online.

“I would have been very reluctant to even accept the help [if it was in person]. I think face-to-face, with the social anxiety, physically going and meeting someone in person, I would feel a lot more anxiety towards meeting them than over Teams.” **SM MH, First Year, Undergraduate**

Screen-sharing and other online functionalities were considered further benefits of online support. These students saw the ability to screen-share and working collaboratively on documents as more efficient than sharing documents and resources in person.

For some students, however, technical difficulties were a key drawback of online support. Several students recounted sessions that were disrupted by poor internet connectivity. One deaf student said that because the camera quality was poor, she was unable see her support worker clearly enough to lip read effectively. Some also said that they and/or their support workers were not skilled at using certain online platforms or functionalities, which meant sessions did not always run smoothly.

“It'd be easier for me [in person] because online sometimes there're technical difficulties. It'd either crash out or they'd sound like robotic, or just glitch, so they wouldn't catch what I've said, and I might not hear what they've said.” **SS SPLD, Third Year, Undergraduate**

Building a personal relationship with their support worker was another key difficulty for some students accessing support online. A number of students said that they found it

easier to develop a rapport and engage with people face-to-face, which made it challenging to foster an effective connection with their support worker.

## Views on face-to-face support

For students who preferred face-to-face support, and were able to access it, the ease of building a relationship with their support worker was considered highly beneficial. A number of students explained they felt able to express themselves better and articulate their needs more clearly in person. Some said they felt they took more value from the sessions in person than they would have done remotely. A handful of students suggested it was easier to read facial expressions and body language in person, which helped to develop a positive relationship.

For a smaller number of students, face-to-face support was also considered helpful in supporting them to build a routine. These students perceived their sessions as a good incentive to get ready for the day, leave the house and visit campus at the same time each week. Some said that if they did not have sessions in person, they might take the call from their bed or sofa and would not reap the benefits of getting outside and interacting with others. Sometimes, students also viewed sessions as an opportunity to visit new places which may be outside of their comfort zone.

A few said that needing to meet their support worker in person fostered accountability in terms of attending on time and encouraged their own active participation in sessions.

“It means that you get out of the house and actually go to the meeting, when a lot of the time, if my meeting's in the morning, I'll just take it from bed... It's just nice to actually get yourself up and out of the house for it, rather than having the excuse to just be in the house, or sit in wherever and take a meeting.” **SM MH, Second Year, Undergraduate**

In-person support also meant students were able to avoid technical issues which could hinder the effectiveness of online sessions. This aspect was particularly beneficial for students who were not confident using technology, or preferred not to use it.

The main reported drawbacks of face-to-face support directly mirrored the key advantages of remote support; a small number of students found in-person sessions inflexible and disliked the need for travel. Some said that it was difficult to find a time that worked for both them and their support worker. One student suggested they would have been able to see their support worker more frequently if they had received support online.

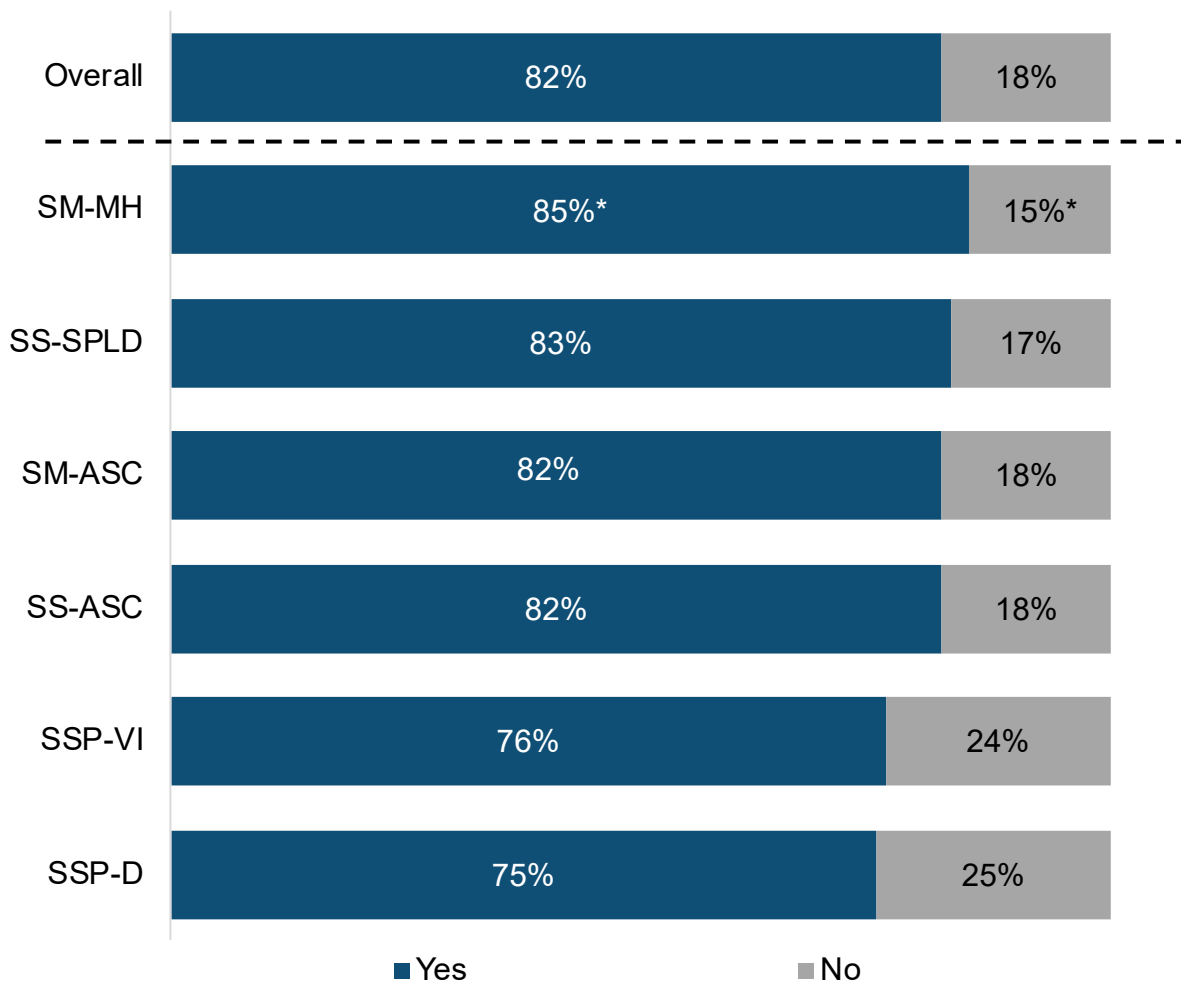
“The building where [my support sessions] isn’t actually that close to where I have university. So, finding a time that works well isn’t easy because it takes two hours between getting there, 20-minute walk, doing the hour session, 20-minute walk back. It isn’t always very easy to do.”

**SM ASC, Second Year, Undergraduate**

## Accessing preferred mode of support

Where students had a preference, they were generally able to access support via their preferred mode. Around eight-in-ten (78%) students expressed a preference, 19% did not have one and 3% were unsure. Of those who did have a preference, 82% received support in their preferred mode and 18% did not (Figure 4.2)<sup>10</sup>.

**Figure 4.2 Whether received preferred mode of support**



Base: All respondents who knew what format their NMH was provided in, rebased to exclude “Don’t know” and “No preference”. (n=2,096), Individual NMH bases: SM ASC (614), SM MH (825), SS ASC (583), SS

<sup>10</sup> As noted in the methodology section, analysis by NMH type includes all students that received each type of NMH. This question was asked at an overall level, and analysis has been done by NMH type. Many students received more than one NMH type, so these subgroups are overlapping in many instances. As such, significance testing has not been conducted between subgroups.

SPLD (858), SSP D (55), SSP VI (48). As asterisk indicates a significant difference to the overall figure.

The significance testing uses the base size of the subgroup against the base size of the overall figure excluding the subgroup base size. Please note SSP MSI data is not included as base is too small (7 responses). Please note, some figures do not add to 100% due to rounding. See the [methodology section](#) for more information on this.

The finding that most students could access support in their preferred mode was consistent across all NMH types.

There was a consistent link between perceptions of high quality of support and whether students received the support in their preferred mode, as shown by Table 4-1. Those who received support via their preferred mode were more likely to rate the quality of their support highly than those who did not access support in their preferred mode.

**Table 4-1 Perceived quality of support by mode preference**

<b>SM ASC</b>	<b>Received preferred mode</b>	<b>Did not receive preferred mode</b>
High quality	71%	33%
Low quality	8%	32%
<b>SM MH</b>	<b>Received preferred mode</b>	<b>Did not receive preferred mode</b>
High quality	73%	33%
Low quality	7%	29%
<b>SS ASC</b>	<b>Received preferred mode</b>	<b>Did not receive preferred mode</b>
High quality	67%	27%
Low quality	12%	32%
<b>SS SPLD</b>	<b>Received preferred mode</b>	<b>Did not receive preferred mode</b>
High quality	69%	30%
Low quality	7%	34%

Base: All respondents who received each type of NMH support. Individual NMH type bases: SM MH (1,126); SM ASC (788); SS SpLD (1,168); SS ASC (761). SSP MSI, SSP VI and SSP D not included in table due to low base sizes. Proportions rating support 'Somewhere in the middle' or 'Don't know' not shown.

## Barriers to accessing face-to-face NMH support

Of those with a preference, just under a fifth (18%) of students did not access support via their preferred mode. For this group, it was more commonly the case that they would have preferred face-to-face support, but instead received support online. Nearly a quarter (23%) of those who received support online, and had a preference as to mode, said that online support was not their preference. This compared to only 3% of those with a preference who received support face-to-face, and 11% of those with a preference who received a mixture of online and face-to-face support.

The finding that some students were not able to access face-to-face support despite this being their preference was supported by insights from qualitative interviews. Interview findings shed light on the varying contexts in which students were unable to access face-to-face support, which can be grouped into several broad themes. It is important to note the following analysis reflects students' own perspectives and recollections. These findings should not be interpreted as fact about support offered by NMH providers.

A small number of students did not recall being offered a choice between online and face-to-face support. These students said that when setting up their support, they were not asked whether they had a preferred mode. In other cases, students had requested face-to-face support from their NMH provider, but were not offered support in this mode.

A number of students reported being told by their NMH provider that there was not sufficient availability of support workers in their city or region to facilitate face-to-face support. This was the most common barrier to accessing face-to-face support recalled by students. This applied across a broad range of NMH types. In some cases, students suggested NMH providers did not have any coverage to offer face-to-face support at all in their area. In other cases, students reported that their NMH provider had limited coverage, and all face-to-face support workers were at capacity. One student reported that they had been told their NMH provider would not pay for support workers' travel expenses, meaning it would not be feasible for a support worker to travel to the student's location.

"I did specify that I would have liked it to be in person [...] they said that there wasn't anyone in my area that would have availability or could facilitate in-person support." **SM MH, First Year, Undergraduate**

Some students recounted being told by their NMH provider that while it may technically be possible to facilitate face-to-face support, this would be difficult to arrange and was a less favourable option. A handful of students said they were told they would have to wait longer to start face-to-face support, sometimes for an undefined period of time. These students were keen to commence their support, and felt that accessing online support would be better than going without it. One student recalled being told that if they opted for face-to-face support, they would likely only be able to have sessions once every two

months. Another said they were told that if they chose online support, they were more likely to be allocated a support worker who specialised in their course type or area of need.

“I remember saying I would prefer [face-to-face support], but she was based in [REDACTED] and obviously I was in [REDACTED]. So, she was like, ‘Oh, we can try and get someone to you, but it would probably still only be once every two months’.” **SS SPLD, Third Year, Undergraduate**

“[Face-to-face support] was an option, but I would have had to wait longer for a specialist mentor to become available [...] I wanted to make sure that I had the support straight away, so I went ahead with [it] virtually.” **SM ASC, First Year, Undergraduate**

A few students reported being allocated an online support worker without a clear explanation as to why their NMH provider could not facilitate their preference for face-to-face support. Sometimes, students understood online support to be the default, or only, option offered by their NMH provider. One student said that in response to requesting face-to-face support their NMH provider told them that, since COVID, they no longer offered support in person by default.

“I was always picturing it being in person, but I think the company that I was with didn't do in-person stuff. It was an online kind of service.” **SM MH, Third Year, Undergraduate**

A handful of students were eventually able to switch to face-to-face support, either mid-year or at the outset of the 2025/26 academic year. At the time of the interview, some students had continued to request face-to-face support, but still had not managed to secure it. Others had grown accustomed to receiving support online and no longer wished to switch to face-to-face. These students had typically built a relationship with their support worker and wanted to continue working with them, even if this was online.

Those who said they were not able to access face-to-face support almost always received support from an external NMH provider. There were only a couple of instances where students reported that a HEP-based NMH support worker did not facilitate face-to-face support.

## 5. Features of effective and ineffective NMH support

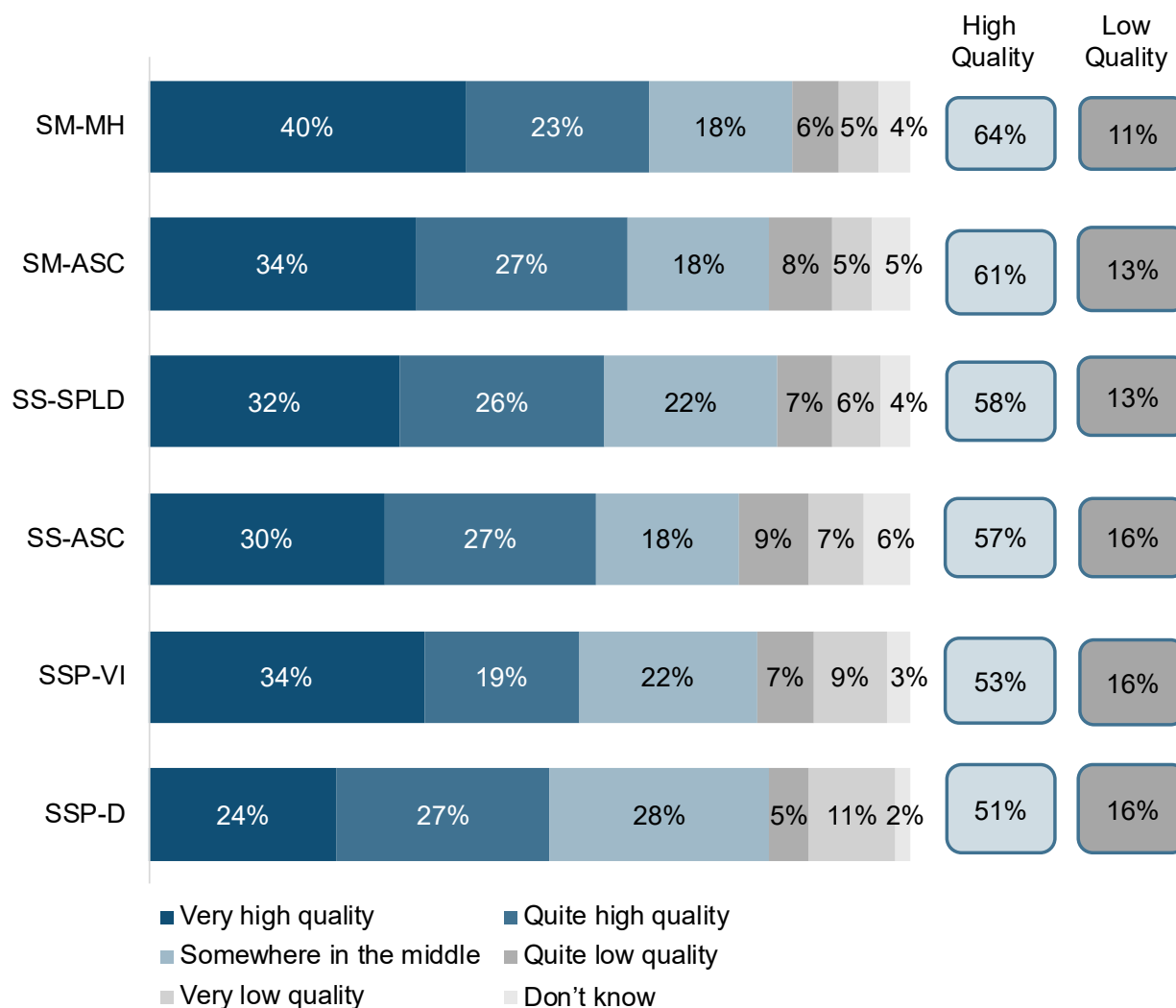
This chapter covers features associated with more and less effective NMH. This includes overarching features of what students perceived to be good quality NMH support, as well as features more commonly associated with specific NMH types. It goes on to consider the experiences of students who received multiple types of NMH support.

### Overall perceived quality of NMH

Students were asked to rate the quality of the NMH support they received in the 2024/25 academic year on a five-point scale from 'very high' to 'very low' quality, shown in Figure 5.1. Students were asked about each type of NMH they received. Overall, the majority of students felt the support they received had been high quality (51-64% across NMH types). Comparatively, between 11-16% rated their support as low quality. A relatively large proportion (between 18-28% across NMH types) also felt it was 'somewhere in the middle' between high and low quality.

Students' perceptions of quality varied by the type of NMH support they received. The highest overall quality ratings of their specific support type were among students who received SM MH (64% overall) and SM ASC (61% overall). The lowest overall quality rating was among students with a SSP D, with just over half (51%) reporting it to be high quality, and a one sixth (16%) reporting low quality.

**Figure 5.1 Perceived quality of support among recipients of each type of NMH support**



Base: All respondents who received each type of NMH support. Individual NMH type bases: SM MH (1,126); SM ASC (788); SS SpLD (1,168); SSP D (75); SS ASC (761); SSP VI (66). Please note SSP-MSI data is not included as base is too small (7 responses). Between 2-6% of recipients of these NMH types said 'It varied' which has been excluded from the figure. Please note, figures and summary totals do not add to 100% due to rounding and the codes excluded from the figure. See the [methodology section](#) for more information on this.

As mentioned in the previous chapter, students who received their preferred mode of support (either online, in person or a combination of both) were consistently more likely to report support as being high quality, compared to those who did not. Conversely, there were no significant differences by students' university tariff, with the exception of SM ASC where students attending medium tariff institutions were somewhat more likely to report receiving high quality support (67% compared to 61%, overall). Note, tariff groupings are based on the average number of UCAS points of students at the HEP, where students at 'high tariff' institutions typically have the highest number of UCAS point upon entry and students at 'low tariff' providers typically have the fewest.

## Features of effective NMH

There were several overarching features of support which students felt reflected high or low quality, regardless of the type of NMH support they received.

Across NMH types, students described good quality NMH as consistent, flexible and tailored to their disability and needs. How practical the support was in terms of providing applicable and actionable strategies was also important in supporting students to work independently and was seen as key to effective support.

### Tailoring

Support tailored specifically to students' individual needs was widely recognised as a hallmark of effective NMH provision. Students described high-quality support as flexible and personalised, with strategies and session content adapted to their unique circumstances, learning preferences, and accessibility requirements. This enabled students to engage more meaningfully with the support offered. The practicality and relevance of the guidance provided—such as actionable strategies—were also highlighted as crucial aspects of tailored support, allowing students to apply what they learned directly to their academic and personal contexts.

### Flexibility

Flexibility was a defining characteristic of effective NMH support, in terms of content and focus of sessions, length and scheduling. Students consistently highlighted that adaptable support allowed for a responsive approach, with support workers adjusting their guidance to address students' unique personal and study-related challenges. This flexibility was particularly valued when students faced changing circumstances and needs, ensuring that the support remained relevant and practical throughout their journey.

Additionally, flexibility in scheduling and duration of NMH sessions played an important role in perceived effectiveness. Students appreciated having the option to arrange sessions at times and lengths that suited their own routines, rather than adhering to rigid, predetermined formats. This approach helped students to fit support around their existing commitments and made the experience less stressful and more accessible. This was particularly important around busy assessment periods or when students felt they had less need for support.

### Supporting independence

Students largely felt that support was effective when it supported them to have autonomy over their studies. However, many also valued support that helped them structure their time, set goals and monitor their progress. More broadly, many students valued having someone to be accountable to, who ensured they were completing work and meeting deadlines.

“He'd always spend quite a lot of time just like planning my routine, like ‘when are you going to work, what are you going to do next week’, that sort of thing. So, he was very motivating and held me accountable.” **SM ASC, First Year, Undergraduate**

Students valued support with developing strategies they could continue to use to work independently in the future. Some students’ support needs were continuous, due to the lifelong nature of their disability; these students felt the support would help their sense of independence both now and in the future by minimising how much they relied on teaching staff, family or friends for help with their studies. This was seen as particularly important in preventing students with more limited support networks from being disadvantaged.

### **Holistic support**

Recognition of students’ pastoral and wellbeing-related needs was also key to support feeling relevant, even if this was not necessarily the intention of the support. Some students felt these needs were pressing and therefore necessary to address to feel equipped to manage their studies. This being said, the study focus of NMH support differentiated it from other support from students’ institutions or other medical support. Striking a balance between maintaining focus on study, while acknowledging and adapting to students’ more holistic needs was often seen by students as key to delivering truly tailored support.

“I think the best aspect is being able to talk about the stuff that's actually happening to me with someone that knows a reason why, and being able to then tailor that to my studies... I just like the support of, ‘okay, we can work around this, whatever it is, you can always work around it and tailor it to your studies, and make you feel comfortable with what is going on for you right now’.” **SM MH, Second Year, Undergraduate**

### **Joined-up support**

Another factor that influenced students’ perceived quality of support, but was not seen as essential, was the extent to which NMH support felt joined up with wider support they received (i.e. from other NMH support workers or their HEP). Some students felt communication between their different support workers limited the extent to which students had to repeat their needs to multiple individuals and could create more coordinated support and reduce administrative burden. However, many students said they did not see a need for different support workers to interact, given their largely distinct focuses. Some also felt limited or no communication between support workers was appropriate as sessions were confidential.

## Positive relationships between support workers and students

Outside of these features of effective support, students' relationships with their specific support worker were an important determinant of students' perceptions of the quality of support. Developing trust with their support worker was considered key to enabling students to be open about the challenges and barriers that impacted their studies.

Students described a positive relationship with their support worker as being based on the following factors:

1. **Having the same support worker over time.** This continuity allowed time to build understanding and trust. However, where students did not feel their support worker was the right fit for them, many were also grateful that they had the option to change support worker
2. **Support workers showing kindness, patience, empathy and understanding was key,** helping students to feel confident with their support worker. This meant students were best able to utilise their support, and meant the student felt reassured and motivated
3. **When support workers were proactive and communicative when arranging sessions.** Timely contact from support workers helped ensure sessions were scheduled at convenient times. This also helped students feel more empowered to reach out when they needed more support. Students appreciated where support workers checked in with them between sessions, to make sure their session's content and learnings were used effectively
4. **Being attentive to what strategies worked best for students** and proactively following up on topics discussed during sessions. This made students feel listened to and enabled greater tailoring of support around students' needs
5. **Being considerate of students' accessibility requirements,** including adapting materials or resources without having to be asked or reminded. Respecting students' boundaries, needs and preferences around style of communication was important to enabling students to effectively engage with support

Where support workers had institutional knowledge, this was often seen by students as beneficial. Institutional knowledge included the support worker understanding systems and processes specific to individual HEPs (i.e. reasonable adjustment processes, student support services). Where support workers were provided through a students' HEP, they could offer students support in navigating systems, as well as being well-placed to speak to staff on students' behalf, to secure additional support, if needed.

While support workers providing subject-specific support is not currently intended to be a part of NMH support, where students received support from support workers with relevant subject knowledge, students felt this improved the quality of the support they received.

Students reported support workers having good subject knowledge being beneficial in developing strategies that worked for students' subject areas. Students who studied subjects with less traditional assessment methods, such as music, arts, or specialised STEM courses like computer science, sometimes felt that standard study skills strategies were less relevant to them.

"I'm a computer science student. I've not had a support worker with any kind of background in computer science. So, while they understand what is involved and necessary in doing something like writing a report... they're not able to give as much advice on how to tackle a situation like 'oh, I have this huge programming coursework' or 'I've got this group project we're all programming'." **SM MH, Second Year, Undergraduate**

Where sessions focused on specific assignments, insight into relevant subject areas was also useful in reviewing content. For postgraduate students, having a support worker with a strong academic background was seen as particularly valuable, due to the specialised nature of their work. The extent to which support workers were familiar with course content created some variations in students' perceived quality of support.

"It was really good... However, she didn't know the course so it's more of like general support. If there're any questions or anything I didn't understand that was specific to my course, she couldn't help with that side of things." **SS ASC, First Year, Undergraduate**

## Features of ineffective NMH

Overarching features of what students considered to be low quality support were often the inverse of the positive features identified. This included:

1. **Support seeming generic and not tailored to students' specific needs.** Some students felt that sessions covered a 'checklist' of support strategies rather than focusing on approaches that students felt would work for them  

"I felt let down because of how generic it was. I didn't actually feel like they had taken on board the kinds of... delivery styles that I was exposed to. I felt almost like I was receiving a textbook of study skills."  
**SM ASC, First Year, Postgraduate**
2. **A lack of flexibility around sessions' content and scheduling** based on students' preferences and schedules. Difficulties scheduling and arranging sessions could also be stressful for students and make them less willing to continue with support
3. **A lack of clear goals or objectives for sessions**, making intended outcomes unclear. This made it difficult for students to gauge the effectiveness of sessions

“I was very confused to what the sessions were supposed to be about the whole time I was doing them.” **SM MH, First Year, Undergraduate**

#### 4. **Inconsistency of support worker** (i.e. support workers changing multiple times)

Some students had a negative experience with their support worker or found them unsuitable, leading them to think their NMH support was less effective. The reasons for this included:

1. **The support worker not appearing well trained around students’ specific needs.** This was a perception among students, based on feeling that their support worker did not have a detailed knowledge of their disability or how to tailor their approach to make sessions more useful or accessible

“I think there’s an automatic kind of expectation that comes with putting ‘specialist autism’ in a title. And so, I did very much feel like that didn’t come through.” **SM ASC, Third Year, Undergraduate**

2. **Support workers acting unprofessionally.** This included seeming unengaged in sessions, arriving late or seeming disorganised
3. **Making dismissive or making offensive comments** towards students. This was mentioned by a small proportion of students and included seeming to not take students’ issues seriously or making what students perceived to be infantilising comments which made them feel uncomfortable. This made them feel less able to speak openly in sessions
4. **Seeming overbearing or controlling.** A small number of students felt their support workers were unreceptive to suggestions, considerations or preferences around support

“I didn’t like her because she was very quick, and she was kind of almost pushing things on me of what I should be doing and what I should be feeling. And she used ‘should’ a lot, and it was just a bit off-putting. And I think she went on a lot about how she was like, in high demand with other students and she’s a very busy person, and she’s not sure if she’s able to fit me in, and stuff like that.” **SS ASC, First Year, Undergraduate**

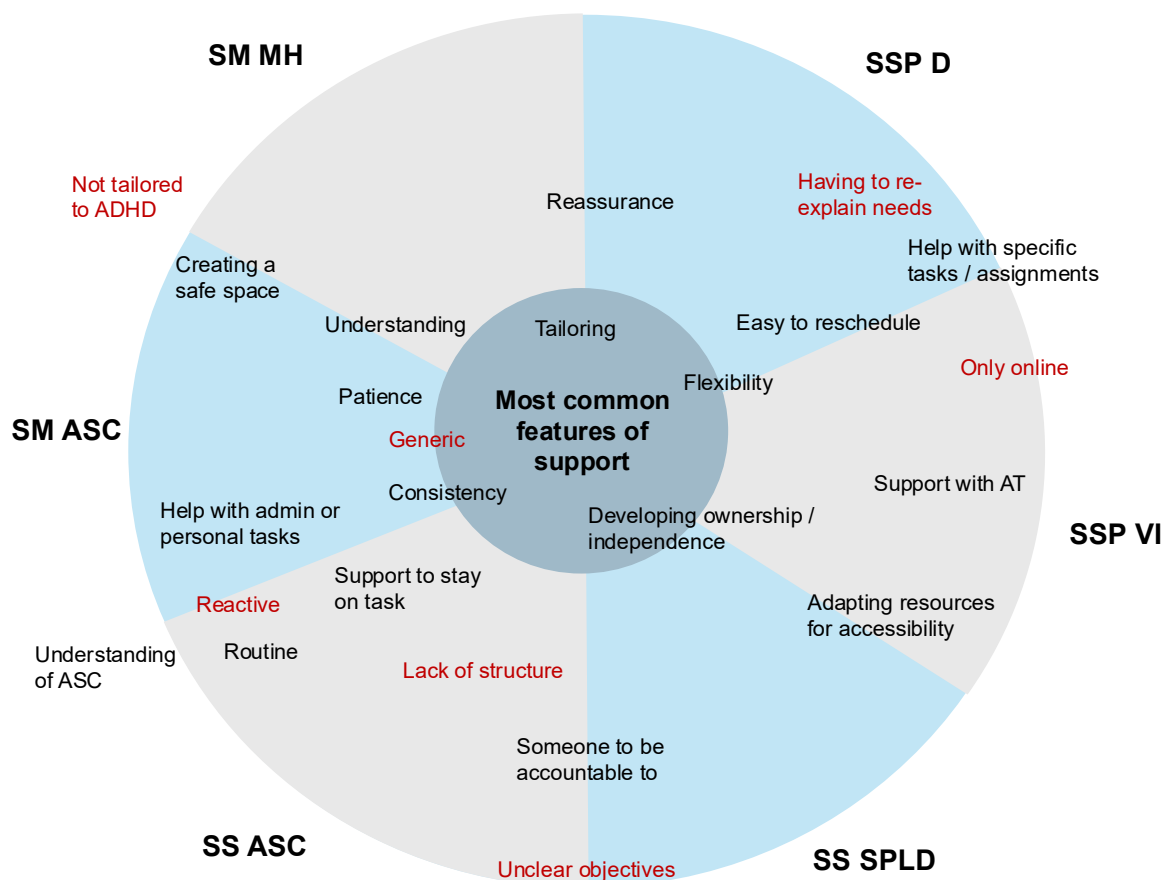
## **Features of effective and ineffective support, by NMH type**

Alongside these overarching factors, there were differences in what students felt effective and ineffective support looked like based on the specific type of NMH support they received. These are discussed below, starting with the NMH type that students rated as most effective in the quantitative survey through to the least effective. The features discussed were more commonly associated with certain NMH types, rather than being

distinct to a single NMH type. Therefore, there is some overlap with features associated with effective and ineffective support across the NMH types.

Figure 5.2 shows the strength with which effective and ineffective features of NMH support were associated with each type of NMH, based on qualitative findings. The most common features across all NMH types are closest to the centre of the figure. Proximity to each NMH type (shown at the outside edges of each segment) indicates the level of importance that feature had to perceptions of quality among recipients of that NMH type. Features that were seen as effective are shown in black text and ineffective features are shown in red text.

**Figure 5.2 Summary of perceived effective and ineffective features of NMH**



Case studies exploring both effective and ineffective aspects of different types of NMH support are provided in Chapter 11.

### Specialist Mentor for Mental Health (SM MH)

SM MH support received the highest overall quality rating among students (64%). There were no significant differences in the proportion reporting high quality support based on if they received support online (64%), in person (65%) or a mixture of both (73%). SM MH was also the only NMH type where quality ratings varied based on the academic year when students applied for support, with 72% of 2022/23 applicants reporting high quality,

compared to 63% among 2023/24 applicants and only 58% and 2024/2025 applicants. How SM MH support fitted within the wider package of mental health support available to students in higher education is explored in more detail in Chapter 9.

Student experiences of the balance between SM MH support being structured or reactive to the priorities students brought to sessions was mixed. Where students felt their SM MH support had been poor quality, this was often due to the support feeling generic and not tailored to their needs or circumstances. Students often felt it was important for their support worker to be adaptable and reactive to the issues students felt were most pressing to them at the time. In some instances, this may be attributed to misaligned expectations of support. Some students felt the current state of their mental health would have benefitted more counselling-style support, though this would fall out of scope of the study-related focus of NMH support.

“I could speak with her about my emotional state, but she reminded me that, yeah, I know what you mean, I know you need to talk about this, but I'm not dealing with that kind of thing, so we need to focus on something else.” **SM MH, First Year, Undergraduate**

On the other hand, some students wanted their support worker to place a greater focus on pre-emptive rather than reactive strategies for managing their mental health. Some students hoped their sessions would provide them more insight into potential ‘triggers’, to help them avoid rather than manage situations that might cause them additional stress. Again, this was outside the scope for NMH support.

Other features of effective and ineffective SM MH support are summarised in Table 5-1 below.

**Table 5-1 Features or effective and ineffective support: SM MH**

Effective support	Ineffective support
<p><b>Trusting relationship with support worker</b> - students valued having an adult who they could speak to about <b>issues and concerns that could interfere with their studies</b> (e.g. worries, limiting beliefs). Establishing a 'safe space' within sessions, where students felt they could speak openly helped to facilitate this.</p>	<p><b>ADHD support relevance</b> - some students with ADHD felt support was <b>not suited to their needs</b>. This was also raised more broadly by students with ADHD who accessed other NMH support (as reported in Chapter 3. With no specific NMH support for students with ADHD, types of NMH support assigned to students with ADHD could vary. Due to a lack of specific provision, students sometimes felt their support was not tailored to them.</p>
<p><b>Offering an outside perspective</b> - students were positive about their support worker offering a view that was separate and distinct from HEP support, personal connections or medical support through the NHS. This allowed greater focus on <b>practical strategies</b> to support their studies. Students valued having <b>autonomy in sessions to direct strategies and focus</b> on areas where they felt they needed the most support.</p>	<p><b>ADHD and articulating needs</b> - as SM MH support workers often lacked specific training on ADHD, this made it <b>challenging to find effective study strategies</b> for those receiving SM MH support who also had ADHD. Some students with ADHD felt that they would have found sessions more effective if they focused on <b>setting deadlines and planning assignments, rather than discussing their mental health</b>. In some cases, students may have felt their needs were better met if they were assigned SM ASC support.</p>

“I think it was definitely more suited to people who would consider themselves to be... depressed and anxious... a lot of people would benefit from that [mental health support], but I feel like I did make it quite clear to her that, at that time... I wasn't benefiting from it, and it was always returning to that, 'How's everything treating you?', 'Have you been feeling anxious?', and I understand that obviously [some] people with ADHD, they often have comorbidities... [but] I've never asked for that type of help from the DSA. I don't have any diagnosed mental health conditions... for me personally, it just felt a bit condescending.” **SM MH, First Year, Undergraduate**

## **Specialist Mentor for Autistic Spectrum conditions (SM ASC)**

SM ASC received the second highest quality rating among students (61%). This did not significantly vary based on if support was online (60%), in person (66%) or a mixture of both (69%). Effective and ineffective features of this support are discussed in the table below.

**Table 5-2 Features of effective and ineffective support: SM ASC**

Effective support	Ineffective support
<p><b>Good understanding of autism</b> – when students perceived that support workers had a clear understanding of autism (i.e. coming across as well-trained and experienced). Some felt their support workers expertise <b>helped them feel more educated about autism</b> and understand the ways in which it may affect them.</p> <p>"She was understanding and flexible and she would often pause and say, 'Oh, with autism, I don't know if you know this, but like this kind of thing can make you anxious' and that was good to learn about myself as well." <b>SM ASC, Fourth Year +, Postgraduate</b></p>	<p><b>Unstructured sessions</b> – when the support worker was not able to keep students on task or lacked a clear structure for the session. Some students preferred more adaptable sessions, having clear objectives tended to be favoured.</p>
<p><b>Consistent and reliable support</b> – seen as vital for this group. Students who received this support largely preferred having a <b>predictable schedule</b> of sessions. Support workers showing an <b>understanding of this preference for routine</b> helped students gain more comfort and confidence in sessions.</p> <p>"I think the flexibility in timing, location, what we talk about is very helpful, but then also, for someone with autism and needs a structure, having too much flexibility is quite overwhelming." <b>SM ASC, Second Year, Undergraduate</b></p>	<p><b>Minimising</b>– some students felt their support worker made comments that minimised their worries or challenges. Some felt this <b>impacted their confidence</b> and made them feel less able to get the support they needed from sessions</p>
<p><b>Clear agenda and focus for sessions</b> - in some instances, this included prioritising the time to support students with administrative tasks that <b>felt overwhelming</b> to complete on their own.</p>	<p><b>ADHD applicability</b> - as with SM MH, for those with both autism and ADHD, some <b>did not feel the support was designed with them in mind</b>, so struggled to make the most of sessions.</p>
<p><b>Neurodiverse support worker</b> – for some this was an added benefit as it made students feel more understood and minimised the need for them to explain their needs.</p>	

Effective support	Ineffective support
<p>"With neurodiverse people, I need to explain myself less and it takes less time to say one thing. And that really makes a difference because the time is so limited." <b>SM ASC, First Year, Postgraduate</b></p>	

### Specialist Study Skills for Specific Learning Difficulties (SS SPLD)

Nearly six-in-ten (58%) students who received SS SPLD support found it good quality. SS SPLD support was seen as effective where it helped students develop strategies for independent study. This was higher for students who received a mix of online and in person support (76%) compared with those who received it always or mostly online (57%) or always or mostly in person (60%).

See Table 5-3 for a summary of effective and ineffective features of SS SPLD.

**Table 5-3 Features or effective and ineffective support: SS SPLD**

Effective support	Ineffective support
<p><b>Practical support</b> - helping students best utilise <b>assistive technology</b> and find <b>ways-of-working</b> that suited them, such as setting mini deadlines or findings ways to break up their work.</p> <p>"A successful session will include me feeling like I have a good plan to achieve my goals." <b>SS SPLD, First Year, Undergraduate</b></p>	<p><b>Generic</b> - appearing to offer a <b>standard toolkit</b> of study strategies that students felt did not work for them.</p>
<p><b>Support with adapting resources</b> – support moving documents to <b>accessible formats</b>, including ways of structuring text and dyslexia-friendly fonts, was valuable.</p> <p>"She had incredible knowledge on things like dyslexia, so changing an instruction sheet that had been given to me into a dyslexia-friendly font. Splitting things into paragraphing, things like that, like certain ways that would make comprehending information easier so that I could do that with all of my work." <b>SS SPLD, Foundation Year, Undergraduate</b></p>	<p><b>Repetitive</b> - some students also found sessions repetitive where they focused on <b>consolidating teaching content, rather than transferable study strategies.</b></p>
<p><b>Accountability</b> – having someone to talk to regularly ensured students followed through with these strategies and used their time effectively.</p>	<p><b>Lack of structure</b> - similarly to the views of students in receipt of SS ASC and SM ASC, when sessions lacked structure, SS SPLD sessions could feel less valuable. Some felt the sessions would have benefitted from <b>clearer aims and objectives</b> for sessions.</p>
	<p><b>Students with multiple disabilities</b> - needs did not always feel accounted for. Support workers typically had more training and experience around certain disabilities, this impacted the extent to which they were able to tailor support around other needs.</p>

Effective support	Ineffective support
	For example, one student with dyslexia and a vision impairment felt some of the assistive technology and software they were directed to support with their dyslexia were not accessible to them.

### **Specialist Study Skills for Autistic Spectrum Conditions (SS ASC)**

Overall, 57% of students that received SS ASC support felt it was good quality. This was highest among those who received support in person (68%), compared to those who received support online (56%) and those who received a mix of online and in person support (60%).

Table 5-4 discusses key features of effective and ineffective SS ASC.

**Table 5-4 Features of effective and ineffective support: SS ASC**

Effective support	Ineffective support
<p><b>Non-judgemental support</b> - creating a <b>safe space</b> to discuss challenges students would otherwise be unsure who to approach about was valuable, helping students feel they <b>did not have to ‘mask’</b> their feelings, so they could be <b>open</b> about their issues.</p> <p>"I can just have a minute of like, OK, I can be whatever I need to be right now. I don't have to sort of mask too hard." <b>SS ASC, First Year, Undergraduate</b></p>	<p><b>Over-focus on reviewing work</b>- some felt a large proportion of their session was spent reviewing work, and would have preferred <b>more of a focus on developing study skills, strategies or learning techniques</b>.</p>
<p><b>Decision-making support</b> - support addressing specific administrative, personal or logistic tasks helped <b>reduce overwhelm</b> for those who found decision-making challenging. Support with these tasks helped students' address and <b>remove barriers to studying</b> and <b>helped with feelings of stress and isolation</b>.</p>	<p><b>ADHD applicability</b> - as with SM MH and SM ASC, some of those with ADHD <b>did not feel the support was designed with them in mind</b>, so did not think the support was particularly well targeted to their needs.</p>
<p><b>Fostering independence</b> - support with decision-making helped students feel <b>more independent and confident</b>, by <b>reducing their reliance</b> on friends, family and HEP staff.</p>	

### **Specialist Support Professional - Vision Impairment (SSP VI)**

Only just over half (53%) of students found their SSP VI support good quality. Around one in six (16%) felt support had been low quality. While a more limited number of interviews were conducted with recipients of SSP VI (17), some common factors determined the quality of this type of support, as shown in Table 5-5 below.

**Table 5-5 Features of effective and ineffective support: SSP VI**

Effective support	Ineffective support
<p><b>Support with specific assignments</b>                      - dedicated time to focus on <b>improving the presentation of their work</b> was helpful, as well as help with tasks which would be challenging or time-consuming to complete independently, such as <b>proofreading</b> and <b>referencing</b>.                      "That person definitely helped me to save lots of time on proofreading. [They] improved the way I present my work and improved essentially my English skills, my writing skills. So, it was really helpful in improving and enhancing my writing abilities. Additionally, it definitely helped me to be more attentive as there are quite common, not grammar mistakes, but just misspelling." <b>SSP VI, Third Year, Undergraduate</b></p>	<p><b>Unable to access preferred mode of support</b> - some students were <b>not able to access in-person support, despite their preference</b>. These students were told here were no SSP VIs in their region.</p>
<p><b>Flexible support</b> – students' appreciated the <b>flexibility to arrange sessions around deadlines</b>, given the importance of support with specific assignments. The <b>ease of arranging and rearranging</b> sessions over phone or email ensured <b>session hours were used efficiently</b>.</p>	<p><b>Support workers not sufficiently skilled in using software and assistive technologies</b> used by students with visual impairments - when this was the case, it limited the extent to which SSP VIs were able to support students with their studies.</p>

Some students also expressed a desire for more practical mobility support from their support worker. However, this is outside of the scope of SSP VI, as this is available from other types of support funded through DSA (Mobility Trainer and/or Sighted Guide).

### **Specialist Support Professional - Deaf (SSP D)**

Around half (51%) of students found their SSP D support good quality and around one in six felt it was low quality (16%). As with SSP VI, only a small number (11) of interviews were conducted with students who received SSP D support.

**Table 5-6 Features of effective and ineffective support: SSP D**

Effective support	Ineffective support
<p><b>Practical support-</b> help with specific tasks that students may find challenging on their own, such as going over lecture content they felt they might have missed, was valued and <b>helped foster independence</b></p>	<p><b>Unable to access preferred mode of support</b> - some were only offered online support, which <b>limited the amount of hands-on support</b> their support worker was able to provide.</p>
<p><b>Trusting relationships</b> - strong relationships with support workers gave students <b>greater confidence to direct the focus of sessions</b> on the tasks they felt they needed the most support with.</p>	

Some students said they would have found in-person support during lectures and seminars more reassuring, to ensure they did not miss anything. However, support during teaching sessions was typically provided through other NMH support workers including specialist notetakers.

### **Specialist Support Professional for Multi-Sensory Impairment (SSP MSI)**

Due to the small sample of students interviewed who received this support, there is not sufficient evidence to identify 'typical' features of effective support in detail. However, for the two students who received SSP MSI support, the features of high- and low-quality support generally align with the experiences of students who received SSP VI or SSP D support.

### **The quality of support: multiple support types**

Some students received multiple types of NMH from within the specific NMH types included in this research (as outlined in the introduction). Some students had also received support from other NMH workers that were not in scope for the research, such as specialist notetakers and sighted guides.

In most cases, NMH support was delivered by separate support workers for each type of NMH support students accessed. In some cases, students received multiple types of

NMH support that was provided by one support worker. Students reported positives and negatives to each arrangement, which affected their view of the quality of support<sup>11</sup>.

Students who had multiple NMH support workers for different types of NMH support (for example, SM ASC and SS ASC) largely felt there was minimal overlap between these types of support and what the sessions entailed. Many students felt that different NMH support complimented each other well, as they tackled students' needs from different angles. For example, SM support focused on managing social and wellbeing related issues that would otherwise interfere with a student's studies, while SS support tackled the practicalities of managing time and planning assignments.

"The study skills support it's very much like I have this assignment... we're going to figure out when to do this, we're going to plan ahead, we're going to figure it out and those are very specific to the academic side of things... with the mental health support worker, she is a lot more to do with the social side of things. So, it's a lot about my relationships with other people... my interactions with the lecturers... and how I can manage that. So, I'm essentially not letting it affect my work, managing that as best I can." **SM MH, First Year, Undergraduate**

However, some students felt a lack of clear session objectives made the distinction between different types of NMH support less clear. Students thought that establishing clear session aims and expectations would have helped differentiate NMH support.

"I think it might have been useful to have like a clearer understanding on what the two aspects of study skills versus mentoring actually means or is." **SS ASC, First Year, Postgraduate**

Where students had multiple support workers, some felt they communicated well, with a few students saying their support workers were clearly aware of each other. However, mostly students said they were not aware of whether they communicated or not. For some students in receipt of SM and SS support, their SM support workers had suggested specific strategies or pieces of assistive technology that they might want to discuss in their SS sessions, which had a stronger study skills focus. However, several students said they did not see the need for them to communicate, given session confidentiality and the distinct focus of sessions.

A handful of students with multiple support workers had prioritised one type of NMH support over another. This was largely due to finding some sessions more helpful and wanting to focus their time on support they found more effective for them. Some students alluded to the added admin of arranging two types of support being a factor in this. On the other hand, a small number of students mentioned having an account manager or

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<sup>11</sup> Explicit questions on students' experiences with multiple types of support were added towards the end of the fieldwork period, therefore findings are based on a proportion of students interviewed.

coordinator at their NMH provider, to support with arranging multiple support types. They felt this helped them reduce admin and find an arrangement that felt sustainable. For students who had one support worker for multiple types of NMH, this was seen as valuable in terms of developing trust and rapport. This also reduced admin for students, as they did not have to coordinate with multiple NMH providers/support workers.

Generally, students with one support worker covering multiple NMH types felt their support worker was able to approach their different sessions with different 'hats' on, to prevent the focus of sessions becoming blurred. However, where students had more than one disability, particularly when this involved a less common combination of support needs, some felt their support worker was more equipped to deal with one disability than another, though they inevitably interacted. This could make support workers less equipped to account for students' holistic needs.

## 6. How NMH supports students to continue and succeed

This chapter considers whether NMH support helped students to continue and succeed with their studies. It discusses the ways in which NMH support helped students and the impact of positive experiences.

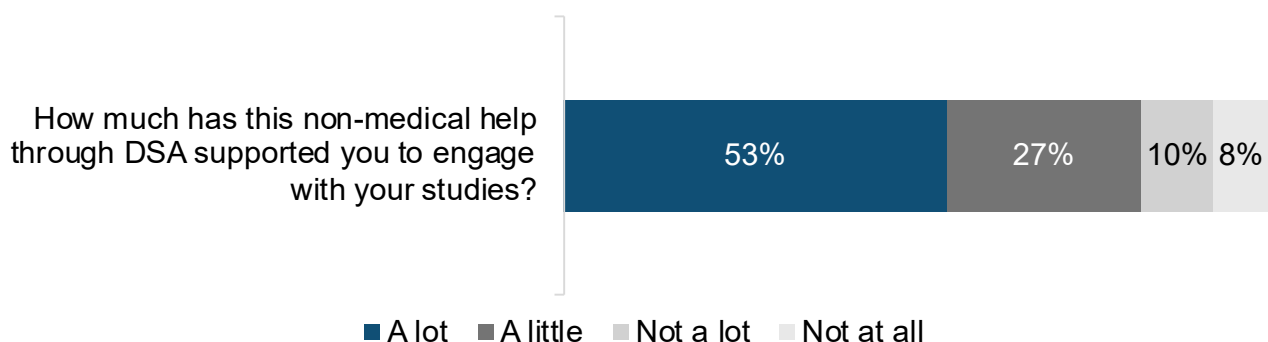
### How NMH support helped students

The majority of students found NMH support beneficial, and reported it helped them engage with their studies, leading to improved grades, better time management, and reduced feelings of isolation. A more detailed exploration of these factors is covered in the next section. Some students said the support prevented them from dropping out of higher education. However, a minority felt the support had little impact, often due to it being generic or mismatched to their needs.

The extent to which NMH support helped students to continue and succeed at their HEP varied among students, with the majority (80%) saying it helped them to engage with their studies at least to some extent. Students mentioned a range of ways in which the support impacted their studies, such as achieving higher grades, meeting deadlines more consistently or preventing them from dropping out. However, a minority (18%) of students found the support had not improved their ability to study very much or at all.

As shown in Figure 6.1 below, 80% of students said that NMH support helped them engage with their studies either a lot or a little. This was higher among students who received support in-person, with 87% saying the support helped at least to some extent, compared to 81% among those who received support online.

**Figure 6.1 Extent to which NMH has supported students to engage with their studies**



Base: All respondents who received NMH support, excluding those who said 'don't know' when asked for NMH type (n=2,758). Please note, some figures do not add to 100% due to rounding. See the [methodology section](#) for more information on this.

The extent to which NMH support helped students engage in their studies was higher among female students than male students, with 82% of women saying the support helped a lot or a little, compared with 76% of men. Those aged 18-21 were more likely to say that the help had little or no impact (20%), compared to 14% of those age 22-25. There was no significant variation by NMH type.

The extent to which students felt NMH had supported them to engage in their studies also differed depending on the tariff of students' HEP. This is despite NMH often being delivered by external providers rather than through students' HEP. Students from low-tariff HEPs were most likely to report that NMH had supported them at least to some extent (83%), compared with 76% of students based at high-tariff HEPs. Conversely, students at high-tariff HEPs were more likely to say that NMH had helped them very little or not at all (22%) compared with 15% at low-tariff HEPs.

Some students mentioned that the support had helped them to meet deadlines and submit assignments on time. This was particularly valued by students receiving SM ASC, SS ASC and SS SPLD support, as many of these students mentioned that meeting deadlines had been a key issue before receiving support.

“Since I’ve started to get my most recent support mentor, I’ve started doing the work earlier and earlier and earlier...in the first two and a half years of uni, I didn't submit an assignment without an extension. Now I’m getting to the point where I’ll submit stuff early.” **SM MH, Second Year, Undergraduate**

Some students felt the support helped them to achieve higher grades than they would have achieved otherwise. Students attributed this both to the practical study skills support they had received with their assignments, and to the moral support they received that helped with wellbeing, confidence and motivation. A handful of students reported that NMH support played a crucial role in preventing them from dropping out of their HEP. These students were finding their HEP experience overwhelming before receiving support and often mentioned how difficult they had been finding it to keep on top of work or manage their mental health. These students valued having someone looking out for them and holding them accountable.

“I was thinking about quitting... but [my support worker] gave me reasons to stay on the course. She made me think about the long-term goals, why I wanted to do the course in the first instance... and how I should work on the feedback I had received.” **SM MH, First Year, Undergraduate**

A minority of students felt the support had little to no impact on their ability to engage with their studies (18%). This was higher among those in the 18-21 age group (20%) than the 22-25 age group (14%), and higher among those who said the support was not what they

expected (58%). Those who did not find the support helpful often said it was generic, unstructured, mismatched with their needs, or delayed. The features of low-quality support are explored further in Chapter 5.

“She would go through the same thing over and over again, she would ask me how everything was, offer me breathing techniques, offer me some sleeping advice, but I didn't really need any of it.” **SM MH, First Year, Undergraduate**

## How positive experiences of NMH impacted students

There were a variety of ways that NMH support helped students to continue or succeed with their studies. Many students reported an improvement in their studies as a result of receiving NMH support. Students attributed this to the practical study skills support developed throughout their NMH support, as set out in Chapter 3.

“[The support] also gave me confidence in my work, because it is proofread, so it looks appealing and professional. That meant I could focus on actual academic things and not just ensuring that there are no double spacing or some minor mistakes.” **SSP VI, Third Year, Undergraduate**

Students also mentioned the value of having help with workload management. Support workers played a key role in strengthening organisational and time management skills while providing accountability. Students reported being more motivated to finish tasks and better at meeting deadlines.

“[My support worker] would spend a lot of time talking about my assignments. And if I hadn't done any work that week or something, he'd always spend quite a lot of time just like planning my routine, like "when are you going to work, what are you going to do next week", that sort of thing. So, he was very motivating and held me accountable.” **SS ASC, First Year, Undergraduate**

Another commonly cited impact of NMH support was that it reduced feelings of isolation for students. Students felt reassured to know they had their support worker looking out for them. For many, their support worker provided a boost to their wellbeing, meaning students could spend more time on their studies, rather than feeling overwhelmed with their workload. Many valued having someone to turn to in difficult situations, and those who received SM MH support particularly valued this emotional support.

“If I didn't have this mentor...I wouldn't be able to discuss things I was upset about, and then it would take a toll on my stress levels and therefore my work.” **SM MH, Second Year, Undergraduate**

NMH support also helped students in their studies by improving their confidence. Many felt encouraged by their support worker and felt more capable of completing their work as a result. Students mentioned the value of having someone who believed in them, and how this confidence often had wider effects on their motivation to complete their work. A few students also mentioned the added benefit of their support worker helping them to feel more confident about socialising with other students or encouraging them to join societies or support groups. This was particularly valued by students receiving SM ASC and SS ASC support, some of whom mentioned feeling isolated at their HEP.

“I think it’s also just giving me confidence. Having someone there to say, ‘you’ve got this’...I think one of my main issues is just get so overwhelmed and then I’m just like a rabbit in the headlights and I just have paralysis and cannot do anything for weeks. [My support worker] stopped that happening.” **SS SPLD, First Year, Postgraduate**

## 7. Expectations of NMH

This chapter consider the initial expectations that students had of NMH. It goes on to consider the scenarios in which expectations of NMH were met, and when they were not.

### Initial expectations of non-medical help

Nearly half (47%) of all students had no expectations of NMH prior to receiving it. This was often due to having never received this kind of support before, or having not received information on what the support might involve prior to starting sessions. Some students had either no or minimal expectations of support due to negative experiences of receiving support for their disability in the past.

“Through school, I didn't really have good support. So, for this, I was not really having high expectations because I've already, like, I've struggled throughout my whole education...when I found out I could get support I didn't really have high expectations, I was really nervous.” **SSP D, Foundation Year, Undergraduate**

Just over a third (38%) of students reported the support was what they were expecting, and 13% reported the support was not what they expected.

Many students felt unclear on the support that their NMH support worker would provide, and felt better guidance on this would have clarified their expectations. Those with Autism Spectrum Conditions found this lack of clear definitions prior to receiving support particularly confusing and difficult. For those who had no expectations of support, they had most commonly found out about NMH through their HEP welfare team, or via their school or college. Those who had found out about it through a friend or relative already accessing the DSA were more likely to have detailed expectations of what receiving support would involve.

### Where student expectations were met

Where students had any expectations of NMH, these had most often been either met or exceeded. Students often expected the support to be less comprehensive than it was, particularly those who had only expected support with assistive technology. Other students mentioned that the fact that support included emotional support and support for day-to-day tasks where needed went beyond their initial expectations of the support as being purely study focussed. These students appreciated the holistic approach to support and felt it had impacted their ability to study and achieve more broadly.

“Obviously, it’s meant to be academic help, but the fact that she’d taken the time to actually help me with my personal life as well... which did have a massive impact on my studies. But I feel like, at the time [of applying] I was sitting there thinking ‘oh, yeah, they only care about assignments and uni rather than care about me as a whole, as a person.” **SM MH, First Year, Undergraduate**

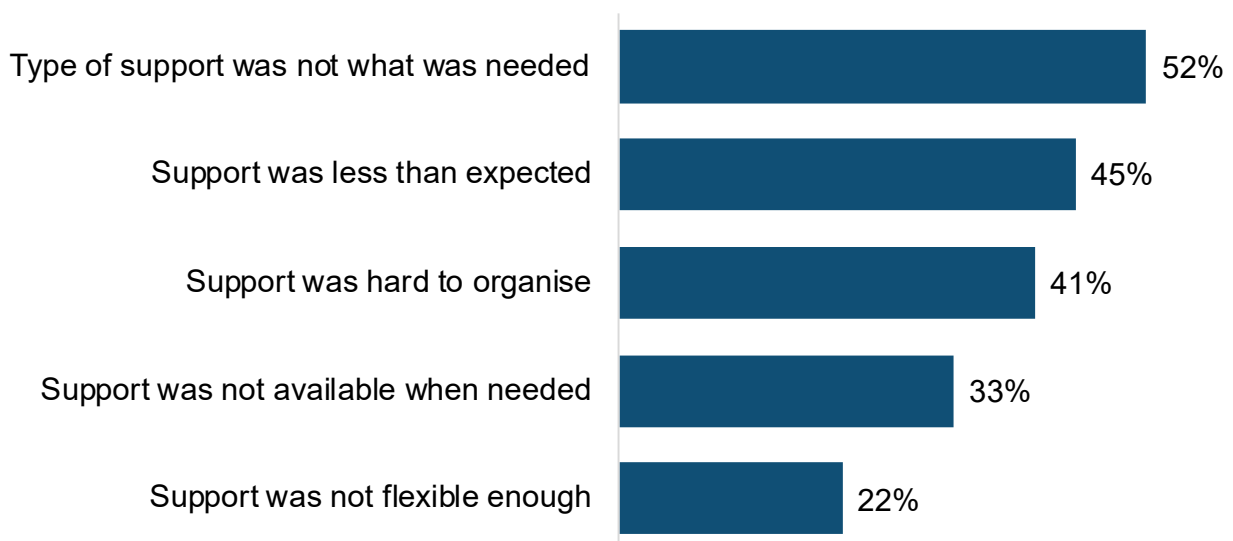
Many students felt the support was more tailored to them than they had expected. In particular, students mentioned SM MH’s having a good understanding of their needs and communication styles, and adapting support accordingly in terms of the way that sessions were run, or the types of resources they would suggest. As another example, several students with Autistic Spectrum Conditions appreciated that the support worker understood their need for structure in the sessions, or when the support worker would offer the student the same time slot each week.

Other students said that the support was more practical than they had expected, particularly among those with a SM MH. Many of students had not expected the support to provide them with such practical solutions to situations, which helped them build strategies to manage their mental health in the long-term.

## Where students’ expectations were not met

When students told us that support was not what they expected (13%), we asked them why. Figure 7.1 outlines the most common reasons given by students, including that support quality was less than expected; this generally but not always aligned with those who reported lower quality experiences of NMH.

**Figure 7.1 Reasons that expectations of support were not met**



Base: Respondents who said the NMH support they received through DSA was not what they expected (n=386)

Reasons for support falling short of their expectations were often linked to their specific support worker, for example feeling that their support worker did not have a good understanding of their disability or condition, or that they had only been able to provide generic support rather than adapting to their needs.

“It just felt kind of robotic; they were all doing the same thing as asking me about assignments, but they wouldn’t like ask me how dyspraxia or how my mental health is affected, how it affects me with studying and things like that I was expecting to ask, like the areas I struggle with.” **SS**  
**ASC Third Year, Undergraduate**

Others felt that their support worker strayed too much into personal issues and emotional support, rather than spending time on study skills. This was not a type of support they had expected to receive, nor did they feel it was appropriate or useful to them.

Some students had expectations that went beyond the standard remit of NMH support workers. This again suggests that the scope of NMH support had not always been well communicated to them by the needs assessor, the NMH provider or the specific support worker. For example, a few thought their support worker would provide them with subject-specific support. A handful of students receiving an SM MH assumed it would be therapy or counselling style sessions.

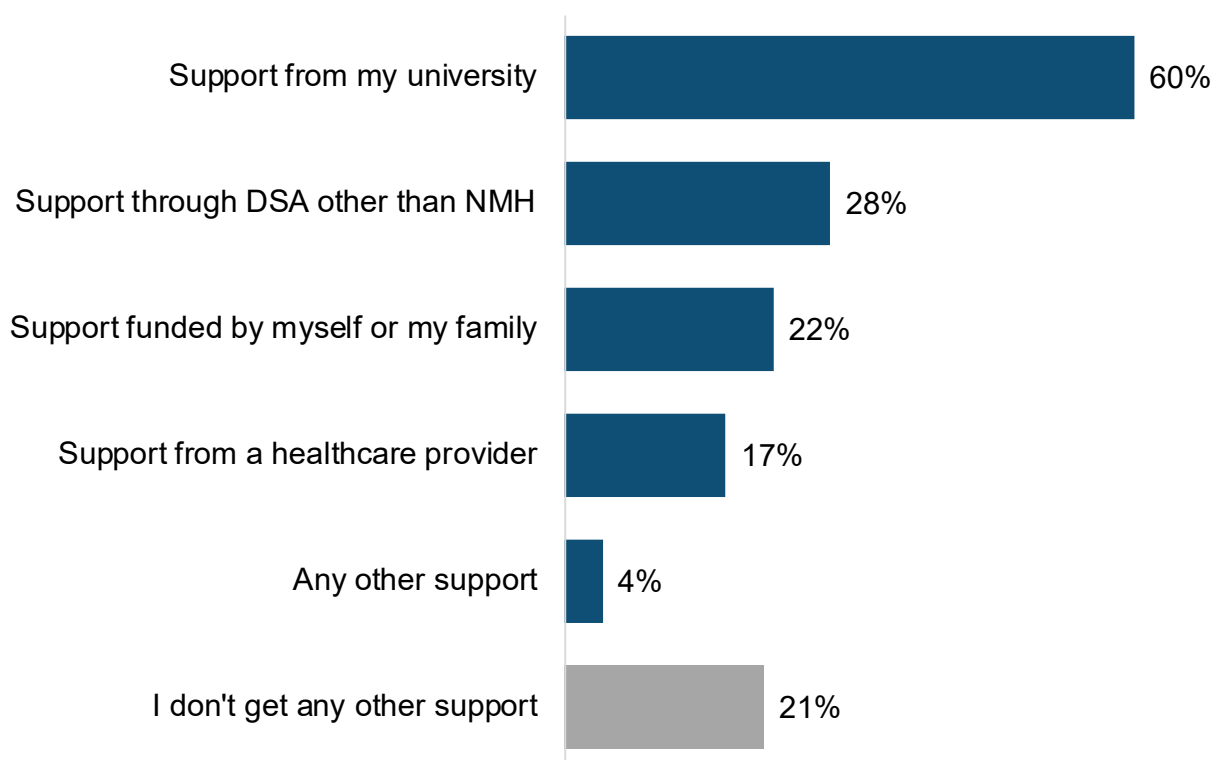
## 8. Other support available for disabled students

This section considers the support that disabled students receive outside of their NMH support. It goes on to explore the role of HEP support, compared with NMH support, and how they may be different in quality. The chapter also covers the extent to which support for disabled students at HEPs is similar or different to students' experience of support in school or college.

### Wider support

Most students (76%) were receiving some other form of disability support alongside their NMH support. As shown in Figure 8.1, over half (60%) received support from their HEP, making this the most common source of other support. This proportion was highest among students from high tariff HEPs (69%). There was no significant variation by NMH type.

**Figure 8.1 Other sources of support received by disabled students at their HEP**



Base: All respondents who received NMH support (n=2,879)

The second most common source of support was DSA support other than NMH, which was received by 28% of students. Conversely, in the qualitative interviews, the majority of students said they received DSA support other than NMH support. This was lower among students receiving SS SPLD (24%) and higher among students receiving SSP VI support (52%). Postgraduates were more likely to receive other DSA support than

undergraduates (37% compared with 27%). Some students also received support that was funded by themselves or their family (22%). Students from high tariff HEPs were more likely to receive privately funded support (26%). Some students also received support from a health provider (17%), or from their local authority (3%).

Almost one-fifth of students did not receive any other support while at their HEP (21%). This proportion was highest among students from low tariff HEPs (23%) and lowest among student from high tariff HEPs (16%). Students reported this was because they were either unaware of other support, they did not apply because they expected poor quality support or they did not feel they need any other support.

Only 18% of those receiving SM ASC support were not receiving any other support (compared to 21% of students overall who received no other support). In comparison, almost a quarter (24%) of students receiving SS SPLD support were not receiving any other support.

## Role of HEP support vs. NMH support

Students generally thought HEP-based support was distinct from their NMH support, because for many it served a specific purpose that was different from NMH. For example, disability and welfare services were often used for getting help within the HEP, such as setting up reasonable adjustment plans and informing academic staff about the student's disability. Some students attended group sessions organised by their HEP, which were appreciated for connecting with other students, but were less personalised than NMH. Other students received one-to-one support through their universities' disability and welfare services, but used these sessions to discuss different topics than in their NMH sessions.

“So, I use the wellbeing team a bit more for like just talking about like what was going on and what I was anxious about, but then I used the [NMH support] for the academic side of things. I think for me keeping them separate works.” **SS SPLD, First Year, Undergraduate**

Academic staff were another important source of support that provided students with course-specific expertise, but served a distinct purpose from NMH as they were not always able to tailor the support to the student's disability. In contrast, because the NMH support was separate from HEP departments, it was focused solely on supporting the student in their studies.

## Quality of HEP support vs NMH support

Students often found it difficult to compare the support they received from NMH with other support from the HEP, because it was so different in nature. Some students

mentioned that the different support was valuable for different reasons, and both were necessary for helping them in their studies. Other students felt that both the NMH support and HEP support had not been useful and had continued to struggle.

“It's hard to compare because they would do were two very different things. The university academic team were more pastoral and then the actual study skills was more academic leaning.” **SSP VI, First Year, Postgraduate**

Many students rated NMH support more highly than HEP-based support. Some found it more consistent than HEP services, and felt they could develop a strong personal relationship with a support worker. Often, students found the NMH more flexible than HEP support and appreciated being able to book in sessions for a time that worked for them.

“[The NMH support] was a lot more personal. It was evident they took the time to figure out the individual's needs. Obviously, I'm guessing they have a lot more time on their hands to do those things. Whereas the HEP support was a lot less specific. It was it was more for anybody with autism or dyslexia or anxiety, like here's a leaflet.” **SS SPLD, Foundation Year, Undergraduate**

There was some variation between HEPs in both the extent and quality of support they provided to disabled students. This difference was another factor which shaped the extent to which the students relied on their NMH support in comparison to HEP support. Some students felt that their HEP did not offer sufficient support, and so relied on NMH as their main source of help. Others were less reliant on NMH support because they were receiving more comprehensive support from their HEP.

“There's just not as much support as I would like from the university itself. Their understanding is that DSA provide all the support. They basically think that they don't have to because I have a study skills person.” **SS ASC, First Year, Undergraduate**

Many reported not accessing HEP support as regularly as NMH support. For some, this was because they did not feel the need to access it as consistently, or because they only used it for a specific purpose. For others it was because they did not find the support helpful or they found it difficult to organise sessions with the HEP.

A minority of students found other HEP support more useful than NMH support. Amongst this group, HEP support felt more integrated with the HEP itself, and that the NMH support was limited by the fact that their support worker did not understand their HEP's system (if they were not based at the HEP). Similarly, some students were frustrated by their NMH support worker's lack of course knowledge, so found other support from

subject experts based at the HEP to be more useful. Other students found that they had a better personal relationship with support workers within the HEP, or had experienced poor quality NMH support, so found other support more useful for this reason. The features of poor quality NMH support are explored in more detail in Chapter 4.

## Comparisons with previous support at school, college or prior workplaces

There was considerable variation in views about the quality of NMH support compared to previous support received at school, college or prior workplaces. These perspectives were shaped by the nature of previous support and the support currently received by students.

Before starting higher education, students received disability support from a range of sources. This included from staff such as SENCOs, teaching assistants, pastoral support workers, having Education, Health and Care Plans (EHCPs) or being awarded extra time during exams. Many students mentioned that NMH support was particularly important during the transition to higher education, where students lost much of their previous support system, and where their learning became considerably more independent. Chapter 2 explores the impact of delays to receiving NMH support, and how this affected students who were struggling with the transition to higher education.

“At university, your lecturers aren't really like your teachers, they're just there to give you information and then go away. But [my support worker] was like a teacher, and it was quite nice to have someone there that I can just talk to about anything.” **SS SPLD, Undergraduate, First Year**

Some students found NMH support more tailored than the support they had received at school, college or in prior workplaces. These students appreciated the one-to-one nature of the support and the consistency of the meetings, which they had not experienced previously. This was often mentioned by students receiving support for specialist learning difficulties and autism spectrum disorders.

“I didn't really have anything like this at school or college, so it's hard to compare, but it is a lot better than what I could have expected at school or college. Yes, I had people there to check my essays, but I didn't have the tailored help that I do now.” **SSP VI, First Year, Undergraduate**

However, other students preferred the support they had received previously. For some, the support they had received at school or college had been more extensive, as the staff were constantly accessible, particularly those who had attended special schools. Others found they had a better and more in-depth personal relationship with previous support workers than with their NMH support worker.

“I received a lot of emotional support [while at school], and obviously the teachers get to know you a bit more because you're in five days a week...and there was a lower student to teacher ratio, which did definitely help because they were able to give you more time.” **SM ASC, First Year, Undergraduate**

Some students had not received support previously at school, college or prior workplaces, because they had only recently received a diagnosis. These students had either been diagnosed between school and higher education, or after entering higher education. Some postgraduate students had received a diagnosis later in life, so had not experienced disability support either at school or during their undergraduate degree. This was particularly true among students receiving support for specialist learning difficulties and autism spectrum conditions. For these students, NMH was the first experience of receiving disability support.

## 9. Mental health support for students

This chapter explores how SM MH support compares with other mental health support students currently or had previously accessed to support their education. This will include comparisons to support accessed at school or college, from their HEPs and the NHS, as well as any perceived gaps in available support.<sup>12</sup>

Students who took part in this research did so because they were comfortable to discuss their mental health as part of either a survey, an interview, or an online community. Additionally, all students in the interviews had disclosed their mental health condition to their HEP. As a result, the composition of this sample is likely to have influenced the findings, reflecting the perspectives of students who are more aware of and engaged with available support.

### Mental health support available at school and college

It was common for students to have had limited or no support for a specific mental health condition whilst they were at school or college. Support which some students had received prior to higher education included counselling sessions, pastoral support from counsellors or other wellbeing staff or more informal support from teachers/tutors. Some students had been offered reasonable adjustments such as changes in examination access arrangements (e.g. completing an exam in a separate room).

“I didn't really have a lot of support [at college]. I had stuff like extra time given and arrangements given, but there wasn't a lot of direct support.”

**SM MH, Third Year, Undergraduate**

Many students felt school and college support for mental health was largely reactive, being put in place in response to specific wellbeing concerns or pastoral issues (e.g. bereavements, traumatic events). Students viewed it more generically for students who were having a challenging time, so it was seen as more situation-dependent than NMH support. Students who had experienced support before they started HE felt that NMH support had more of a study skills focus.

Students felt that NMH support was distinct and broadly higher quality than the support they had received in school or college. This was often attributed to previous support being more limited, due to a perceived lack of capacity within schools and colleges to offer students more dedicated support. Students highlighted that school staff were responsible for larger cohorts of students and had broader responsibilities, meaning

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<sup>12</sup> See the following 2023 report for more detail on HEP mental health support: [HE providers' policies and practices to support student mental health](#)

school support inevitably lacked the focus of NMH support which was allocated and tailored to individual students.

"It was always teachers' one-to-one support at college or something. They had a lot of other students to help. I think when an educator has a ton of students to help, the quality [of support] ... waters down. " **SM MH, Third Year, Undergraduate**

School and college mental health support was also seen as less specialised than NMH support. Students attributed this to the support being delivered by school staff rather than support workers with specific mental health training.

Although some students felt that the NMH support they had received for mental health was better than the support they received at school or college, a few thought the opposite. This was typically among students who had a negative experience of NMH support. Where school or college support was seen as higher quality, this was often due to students finding it more personal than NMH support, as it was delivered by teachers or other school staff who they had established a strong relationship with.

## **Students' awareness of mental health support at HEP**

There was generally a good level of awareness of HEP provided mental health support among recipients of SM MH support. Students largely felt that finding and accessing HEP support had been clear and straightforward. However, it is possible that those who chose to engage with university support would also be more likely to engage with this research. Therefore, due to the self-selective nature of this sample, all of whom had declared their mental health condition to their university, this may exclude the perspectives of those who chose not to engage with HEP mental health services.

There were multiple channels and opportunities for students to find out about available support from their HEP. Many students became aware of support via their HEP application or enrolment process. Support was also advertised via the HEP website, online portals or at campus events. Some students were signposted to HEP support by their GP, academic staff or through friends.

"I found it really easy. There's a dedicated portal to mental health and wellbeing so you can find everything just on that one link through the website." **SM MH, First Year, Undergraduate**

## Mental health support available via HEP

Overall, 61% of students in receipt of SM MH were also accessing some form of disability support from their HEP<sup>13</sup>. HEPs offered a wide range of mental health support options for students, though the support available differed by HEP. This support was generally provided through student support services, including disability and wellbeing teams.

Mental health specific support that students accessed included check ins and drop-in session with wellbeing advisors (provided centrally or through individual faculties/departments), as well as a discrete number of counselling and cognitive behavioural therapy (CBT) sessions. Many universities also provided 24-hour mental health phonelines for more immediate or urgent support. Some students had also accessed wellbeing activities such as yoga through their HEP.

Students receiving SM MH had access to comparable HEP support as other disabled students, as detailed in Chapter 9, including reasonable adjustments for assessments. Disability action plans, learning support plans, risk assessments and mitigation planning more broadly were used to support students in their studies. HEPs signposted to other support students could access through DSA, the NHS or other external organisations, such as local councils.

Students often described having received informal support through friends and academic staff.

## Views on effectiveness of HEP MH support and overlap with NMH support

Students largely found HEP support less effective than SM MH support. This was often attributed to students being allocated limited time with HEP support. For example, students were generally offered between 6-8 sessions with HEP based counsellors, compared with SM MH support often being offered weekly for at least a year. While there were often other opportunities for support outside of HEP based counselling sessions, such as drop-ins, this made engagement with HEP support less consistent and continuous. Compared to the close and positive nature of many relationships between SM MH support workers and students, this more limited time gave less opportunity to establish trust and understanding. Some students also felt that their HEP counsellors were less experienced.

Outside of a shared focus on wellbeing and maintaining future outlook, NMH and HEP support were seen as quite distinct by students, with minimal overlap. HEP support was

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<sup>13</sup> Some students who received SM MH support had multiple disabilities, meaning the support they received from their HEP may have included support for other disabilities (i.e. not exclusively mental health support).

often seen as more focussed on dealing with specific pastoral or wellbeing-related issues, whereas SM MH support was more holistic. Many students found the broader wellbeing and study skills focus of NMH support more effective in helping them stay on top of and succeed with their studies.

Some students felt HEP support was less effective, as the impetus was mostly on students to proactively reach out and arrange support. This could be challenging for some students, who would have preferred the support services to reach out to see if they needed support. Difficulty booking sessions due to high levels of demand for mental health services was also mentioned by some students.

Conversely, some students had found their HEP support very effective. Students who had a negative experience with their SM MH support worker were more likely to have found HEP support effective.

Some students found HEP support workers knowledge of HEP systems, course pathway and the broader context students were operating within beneficial.

Students had mixed experiences in terms of how accessible they found their HEP's mental health support. Students' own familiarity with HEP systems meant most students found it straightforward to find and book sessions. However, difficulty booking sessions due to high levels of demand was also mentioned by some students. This was due to variation in the quality and availability of mental health support between HEPs.

"I found the general wellbeing support was very easy to find through the uni then it was very easy to set up an appointment." **SM MH, Third Year, Undergraduate**

"I did try counselling through the university but... they only offered like a few free sessions... so it wasn't enough." **SM MH, Second Year, Undergraduate**

Many students also valued the range of support options available through HEPs. In particular, HEP services were seen to offer good crisis support to students who had faced or were going through challenging periods.

HEPs were also seen to offer more concrete support such as reasonable adjustments which SM MH were unable to arrange. As SM MH workers were commonly external, provided by third-party organisations, they could also offer less practical advice around who was best to speak to within HEPs to put specific interventions into place.

Students also found support from academic staff valuable, where they received advice and guidance from those they had already established a strong relationship with.

Whether there was communication between NMH support and HEP support varied from student to student. Many students did not feel there was much join up between NMH and HEP support. However, the distinct nature of HEP and SM MH support meant some students did not see a need for greater communication between them.

Where students felt there was join up, examples included SM MH support workers communicating directly with HEPs to advocate for additional support for students, most commonly around reasonable adjustments. In a small number of cases, students said their SM MH support worker had reached out to their HEP to inform them when students were going through particularly difficult periods, to ensure enough support was in place. This was seen as positive in terms of students not needing to repeat their needs.

“When [I was] trying to access some grief counselling, my [specialist] mentor would email the worker I was speaking to at the student hub. They just talked to each other about getting that in place, summarising what we talked about in a meeting if I asked them to do that.” **SM MH, Third Year, Undergraduate**

Some students did not feel there had been much join up and felt this would have been beneficial.

## **NHS and NMH support**

Students who said they had accessed both NHS and NMH mental health related support felt these were highly discrete and therefore difficult to compare in terms of quality. NHS support was seen as having a clear psychiatric and therapeutic focus, including offering specific condition-based treatments and medications. It was also delivered by more specialised staff. This contrasted with the more holistic focus of NMH, which considered students’ various studying and wellbeing-related needs in the context of their studies.

Some students noted that the SM MH support sometimes touched on similar styles of support they had encountered in CBT sessions. However, this was seen as appropriate for tailoring sessions to students with mental health conditions and was seen as a useful method that supported the broader focus within NMH support.

NHS support included CBT and therapy sessions, which for some students included group-based sessions. Those that had attended group sessions preferred the one-to-one format of their SM MH sessions, as they felt more able to express themselves in private versus in a group.

"[I] tried group therapy... I felt like it was really hard to speak because whenever I would hear someone else's issues, I would just kind of stand back and think 'okay, well, these people don't need my issues'... interacting with them was a bit hard." **SM MH, Third Year, Undergraduate**

However, some students perceived the more targeted approach of NHS support as preferable, as it addressed the underlying causes of their mental health issues directly rather than focusing solely on managing the impact on academic life. For these students, NHS support was considered more suitable or effective at that time.

## Perceived gaps in mental health support

On the whole, students with mental health issues felt that between NMH, NHS and HEP support, their needs were met to at least some extent.

For students who felt there were gaps in support, this was generally at a HEP level. This was also more focused on enhancing current support, rather than identifying missing support. Some students felt they would have benefitted from more counselling sessions from their HEP, as the discrete number of sessions available to them limited their effectiveness. Some students would have also liked more regular check-ins from their HEP, to minimise students' need to proactively reach out for support.

"I believe it would be beneficial to kind of have check-ins with the university in regards with my mental health, because it can very much go up and down." **SM MH, First Year, Undergraduate**

Some students also mentioned greater communication and join up between mental health services and academic staff, reflecting that this would minimise the time and administration involved in arranging reasonable adjustments.

## 10. Conclusions

This research provides a comprehensive picture of how disabled students experience Non-Medical Help (NMH) funded through Disabled Students' Allowance (DSA). Across the student journey, from applying to DSA to receipt of NMH support, through to outcomes, the evidence from student indicates that they felt NMH can play an important role in students' ability to engage, persist, and succeed in higher education. At the same time, the research highlights structural, operational, and communication gaps that can undermine the accessibility, consistency, and effectiveness of support.

### Experiences of application

Students' experiences of the DSA application process were uneven. For a sizeable minority, unclear steps, burdensome evidence requirements, and poor communication created delays, sometimes until the second semester. These delays risk widening inequalities at the transition into higher education, particularly affecting those with conditions that make administrative processes challenging.

### Types of NMH support, frequency, mode and duration

Most students received support online and valued the flexibility, accessibility and reduced travel of this support mode. Remote delivery worked well for screensharing and working on documents collaboratively. However, some students found it harder to build rapport online or struggled with technical problems, and certain disabilities (e.g., requiring lipreading) made remote delivery more challenging. In person support was often preferred for relationship building, routine and communication clarity but could be constrained by provider location or practical barriers.

Both remote and in person modes offered meaningful benefits depending on students' needs. Online support provided comfort, accessibility and efficiency, while in person sessions supported richer rapport and focus. Perceived quality depended less on the mode itself and more on fit with the student's needs, communication preferences, and disability related requirements. While most students accessed support in their preferred mode, a minority were unable to do so. This was most commonly because in person support was unavailable due to provider capacity or inability to provider a support worker in the student's location.

Students' perceived need for a consistent schedule of sessions illustrates that NMH roles function not only as study skills support but also as anchoring structures within students' routines.

## Features of effective and ineffective NMH

Across all NMH types, students felt that effective support was characterised by strong relationships, consistent staffing, proactive communication, flexibility, clear session aims, and tailored strategies that aligned with students' disabilities, study patterns and preferences. Ineffective support was perceived to be generic, felt akin to a 'box ticking exercise', inflexible or poorly structured, and students reported frustration when support workers changed frequently or lacked confidence in particular disability areas. Students with multiple disabilities, or with ADHD, were more likely to feel that support was not well suited, reflecting the challenge of tailoring support without a specific NMH role designed for ADHD.

## How NMH support helped academic achievement

Most students reported that NMH support helped them stay engaged with their studies, and supported them in meeting deadlines, maintaining motivation, and developing strategies for independent working. Many highlighted improvements in their organisation, confidence, academic writing, or ability to manage workload. For a handful, NMH was pivotal in preventing withdrawal from their course. Students who felt the support had limited impact tended to describe it as generic, repetitive, insufficiently structured, or mismatched to their needs. The findings indicate that to an extent NMH plays a retention support function for HEPs, even though not designed as such.

## Expectations of support

Nearly half of students approached NMH with no expectations at all, typically because they had received little information about what support involved. Among those who did have expectations, most felt these were met or exceeded, especially where support was tailored, practical and holistic. However, expectations were sometimes unmet when students assumed NMH would include support outside its scope (such as subject specific teaching, or more intensive mental health intervention), highlighting the need for clearer expectation management before support begins.

## Other available support

Most students received additional support from their HEP or other DSA-funded services alongside NMH. HEP disability and wellbeing services played distinct roles to NMH, primarily administrative adjustments, pastoral guidance or limited counselling. NMH on the other hand offered more regular, practical, study focused support. Students generally viewed the two different types of support as complementary, though the usefulness of HEP provision varied widely between HEPs. Those receiving limited or inconsistent HEP support often relied more heavily on NMH. Students who received multiple NMH types

usually described each role as serving a distinct purpose, though role clarity sometimes varied. Overall, NMH support often fills gaps where HEP support services are inconsistent. This suggests NMH is functioning as a de-facto cornerstone of study skills support for disabled students.

Compared with earlier support at school or college, students generally viewed NMH as more specialised, consistent and tailored, particularly when earlier support was reactive, pastoral rather than study skills focussed, or constrained by staff capacity. Some students who previously attended specialist settings noted that earlier support was more extensive or personalised, but most described NMH as crucial during the transition to independent study in higher education. NMH was typically rated more highly than HEP-based support due to its regularity, responsiveness and focus on practical tasks related to their studies. The shift to independent learning in higher education amplifies the importance of NMH, highlighting a structural gap in sector-wide transition support.

## **Mental health support**

Students receiving SM MH support generally viewed it as more holistic, sustained and practical than the mental health support they had received at school or college. In many cases, students had not previously received mental health-specific support from their school or college. Compared with support from HEP-based wellbeing teams, SM MH was typically seen as more consistent and better tailored to studying, though some students valued the institutional knowledge held by HEP counsellors. Support for mental health from HEPs often centred around practical support for reasonable adjustments, or mental health check ins, rather than sustained, regular support. NHS support was viewed as offering more targeted clinical interventions, while SM MH was valued for integrating wellbeing with academic needs. Students viewed the role of HEPs, the NHS and the NMH support as quite distinct, which often made comparing levels of quality difficult.

The three systems (NHS, HEP, NMH) can sometimes operate in silos, causing some inefficiency or gaps. Some students did experience supportive join-up, such as communication to arrange reasonable adjustments or flag wellbeing concern, but many reported little integration. Some felt join-up would have reduced administrative burden or prevented them having to repeat processes and conversations (particularly during application), while others felt separation was appropriate given the distinct roles of each service. Each type of support provider clearly has something quite distinct to offer, and this is not always clear to students.

## 11. Case studies

In this section, we present a total of 13 case studies, drawing on data collected through the online ethnography and the interviews. This includes a positive and negative case study for each of six NMH types, and then one case study for SSP MSI, due to the low number of interviews. These case studies are what students in receipt of each NMH type perceived to be typical positive and negative experiences. These do not necessarily reflect the intentions of DSA policy or what DfE perceive to be good practice with NMH support. The aim of these case studies is to bring the findings to life and summarise the report for each NMH type. This data comes from our findings from the ethnographic data and from the qualitative interviews.

### Specialist Mentor – Mental Health: Positive experience

This student accessed SM MH during their first year in higher education, with support commencing in March after a brief delay in the student providing their medical documentation. The sessions were held face-to-face, typically once a fortnight for two to three hours, with timings and length adapted to suit this student's academic timetable and personal needs. The student felt their mental health affected their ability to complete certain assignments such as group presentations and not feeling comfortable in seminars.

The support worker provided tailored, practical strategies to help this student manage anxiety, particularly around challenges such as group presentations and recruitment events. Sessions focused on planning communication with lecturers and peers, practicing anxiety-reducing techniques, and discussing concerns in a relaxed, conversational format. When academic pressures eased, the sessions shifted focus to supporting with job applications. The support worker came up with new and successful strategies that the student had not previously thought of to help them manage their anxiety.

“I found it really helpful because it was sort of like an outside person understanding how I felt and coming up with ways that I didn't necessarily think of to help my anxiety.” **SM MH, First Year, Undergraduate**

This student developed a trusting relationship with their support worker, describing them as approachable and understanding. They valued the support worker's informal, friendly approach, which made it easier to share experiences and concerns. Face-to-face sessions were preferred over online meetings, especially for sensitive topics, and the support worker was accommodating in scheduling sessions around the student's commitments.

This student found the support invaluable, highlighting the practical advice, emotional reassurance, and tailored guidance as key to building their confidence and independence. Prior to NMH support, this student had completed six sessions of CBT with the HEPs wellbeing team, but found the support worker's informal, situation-specific approach particularly beneficial, and they were confident about continuing with support into their second year.

“I think the solutions she gave me allowed me to feel like I had control of the situations that I was put in or that I had to encounter.” **SM MH, First Year, Undergraduate**

## **Specialist Mentor – Mental Health: Negative experience**

This student received SM MH during their foundation year in higher education. The support was set up promptly, with sessions beginning at the start of the academic year. Delivered online by a third-party provider, sessions were initially weekly, later reduced to fortnightly at this student's request, and lasted around an hour. However, the support ended after half the year due to limited impact.

This student received SM MH support for their anxiety and depression, which they described as impacting their motivation and drive to study. Sessions primarily involved casual conversations covering mental health, university life, finances, and accessing other support services. While the support worker offered general advice and signposted this student to the HEPs wellbeing and counselling services, they did not provide tailored strategies or specific study skills support. This student appreciated the support worker's punctuality, flexibility, and friendly approach but felt the support was generic and lacked relevance to their personal needs or academic challenges.

“It was kind of just a very general overview, it wasn't that like, pinpoint specific. I think I would rather it helped with like, even though I had a million things going on, if it helped with one thing specifically, that would have been better than a general thing that touched on other things, but it didn't really help with anything.” **SM MH, Foundation Year, Undergraduate**

This student valued having someone to talk to and the accountability the sessions provided, which offered a sense of safety and reduced feelings of isolation. However, they found the support too generic, with no subject-specific knowledge to address coursework or academic stress. Sessions often added to this student's workload without resolving core issues, leading them to discontinue the support. This student suggested clearer advertising of the support worker's scope and more tailored, subject-specific support would have been more beneficial. They also recommended better coordination between NMH support and HEP services.

“A lot of my stress is from like the workload and so, for example, if I had an essay but I didn't know like where to improve or how to go forward, or what to research, I couldn't really bring that to the session because she wouldn't know. The session was more about how I could structure my time or organise my time, and other issues, like what other help I can get. But really, I think I needed specific help for that topic.” **SM MH, Foundation Year, Undergraduate**

This student accessed the HEP's counselling service for mental health support but discontinued it due to limited individual therapy options. Neither the NMH support nor HEP counselling service fully addressed this student's academic and mental health challenges, leaving this student feeling their needs were unmet.

## **Specialist one-to-one Study Skills and Strategy Support – Autism Spectrum Conditions: Positive experience**

This student received SS ASC support during their third year of undergraduate studies, and this support continued into their masters. They received SS ASC to support with autism, which they described as impacting their ability to organise their thoughts and their work, and they found frequent interactions with others at university difficult and draining.

The study skills support sessions were held face-to-face and weekly, lasting around an hour, with flexibility to extend or adjust frequency during busier periods such as dissertation deadlines. Each session began with this student discussing any current challenges, such as stress, time management, or academic workload. The support worker provided tailored strategies, including creating timetables, managing stress, and improving study techniques like notetaking and revision methods. This student appreciated the support worker's ability to adapt the support to their immediate needs, ensuring the sessions were highly relevant and effective.

“They give me like study techniques, revision techniques, like, taking notes. And they would tell me about these techniques in relation to any issues I was having, like, I was having issues taking notes or basically just motivation, they would help me with methods that I could use to help me.” **SS ASC, Third Year, Undergraduate**

This student described their relationship with their support worker as positive, noting that the familiarity and trust built over time made it easier to open up and ask for help. They felt the support worker's approachable and understanding nature helped them rationalise their thoughts and gain clarity on tasks related to studying, ultimately improving their confidence. This student noted that the support helped them feel more independent. By discussing their challenges and strategies with the support worker, this student gained a better understanding of their work and developed the ability to manage tasks on their

own. This increased independence positively influenced how they approached their learning and academic responsibilities.

“I suppose the best aspect for me is kind of getting to know the mentor. Like, having known them is a lot better, because I'm not stressed to talk, or nervous to talk, and I'm more open to asking for help and certain issues.” **SS ASC, Third Year, Undergraduate**

While this student found the support exceeded their expectations, they suggested that increasing the number of hours available for sessions would be beneficial, allowing for more frequent meetings during high-pressure periods. Overall, this student credited the support worker with enhancing their academic performance, fostering independence, and providing essential emotional reassurance throughout their studies.

## **Specialist one-to-one Study Skills and Strategy Support – Autism Spectrum Conditions: Negative experience**

This student was an undergraduate, received SS ASC support during their first year. The support was delivered face-to-face, and the student accessed the support to help with autism and ADHD which could make university life in general difficult. This included classes being too noisy and difficulty with the social aspects of university.

The sessions focused on study skills such as referencing, spelling, grammar, and report writing. While this student appreciated the support worker's friendly demeanour, they felt the sessions were overly general and not tailored to their specific needs as a neurodiverse student. This student noted that the support worker lacked understanding of autism and ADHD, often providing general support that was not suited to addressing their unique challenges. Additionally, the support worker struggled with modern tools and technology, which limited the effectiveness of their support.

“She has like troubles with computers. I've basically found more like, modern ways to help me with planning and stuff. Like on Notion, I've made a whole like plan and stuff, and I find that really good, but she doesn't, you know, she just does very basic stuff in like Microsoft Word and struggles to open a folder.” **SS ASC, First Year, Undergraduate**

This student found the sessions increasingly unhelpful as the year progressed, often feeling they were wasting time on tasks they could easily accomplish independently using online tools. Sessions were meant to last an hour but frequently ended early due to a lack of meaningful content. This student also expressed frustration with the lack of clarity around the role of the support worker and the broader process of arranging DSA support, describing it as confusing and inaccessible.

Although this student valued having someone to check in with and provide accountability, they felt the support did not significantly impact their academic performance or independence. They suggested that the support could be improved by tailoring sessions to individual needs, incorporating a deeper understanding of neurodiversity, and ensuring support workers are equipped with modern tools and techniques.

## **Specialist Mentor – Autism Spectrum Conditions: Positive experience**

This student was a first-year undergraduate and received SM ASC support during their first year. The support included weekly sessions with a support worker, delivered online to suit this student's preferences. They described suffering with poor mental health and overthinking, which made many tasks tough, but particularly impacted their ability to focus during lectures.

The support worker focused on helping this student address challenges related to organisation and routine, which were impacting their ability to focus on studies. Sessions typically lasted an hour and involved creating schedules, ensuring proper self-care (e.g., cooking and cleaning), and addressing mental health concerns. The support worker also encouraged this student to engage in extracurricular activities, including sports clubs and academic societies, which significantly improved their social life and confidence.

This student described the support worker as highly knowledgeable about autism and appreciated their tailored approach. The support worker's understanding of the specific challenges faced by autistic students, combined with their ability to provide practical strategies, made the support highly effective. This student credited the support worker with helping them push out of their comfort zone, leading to personal growth and the formation of valuable friendships.

Over the course of the year, this student's independence improved significantly. Initially struggling with basic self-care and organisation, this student developed routines and gained confidence in managing their day-to-day life. By the end of the year, this student felt fully independent and capable of handling their responsibilities without additional support.

“That was the main thing just gaining the confidence because I'm a very confident person, but I have to feel sort of comfortable and it was just making me comfortable with where I was, which helped, so it definitely helped me stay there (at university) because there was a time where I just wasn't enjoying it that much, so I would say it helped.” **SM ASC, First Year, Undergraduate**

This student found the support exceeded their expectations and had no suggestions for improvement, noting that the support worker's advice and encouragement were instrumental in their success. They highlighted the importance of committing to the process and putting the support worker's guidance into practice to achieve meaningful results. Overall, this student credited the support worker with transforming their first-year experience, enabling them to thrive academically and socially.

## **Specialist Mentor – Autism Spectrum Conditions: Negative experience**

This student received support from a SM ASC support worker in the second year of their undergraduate course. The support involved online sessions. This student has autism, which they described as impacting their ability to deal with the transition to higher education, attending university in person and the social aspect of their course.

The sessions primarily involved open conversations about this student's week, academic work, and general life challenges. While this student appreciated having someone to talk to, they felt the support lacked tangible strategies or tailored advice to address their specific needs. The support worker, who also had autism, often shared their own experiences, which this student found unhelpful as their challenges and circumstances differed significantly. This student noted that the support worker failed to provide actionable methods for dealing with struggles such as anxiety or social isolation, which were key areas of concern.

“His idea to me was, "oh go and join a religious society". Okay, great. That worked for you, not for me. I don't know. But like, it's probably more difficult to communicate with him because he also had autism.” **SM ASC, First Year, Undergraduate**

The online format of the sessions further limited the effectiveness of the support. This student felt that having a support worker who was local to their area or familiar with their HEP would have been more beneficial, as they could have provided relevant advice about local resources. Additionally, this student highlighted the lack of integration between the support worker and HEP services, which could provide a more cohesive support system.

This student accessed the support regularly during the first semester but struggled to engage in the second semester. Despite the support worker's attempts to reach out, this student found the sessions unhelpful and chose not to continue them. This student expressed frustration with the lack of practical guidance and felt the support did not contribute to their academic progress or personal development.

“When I was really struggling and I tried to explain that to him, he couldn't give me anything that was going to help. That's why I didn't then organise another meeting. Like, this year, I have the same mentor. I haven't organised a single thing because I just don't see the point at the moment.” **SM ASC, First Year, Undergraduate**

This student suggested that the support could be improved by offering face-to-face sessions, ensuring support workers are familiar with the student's local area and HEP, and providing more tailored strategies to address specific challenges. They also emphasised the need for better transitional support when moving from school to higher education, as the lack of structure and personalised assistance at their HEP contributed to their difficulties.

## **Specialist one-to-one Study Skills and Strategy Support – Specific Learning Difficulties: Positive experience**

This student received Specialist one-to-one Study Skills and Strategy Support (SPLD) as a doctoral researcher with dyslexia and ADHD. They described long-standing difficulties with reading, writing, and organisation, which became more pronounced at higher levels of study. Alongside this, they experienced burnout, difficulty tracking their research, and challenges managing time and workload.

The support was delivered online and adapted around the student's demanding schedule. This flexibility made it possible for them to engage consistently without disrupting their research.

“It's the only way to kind of blend... meetings with the majority of the time I would just be researching or working.” **SS SPLD, Second Year, Postgraduate**

The support focused on building the student's capacity to use assistive software strategically. Sessions began shortly after the student received their DSA equipment and were structured around learning, revisiting, and refining the use of different tools. Rather than simply introducing software, the sessions aimed to embed study skill systems that would support long-term independence.

Much of the work centred on strategies for compiling, structuring, and managing large volumes of academic material. The support worker helped the student design workflows that aligned with how they actually think and work, rather than imposing rigid study models.

“It was just not knowing how to take all these ideas... and compile them in an effective way, and so I felt that that was addressed in a very easy to follow way” **SS SPLD, Second Year, Postgraduate**

The student described the sessions as highly supportive, informal, and practical. The relationship was characterised by patience, adaptability, and a strong sense of psychological safety.

The student reported that the support enabled them to move from feeling behind their peers to working with confidence and autonomy. Rather than relying on external guidance, they developed their own ways of working, supported by the assistive software and strategies introduced during the sessions.

They also experienced a marked increase in academic output and engagement, attributing this directly to the skills and systems developed through support.

“I would not have been able to write nearly as quickly or gather research as easily.” **SS SPLD, Second Year, Postgraduate**

Although the experience was overwhelmingly positive, the student suggested that clearer information at the start of the process would have helped them prepare and prioritise. They felt that an outline of how the sessions would be structured would have allowed them to tailor the support more closely to their immediate academic needs.

Overall, the student described the support as empowering and transformative. It enabled them to work more efficiently, manage dyslexia strategically, and participate more fully in academic life.

## **Specialist one-to-one Study Skills and Strategy Support – Specific Learning Difficulties: Negative experience**

This student received Specialist one-to-one Study Skills and Strategy Support for SPLD as an undergraduate student with dyslexia. They described significant challenges engaging with large lectures, particularly in processing spoken information, reading slides, and taking notes simultaneously. They explained that in large lecture settings they were unable to follow content in real time, which left them feeling disconnected from learning and without useful notes.

“I can’t read a slide, understand the slide, compute what someone else is saying and manage to write it all down simultaneously.” **SS SPLD, Third Year, Undergraduate**

The support from their support worker aimed to provide general study skills strategies and reassurance. However, the student felt that the sessions lacked depth and did not meaningfully address their needs. Although strategies were briefly discussed, they were described as overly basic and not aligned with the complexity of university-level work.

“It was literally just ‘highlight something’ or ‘underline something’... there wasn’t any help with how to make an essay flow.” **SS SPLD, Third Year, Undergraduate**

Support was delivered both online and in person, with sessions typically lasting around 45 minutes. The student initially attended weekly during exam periods, before moving to fortnightly sessions. Over time, they stopped attending sessions, as the sessions no longer felt productive or relevant.

The student preferred in-person sessions, particularly when working with physical materials or documents. They found online sessions difficult due to the need to send files back and forth and manage formatting issues. Although the student recognised that the support was intended to be reassuring, they felt that it was too rudimentary for university-level study and lacked the subject awareness needed to support complex academic writing.

Despite its limitations, the student acknowledged one positive aspect: having someone present who could reassure them that they were on track. However, this reassurance did not translate into improved study strategies or efficiency.

The student felt that more tailored guidance pitched at a university level would have significantly improved their experience. They described having to independently decode expectations around academic writing and research, which consumed large amounts of time and energy. They would have liked support with this.

## **Specialist Support Professional – Multi Sensory Impairments: Positive experience**

This student received support from an SSP support worker in their second year of an undergraduate course. This student faced mobility, hearing, and sight issues, which made it challenging for them to read and write without support. They were also a full-time wheelchair user. Support was delivered online and on an ad hoc basis.

The student found the session to be productive, leaving them feeling confident and in control of their studies. The sessions often focused on an upcoming assignment; their support worker helped them to think through essay plans and provided them with suggestions for reading. The student found these suggestions to be useful and felt that they would carry these suggestions forward into their future work. They felt that sessions consistently followed a structure that allowed them to direct the session’s objectives and they appreciated this freedom. They also appreciated the flexibility afforded by having their sessions online. As a wheelchair user, this made it easy for them to receive support whilst at home. Their support worker also tailored the session’s resources and study materials around the student’s vision and hearing impairments; this included changing the font colour of materials to better suit the student.

“She'll ask me like, okay, I'm going to do this in a different colour. Are you okay with red? Or are you okay with being in green, say? And can you see this?” **SSP MSI, Second Year, Undergraduate**

What the student valued the most within and beyond the session was their strong relationship with their support worker. Regarding their multiple disabilities, this strong relationship was very important to them because it meant that they were comfortable being honest about how their disabilities were affecting them. This was crucial in ensuring that the support worker could then tailor the session and appropriately meet the needs of the student.

“If I am having one of them times where I'm struggling with my hearing, I could comfortably say to her that, [NAME OF MENTOR], I can't hear you.” **SSP MSI, Second Year, Undergraduate**

Overall, the student found their session to be relevant, productive, and highly tailored to their needs. Whilst their support worker did not have much subject specific knowledge, they nonetheless were able to provide the student with several general planning strategies and reading materials. The good relationship between the student and support worker created a trusting space that allowed the student to get the support they needed. The student felt that having the support sessions helped them to take control of their studies. Further, they felt that they would not have been able to complete their course without the support session.

## **Specialist Support Professional – Vision Impairment: Positive experience**

This student received support from an SSP VI for their visual impairment, during their third year of their undergraduate course. The support involved online weekly sessions. They were blind in one eye and had limited vision in the other, which meant they could not read print or navigate unfamiliar spaces independently. These barriers were compounded by inaccessible learning materials, as many course resources (e.g. PDFs) were not compatible with screen readers. The student received SSP VI support, alongside other NMH roles while they were at university (e.g. specialist notetaker).

With their SSP VI support worker, the student sent drafts of their work in advance of the session, which was then reviewed by the support worker, and discussed in the session. Feedback was provided in two formats: a tracked version highlighting errors and suggestions, and a fully corrected “clean” version.

“She usually highlighted in red my mistake and her version in green so I could see the colour contrast and easily understand where the mistake is... in hopes that it will imprint in my visual memory.” **SSP VI, Third Year, Undergraduate**

This approach helped the student learn from errors and improve academic writing, including word order and use of active voice. Whilst the support worker did not always have strong technological skills, the student described the support worker as professional, approachable, and reliable, valuing clear communication and flexibility when scheduling changes were needed.

Support was usually provided weekly and adjusted as the student’s skills developed, with sessions becoming shorter and less frequent over time. The student preferred online delivery for this type of verbal, document-based support, while recognising that face-to-face support would be more suitable for software-based tasks.

Sessions were highly personalised, with the supporter adapting to the student’s preferences and allowing them to determine the focus and format of support.

“It was very tailored to my specific needs... they [support worker] mentioned that I call the shots so they will do whatever I say in terms of what type of support I need.” **SSP VI, Third Year, Undergraduate**

This flexibility increased the student’s sense of autonomy and reduced reliance on classmates. Knowing that support was available acted as a “safety net,” reducing anxiety during high-pressure periods such as exams. Improvements in writing quality were reflected in better grades, allowing the student to focus more on critical thinking than formatting. One suggested improvement was more frequent use of phone communication when arranging support, as email exchanges sometimes caused delays or misunderstandings.

## **Specialist Support Professional – Vision Impairment: Negative experience**

This student received SSP VI for their blindness during their third year of their undergraduate course. The support took place weekly and online. Alongside SSP VI, they received support from a sighted guide, a specialist notetaker, and via assistive technologies. The student also had a SM MH.

The support from their SSP VI focused mainly on proofreading (grammar and spelling), with limited advice on communication strategies. The student found this support to be basic and did not address the student’s wider academic or accessibility needs. The student reported a lack of expertise and confidence in the support worker. The worker

had no prior experience supporting blind students and was unfamiliar with what the student perceived as essential assistive technologies.

“They never worked with a blind or partially sighted student. They have no idea about the technologies I was using for like DORS [...] and they didn't really have a clue what to do.” **SSP VI, Third Year, Undergraduate**

The support relationship was further weakened by a lack of continuity. The student worked with a large number of different support workers during the year, making it difficult to build trust or feel secure, and at times preventing attendance when no support was available.

Although the student requested in-person support, only online sessions were provided (typically one hour per week in the first semester). This delivery mode was unsuitable and negatively affected the student's confidence, leading them to disengage from support while working on their dissertation.

The support also exceeded its intended remit. Instead of limiting feedback to grammar and spelling, the support worker at times made extensive content-level changes to the student's work, undermining the student's confidence and negatively affecting academic feedback.

“It didn't really work at all because when they were proofreading, they were making too many suggestions about how I was changing my work and I was losing confidence in what I wrote because they were only supposed to be proofreading for grammar and spelling.” **SSP VI, Third Year, Undergraduate**

When accessibility concerns arose, the support worker attempted to contact lecturers directly, contrary to HEP policy, requiring intervention from the disability service.

“Whenever I had an issue with something, like an accessibility issue that I brought up with them, they wanted to then contact my lecturer directly... they can only speak to the disability service... it just didn't work out in the end.” **SSP VI, Third Year, Undergraduate**

Overall, the support did not meet its intended purpose for this student. The lack of expertise, continuity, appropriate boundaries, and suitable delivery mode increased stress and undermined confidence, ultimately leading the student to discontinue support.

## Specialist Support Professional – Deafness: Positive experience

This student had a hearing impairment that affects their ability to follow lectures and group discussions, often leading to missed information about assignments and key instructions. They received SSP D support whilst attending their first year at the undergraduate level. Before receiving support, they relied on lecture-recording apps, which did not provide real-time assistance and contributed to stress and reduced academic performance.

The support from the SSP D support worker was hands-on and delivered in person. The support worker attended lectures with the student, moving between classes as needed, and produced detailed notes during sessions, sometimes including images for clarity. These were organised and emailed after class, providing reliable materials for revision.

Support extended beyond note-taking to include assistance with assignments and presentations. The support worker helped prepare PowerPoint slides and offered reassurance before presentations, enabling the student to focus on delivery with confidence.

The relationship between the student and support worker was exceptionally strong and trust based. Over time, it became highly personal, with the student describing the worker as “like a friend” and “like a sister.” Emotional support was a central feature, particularly during periods of stress. Reliability further strengthened the relationship, with the support worker consistently attending sessions despite adverse weather conditions.

“She always came on time, even with the train. It was terrible rain. She went in at all odds to make sure she was there. She has never missed a class.” **SSP D, First Year, Undergraduate**

Support was flexibly adapted to the student’s timetable, with full-day support provided during intensive modules and reduced hours as course demands shifted. This ensured appropriate support when it was most needed.

The impact on academic progress was substantial. Detailed notes helped the student understand complex material, structure assignments, and revise effectively. While the support acted as a safety net, it ultimately enabled the student to focus on learning rather than catching up on anything they might have missed during lectures or seminars.

“It helped me drastically... the many things she wrote helped me to know how to structure my assignment, my essay writing.” **SSP D, First Year, Undergraduate**

The student's only concern related to uncertainty about allocated support hours, the student felt a clearer system for tracking remaining hours would have reduced their anxiety and allowed for more confident planning.

## **Specialist Support Professional – Deafness: Less positive experience**

This student received support via SSP D during their foundation year for a hearing impairment which made processing spoken information in lectures and group work difficult, especially in noisy environments. This student often missed words and avoided asking peers to repeat information due to embarrassment, making group work particularly stressful.

The student received weekly one-hour online SSP D support. Sessions focused on research, citations, time management, and assignment structure. When the student struggled with a module, the support worker broke down learning outcomes and repeated explanations as needed.

“So, I'd send her my module and say, 'I don't understand this structure or how I'm meant to do it'. So, she'd break it down, like L01, and explain to me what I needed to do for me to process it... If I didn't, she'd repeat it a few multiple times for me to understand.” **SSP D, Foundation Year, Undergraduate**

The support relationship was functional but largely transactional. The student valued flexibility, such as emailing instead of meeting when anxious, but found early sessions difficult to follow due to the support worker's fast pace.

“At first, I found it really confusing because I didn't understand her strategies and methods... It was too quick in talking and doing the work. And I was sitting there, looking so confused.” **SSP D, Foundation Year, Undergraduate**

Over time, the student requested adjustments, and the support worker slowed down and clarified instructions. Although this improved the experience, it highlighted limited proactive pacing and rapport-building early on.

Furthermore, the remote format remained a barrier, particularly for lip-reading, with ongoing technical issues.

“Sometimes because the lip reading on virtual is sometimes really hard to do... And then it would lag from her side or my side.” **SSP D, Foundation Year, Undergraduate**

Despite these challenges, the support contributed to academic progress, helping the student develop research, organisational, and time-management skills, and build confidence and independence.

“I still think that if I didn't have the support, I wouldn't have passed my first year. At the end of my academic year last year, my lecturer was really proud of me that I actually stayed and carried on, because I was going to drop out.” **SSP D, Foundation Year, Undergraduate**

## 12. Technical annex

This technical annex offers an overview of the research methodology, covering the scoping interviews, screener survey, qualitative fieldwork, and ethnographic fieldwork. It also details the measures implemented to ensure the research was fully accessible. Below, we detail the research questions that the study sought to answer.

### Research questions

- 1) What were the students' experiences of the overall process from the point of submitting an application for DSA?
- 2) What were the students' expectations of non-medical help, and how did their experience compare to their expectations?
- 3) What type of support were they provided for their NMH?
  - a) How much contact time did they have with their NMH support worker?
  - b) For how long did they continue to access their support?
- 4) What other support did they receive, and what was the role of their NMH within the overall package of support?
- 5) How does NMH support compare with other support disabled students receive/ have received to support their education e.g. school, college, or Higher Education Provider (HEP) provided support?
- 6) To what extent did their support help them to continue and succeed with their studies? How did it help them specifically?
- 7) For each of the roles of interest, what features are associated with more and less effective NMH?
- 8) What are the students' experiences of remote support vs. face-to-face support?
  - a) What are the benefits and drawbacks of each and is there any impact on quality from either delivery method?
  - b) What are their preferences?
  - c) Are students able to access the type of support (i.e. remote or face-to-face) that they want?
- 9) How does NMH support for mental health conditions compare with other support disabled students receive/ have received to support their education e.g. school, college, or HEP provided support.

- a) What were the overlaps, if any? And what services were joined up?
- b) How does this vary by whether students have declared their MH condition at their university?
- c) Is there any overlap between DSA mental health support and that offered by the NHS?
- d) Is there any mental health support students feel they need but are unable to get through DSA or HEP?
- e) How did students become aware of mental health support offered by their HEP?
- f) How clear are they on the HEP mental health support available?
- g) How effective is the HEP mental health support?

## Research methodology

### Scoping phase

In the scoping phase at the outset of the study, we undertook interviews 18 stakeholders to help inform the research design and approach to accessibility. Table 12-1 sets out the breadth of participants we spoke to, which consisted of 12 expert advisors/representatives from advisory groups, 3 NMH providers, and 3 disabled students' representatives.

**Table 12-1 scoping interviews participant breakdown**

<b>Audience type</b>	<b>Specific audience (if relevant)</b>	<b>Number of interviews</b>
Expert advisors and advocacy groups	Deafness	2
Expert advisors and advocacy groups	Specific Learning Difficulties (SPLD)	2
Expert advisors and advocacy groups	Vision impairment	2
Expert advisors and advocacy groups	Multiple Sensory Impairment	2
Expert advisors and advocacy groups	Mental health	2
Expert advisors and advocacy groups	Autism	2
Non-Medical Help (NMH) providers	N/a	3
Disabled students' representatives	N/a	3
<b>Total</b>		<b>18</b>

## **Screeener survey**

### **Questionnaire design**

The survey was designed in collaboration between the IFF Research team and the research and policy teams at DfE. Following the scoping phase, IFF Research proposed a core set of questions, that would provide quantitative data to help answer some of the research objectives and would support the recruitment of the qualitative interviews. Disabled Students UK reviewed the survey in terms of accessibility.

### **Sample design and fieldwork**

The sample for the screening survey was shared by the Student Loans Company (SLC). The target population included was students who applied and received at least one of the in-scope types of NMH support, in the academic years 22-23, 23-24 and 24-25. The sample files were de-duplicated, so students only appeared in the sample once. There were 48,051 students in the starting sample.

The survey was delivered in sequential batches. Students who applied in 24-25 were invited to take part in the survey first, and were issued two reminders to maximise response. Next, students who applied for DSA in 22-23 and 23-24 were invited to take part. These students received two reminder emails as well as a handful of targeted reminders to specific NMH types.<sup>14</sup> These targeted reminders were implemented to make sure that we gathered the views of all students, and built a strong sample for the qualitative fieldwork. We achieved an overall response rate of 6.0%.

Table 12-2 sets out the NMH type of survey responses. Note it is common for students to receive support from multiple types of NMH (either from multiple support workers or the same support worker), so the total does not sum to 2,879.

**Table 12-2 Profile for screening survey participants by NMH type in 24-25**

<b>NMH type</b>	<b>Number of respondents</b>
Specialist Mentor – Mental Health ( <b>SM MH</b> )	1126
Specialist Mentor – Autism Spectrum Conditions ( <b>SM ASC</b> )	788
Specialist one-to-one Study Skills and Strategy Support – Specific Learning Difficulties ( <b>SS SPLD</b> )	1168
Specialist one-to-one Study Skills and Strategy Support — Autism Spectrum Conditions ( <b>SS ASC</b> )	761
Specialist Support Professional – Vision Impairment ( <b>SSP-VI</b> )	66
Specialist Support Professional – Deafness ( <b>SSP D</b> )	75
Specialist Support Professional – Multi Sensory Impairments ( <b>SSP MSI</b> )	7
<b>Total</b>	<b>2,879</b>

<sup>14</sup> During fieldwork, a routing error was identified and addressed, which meant some students were not asked two or three specific questions (depending on routing). IFF recontacted students who had agreed to be recontacted, and asked them to answer these few questions. Students who responded to this recontact survey, had their data kept in the overall survey dataset. Those who did not respond had their data removed.

Table 12-3 sets out further demographic profiles of the survey participants.

**Table 12-3 Demographic profile of survey participants**

<b>Type of qualification</b>	<b>Count</b>
Undergraduate	2414
Postgraduate (including taught and research)	459
Total	2873 <sup>15</sup>
<b>Age</b>	<b>Count</b>
18-21	1496
22-25	766
26 and above	766
Total	2879
<b>Gender</b>	<b>Count</b>
Female	2079
Male	800
Total	2879

## Analysis

The survey data was cleaned and tabulated, and used to produce descriptive statistics. After consideration with DfE, the survey data were weighted by key demographics to the overall population of those in receipt of relevant NMH types to the study across the previous three academic years (SLC data). We weighted to those in receipt of relevant NMH types to the study, as this is the most relevant population of students (rather than for example using HESA population data which would be weighted to all disabled students). We utilised a RIM weighting (iterative proportional fitting). The demographics that the data was weighted by included age, gender and academic year the student applied for NMH.

Results for smaller NMH types (SSP D, SSP VI and SSP MSI) should be treated with caution, due to low base sizes in the survey, a smaller number of interviews, and fewer participants in the ethnography.

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<sup>15</sup> The level of study was unknown for 6 respondents.

Some students received multiple types of NMH support. This means that analysis by NMH type is not mutually exclusive; some students' views will appear twice in the sub-group analysis by NMH type. This affects all analysis by NMH type for all questions that were asked at an overall level, but does not impact questions where we explicitly asked about separate NMH types.

## **Qualitative fieldwork**

The following section provides additional detail on the qualitative fieldwork process to the report introduction and methods chapter.

The qualitative phase of this study involved 200 in-depth interviews with students, exploring their lived experiences of NMH support. Fifty of the 200 interviews focused on students receiving support from a SM MH, to explore the support they receive from their HEP as well as through DSA.

The sampling strategy was designed to ensure representation across NMH roles, demographic characteristics, and levels of satisfaction with support. Students were selected from those who completed the screening survey and consented to being interviewed.

## **Recruitment**

The IFF recruitment teams worked to an agreed sample specification, and contacted participants about taking part in an interview via their preferred method (gathered via the screening survey). All communication was made accessible (see research accessibility section below).

Recruitment for certain NMH types, specifically SSP VI, SSP D and SSP MSI, proved challenging, due to the relatively smaller number of students receiving this type of support. To address this, an additional outreach exercise was undertaken. This involved direct engagement with stakeholders who participated in the initial scoping interviews, as well as universities identified by DfE as having a high proportion of students in receipt of these SSP types. An information sheet and email about the research were developed and distributed to these contacts, with the aim of reaching students receiving these support types. Students were invited to contact the research team directly if they wished to participate. This approach helped to increase the number of participants from these groups.

Once students had provided their preferred date, time, and delivery mode for the interview, recruiters scheduled the interview session with both the student and a designated qualitative interviewer.

## Qualitative participant profiles

**Table 12-4 Number of qualitative interviews conducted by NMH type**

NMH type of focus	Number of interviews
Specialist Mentor – Mental Health ( <b>SM MH</b> )	50
Specialist Mentor – Autism Spectrum Conditions ( <b>SM ASC</b> )	40
Specialist one-to-one Study Skills and Strategy Support – Specific Learning Difficulties ( <b>SS SPLD</b> )	40
Specialist one-to-one Study Skills and Strategy Support — Autism Spectrum Conditions ( <b>SS ASC</b> )	40
Specialist Support Professional – Vision Impairment ( <b>SSP VI</b> )	17
Specialist Support Professional – Deafness ( <b>SSP D</b> )	11
Specialist Support Professional – Multi Sensory Impairments ( <b>SSP MSI</b> )	2

**Table 12-5 Number of qualitative interviews conducted by year of study**

Year group / UG or PG	Count
UG First year	73
UG Second year and above	77
PG	41
Foundation year	6
Other	3

**Table 12-6 Number of qualitative interviews conducted by gender**

<b>Gender</b>	<b>Count</b>
Male	63
Female	137

**Table 12-7 Number of qualitative interviews conducted by age band**

<b>Age band</b>	<b>Count</b>
18-21	96
22-25	36
25+	68

**Table 12-8 Number of qualitative interviews conducted by ethnicity**

<b>Ethnicity</b>	<b>Count</b>
White	144
Mixed / multiple ethnic groups	14
Asian / Asian British	16
Black / African / Caribbean / Black British	20
Other ethnic group	5
Prefer not to say	1

Students included in Scotland, Wales and Northern Ireland were English domiciled students at universities in these countries.

**Table 12-9 Number of qualitative interviews conducted by region**

<b>Region</b>	<b>Count</b>
East Midlands	15
East of England	10
London	15
Multi-campus	8
North East	16
North West	31
South East	29
South West	26
West Midlands	17
Scotland	4
Wales	4
Northern Ireland	1
Yorkshire and the Humber	24

## **Fieldwork**

Interviews were conducted online, by phone, or in-person, with a £30 thank you payment offered to participants. Information on how we ensured interviews were accessible can be found in the research accessibility section below.

Interviews were structured modularly, with clear notes for interviewers around which questions were most important, and how long modules could take to cover, allowing them to either slow the interview pace if necessary or drop some questions if they needed to. Interviews were quality assured through senior research manager review and team feedback, whereby members of the research team peer reviewed each other's interviews, providing constructive comments to ensure consistency and high quality across all interviews. Once interviews were completed, transcripts were downloaded and anonymised in preparation for analysis.

The research team conducted analysis of the qualitative interviews using a thematic analysis tool called Quirkos. This started with developing a comprehensive and iterative code frame, incorporating both high-level codes and detailed sub-codes to capture all relevant research themes. The final code frame comprised of 51 first-level codes, 232 second-level codes and 403 third-level codes covering all emerging themes. Each

transcript was uploaded to Quirkos, and then coded by assigning relevant sections of text to relevant codes, according to the agreed code frame. The coding process was quality assured by senior research manager review and team feedback.

## **Safeguarding**

A robust safeguarding protocol was developed to ensure the safety and wellbeing of all students and researchers involved in the study. This protocol aligned with the MRS Code of Conduct and GSR Code of Ethics, and set out clear procedures for recognising, responding to, reporting, and recording any safeguarding concerns raised via project emails or during depth interviews. It detailed the types of risks that might arise, the actions required in both immediate and non-immediate situations, and the escalation process to senior project staff, universities, emergency services and DfE where appropriate. All researchers were provided with guidance on managing distress, handling disclosures sensitively, and ensuring participant safety, while interviewer safety was supported through measures such as buddy systems, visit logging, and clear lone-working principles.

## **Saturation**

Saturation in qualitative research refers to the point at which additional data collection no longer generates new themes, insights, or conceptual understanding. To initially assess saturation in this study, we conducted an analysis of initial interviews, examining emerging patterns across different research questions and participant groups. Based on this early review, we judged that saturation had not yet been reached. While the data from early interviews provided some initial indications relevant to some research questions and audience types, substantial new insights continued to emerge from interviews, limiting our ability to draw confident or stable conclusions at that stage. We presented our initial findings to DfE in late October, and they agreed saturation had not yet occurred at this point in the fieldwork.

Our assessment of saturation continued with regular internal meetings, held to review saturation levels by collectively reflecting on emerging themes across the dataset. Throughout this process, codes were iteratively refined in response to new insights, and the coding framework was reviewed and updated on an ongoing basis. This approach ensured that the final code frame provided a comprehensive and accurate representation of the research themes. While some overall findings were quite well established before the 200 interviews, we agreed to continue to the 200 interviews to ensure we had good coverage of different characteristics within NMH types. Given the breadth of research questions and the distinct experiences of students receiving different types of NMH, data collection continued until 200 interviews were undertaken.

## **Ethnography**

### **Rationale**

Alongside the qualitative interviews, we undertook a five-day online ethnography with 12 students to capture experiences of NMH. The rationale was to collect insights from students live, in a week they were receiving support, rather than relying solely on retrospective accounts in the interviews (in the interviews, we asked students to focus on the support they received in 24/25, the previous academic year). This was intended to add depth on day-to-day “in-the-moment” experiences and complement the interview data by observing how students described NMH in the context of real study tasks, routines and NMH sessions.

### **Tool design**

The ethnography design was developed by reviewing the emerging findings in the survey and interview data, and identifying areas where real-time capture of views and experiences would strengthen coverage of the research questions. Based on this, we agreed to focus the ethnographic study around specific elements across research questions 2-8. In collaboration with DfE, we produced an activity plan and script to program onto the platform.

### **Recruitment and sampling**

Participants were recruited from students who had completed qualitative interviews and agreed to be recontacted. A selection process was applied to ensure an even spread across NMH type, disability and year of study, and students were selected on the basis that they had a confirmed NMH session with their support worker during the ethnography week, to enable recent reflections. Recruitment was monitored to achieve a spread across demographic variables including age, gender, subject of study, and HEP. Once the sampling approach was agreed, eligible students were sent an invitation outlining what participation would involve, the study dates, and details of the thank-you payment.

### **Fieldwork**

The study was hosted on the online platform Recollective and ran from 3–7 November 2025. Students were asked to complete one task per day, each comprising a set of questions designed to elicit reflection before and after a scheduled NMH session during that week. Activities were made available when participants first logged in, with clear instructions on task order and timing. Activities per day were as follows:

**Table 10. Ethnographic study tasks**

<b>Activity</b>	<b>When completed</b>	<b>Focus of tasks</b>	<b>Activity types used</b>
Activity 1: Introducing yourself	Before NMH session	<ul style="list-style-type: none"> <li>• Participant background and context</li> <li>• Disability and existing support</li> <li>• Current NMH arrangements and format</li> </ul>	<ul style="list-style-type: none"> <li>• Introductory reflection task</li> <li>• Personal profile questions</li> </ul>
Activity 2: What does good NMH look like?	Before NMH session	<ul style="list-style-type: none"> <li>• What “good” NMH means to students</li> <li>• Priorities and trade-offs in support quality</li> <li>• Ideal NMH session</li> </ul>	<ul style="list-style-type: none"> <li>• Card sort (importance grouping)</li> <li>• Ranking exercise (prioritisation)</li> <li>• Reflective explanation task</li> </ul>
Activity 3: Pre-session reflection	Before NMH session	<ul style="list-style-type: none"> <li>• Current challenges and mindset</li> <li>• Expectations and goals for the session</li> <li>• Definition of a “successful” session</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-session journal reflection</li> </ul>
Activity 4: Post-session reflection	After NMH session	<ul style="list-style-type: none"> <li>• What happened in the session</li> <li>• What worked / didn’t work</li> <li>• Immediate impact on feelings and studies</li> </ul>	<ul style="list-style-type: none"> <li>• Post-session journal reflection</li> <li>• Resource upload (materials used in session)</li> </ul>
Activity 5: Changes to NMH over time	After NMH session	<ul style="list-style-type: none"> <li>• How NMH has evolved</li> <li>• Personal and academic development</li> <li>• Views on future support beyond university</li> </ul>	<ul style="list-style-type: none"> <li>• Longitudinal reflection task</li> <li>• Optional final feedback questions</li> </ul>

Researchers actively moderated the online community throughout the study, using follow-up prompts to encourage depth and clarification in participants’ responses. Given

the highly varied nature of NMH experience (particularly by type of support and disability), participants could not view or comment on each other's contributions. Students were able to take part in the activities via text, or by recording a voice note or video message.

## **Analysis**

Raw data were exported and analysed thematically in Quirkos. The ethnographic analysis was structured around the research questions and, where possible, used a framework consistent with the qualitative interviews so that insights could be integrated across strands. Ethnography findings were then woven into the main report where relevant, to provide concrete recent examples that contextualise interview findings.

## **Research accessibility**

Interviews conducted in the scoping stage of this research project provided valuable insights into the NMH landscape, helping to define high-quality provision and refine the research design. Additionally, findings from this phase of the research informed the development of research tools and highlighted considerations for accessible and inclusive participation. From the recommendations provided in the interviews, alongside the IFF Research team's own expertise and previous experience of conducting research with people with disabilities, several actions were taken to improve the accessibility of the research. This included how we communicated with participants, the design of the screening survey tool and the recruitment and delivery of the qualitative interviews, alongside the ethnographic work. Below we indicate the measures taken to ensure each stage of the research was accessible.

## **Communication with participants**

Whenever we needed to communicate with participants, whether this was via email or on the telephone, all language used was simple, clear and concise. The NHS Document Readability Tool was used to assess if wording needed simplifying across all written documentation. We ensured all important information was frontloaded in communications, to reduce cognitive load. We ensured any written communication was made compatible with screen readers. Additionally, language in communications was sensitive to how students would refer to their disability.

## **Screeener survey**

At the start of the survey, we clearly communicated to participants that there would be space for open-text responses at the end. This was done to reduce the likelihood of dropouts and to reassure students that they would have the opportunity to share additional views later in the survey. The survey was thoroughly tested to ensure compatibility with screen readers, assistive technologies, and key accessibility features,

including adjustable contrast, large font settings, and zoom functionality. Additionally, response rates were monitored across different disability types to identify any underrepresentation. This allowed us to review and adapt our approach as needed, ensuring the survey remained fully accessible to all students.

## **Fieldwork**

During recruitment, students were asked plainly and sensitively about their accessibility requirements, and the options for in-person or online interviews were clearly communicated without any preference or pressure placed on either mode of participation. When inviting participants to take part in interviews, recruiters explained the interview process in detail and provided students with a photo of the interviewer, a short biography, and a copy of the questions in advance to help them feel prepared. Interview dates and times were made flexible to suit the student's preferences and needs, and carers or supporters were welcome to attend the interview to provide additional support. Recruiters also inquired about any support requirements at the earliest stage of recruitment to allow sufficient time to arrange accommodations, such as interpreters or necessary technology.

Students were informed that they could stop the interview at any time, take a comfort break, or pause to discuss something else. It was also made easy for students to drop out of an interview and re-book another slot if needed. A comfortable interview environment was ensured by allowing students to choose the location (for in-person interviews) or the platform (for online interviews), tailoring sensory and practical conditions to their needs, building in settling-in time, and making it clear that they could take breaks or adjust the pace at any point. For online interviews, students were also given the option to turn off their camera if they preferred. Recruitment for interviews was conducted via telephone and/or email, depending on the student's preference.

The interviews were designed to be modular, with clear guidance provided to interviewers on which questions were most important and how long each module might take. This allowed interviewers to adjust the pace of the interview, slow down if necessary, or drop some questions to accommodate the student's communication style and needs.

## **Ethnographic fieldwork**

Participants were given the option to audio or video record their responses during the ethnographic fieldwork, rather than being limited to written responses. Additionally, the ethnography activities were designed with audio captions and instructions to support visually impaired students.



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