Visible Disabilities
and Students in Higher Education:
Equality and Fairness
and the Reality of Inclusion

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ABSTRACT

This study consists of a literature review concerning the experiences of visibly disabled students in higher education in the UK and to what extent universities are meeting their equality duties to provide an equal and inclusive student experience. Research concerning the experiences of visibly disabled students in Britain proved very scarce and as a result the dissertation needed to draw on studies internationally. Whilst reducing any potential barriers faced by disabled students and making appropriate reasonable adjustments is a key priority for the sector, the findings reveal that very little is known by HEIs about visible disability or how students' lives might be impacted in the UK. Nor can it be assessed whether universities are providing adequate resources and interventions to ensure students with visible disabled students are able to fulfil their aspiration and benefit from a fair and inclusive experience. Building on the international evidence concerning visible disability and how students are impacted, more research needs to be conducted into what extent their higher education is affected in terms of equality and inclusion and what interventions would be effective to address their needs. The dissertation recommends the development of a systematic approach to ensure by HEIs to create an inclusive environment ensure students with visible disabilities are treated fairly and equally and that the sector regulator and leaders recognise that visible disability as a key priority for future policy and practice.

ACRONYM

ED&I	Equality, Diversity & Inclusion
HEIs	Higher Education Institutions
OfS	Office for Students
SEN	Special Educational Needs

1. INTRODUCTION

This dissertation aims to explore the experiences of disabled students with visible disabilities at Higher Education Institutions (HEIs) in the UK and whether providers are meeting their equality legislative duties to provide a fair and inclusive education for all including those with visible disabilities (Equality Act, 2010; Office for Students, 2023). It is widely recognised that disabled people across society including students can face a range of inequality, exclusion and oppression but there seems to be less awareness in the higher education sector of the particular barriers associated with visible disabilities and how and if students are impacted through their higher education experience (Martin, 2014, p.48; Hamilton, Hulme and Harrison, 2021, pp.21-46). Recent graduate outcome data demonstrates that non-disabled students generally outperform disabled students although it does vary between institutions (Advance HE, 2023). A series of studies also illustrate how students with disabilities experience inequality, a lack of inclusion and isolation on a regular basis and how urgent action is required (Policy Forum and the Higher Education Commission, 2020; Disabled Students Commission, 2022). Yet there seems to be a lack of knowledge or understanding both at policy level and service delivery, and through the literature regarding the experiences of visibly disabled students and how effective HEIs are in addressing any inequalities and exclusion. To date, research conducted on university students with disabilities invariably focus on 'disability' more broadly or 'hidden' rather than 'visible' disabilities focussing primarily on social exclusion and a lack of a sense of belonging rather than any formulated response by the institutions or the sector to address the challenges (Green, 2007, p. 38; Madriaga *et al,* 2011, p.916; Shaw, 2021, pp.1-19). This study aims to critically review what is currently known about the experiences of higher education students with visible disabilities in the UK and what

HEIs are doing to meet their needs to ensure full inclusion and an equitable university experience (Morina, López-Gavira, and Molina, 2017, pp.358-361; Liasidou, 2014 p.127; Björnsdóttir, 2017, pp.125-136; NADP, 2023). It will also consider whether they are giving due regard as providers of higher education to their equality responsibilities as set out by the Equality Act (Ashtiany, 2011, p.29; Saunders, 2020, pp.21-44).

The study will comprise of a literature review to examine what research has been conducted with relation to visibly disabled students in British HEIs, evaluating their experiences and how the institutions are working to meet their equality duties. It will seek to address the following research question:

> *Research Question: to what extent are Higher Education Institutions in the UK meeting their equality duty to ensure that students with visible disabilities are treated fairly and fully included?*

It is hoped that the review will build on the existing foundation of knowledge and reference framework based on critical research, legislation, theory, policy and practice to foster good outcomes and positive student experiences for visibly disabled students in their higher education. The review of current research study will commence with a brief overview of the history of visible disability exploring its origins, definitions, different identities, people's behaviours and perceptions from classical times to the twentieth century. It will then consider the development of the main disability models with the emergence of disability activism as a response to evolving societal needs and changing attitudes. Following on will be an overview of key disability policy over the last 50 years examining disabled people's evolving rights and legal protections with particular reference to the 'medical model' and 'social model' of disability providing examples of policy and practice. The study will also reference insights into the lives of visibly disabled people today in the UK including the inequalities and disadvantage

they may face referring where available to relevant statistics and reports but also generic disability data. The focus will then shift to the main section of the study which is to critically review current policy and practice within higher education in the UK and critically examine the experiences of students with visible disabilities both in their teaching and learning but also other social university experiences, and consider any exclusion, inequality or disadvantage that they may encounter. It will also explore any interventions or good practice and their effectiveness that HEIs have in place to ensure that visibly disabled students do not face inequity or social exclusion. Whilst focussing primarily on the British literature it will draw on practice from the international sector where helpful and relevant. The review will conclude by briefly offering some alternative responses to visible disability in public sector organisations in the UK.

Following the literature review section, the dissertation will then discuss in detail two of the key themes which emerge from the research on whether HEIs are meeting their equality duties to provide a fair and inclusive higher education experience for visibly disabled students. It will begin by presenting a summary of the principal findings for each theme and then consider the implications of the key issues identified in the literature including critically evaluating the current provision by HEIs. This will include examining any challenges that they may encounter but also any examples of good practice and positive interventions. The discussion will then make a set of recommendations for the future for both individual institutions and the higher education sector as a whole to ensure that they are providing a welcoming, accessible and inclusive culture and environment for students with visible disabilities including promoting equal opportunities and fostering good relations. They will include relevant legislation, regulation and policy which should be carefully monitored and evaluated

by the sector and regulator. The paper will then close with a conclusion summarising the primary findings from the literature review and the discussion and presenting a set of recommendations for future work in relation to students who have visible disabilities undertaking higher education in the UK to ensure that they are treated fairly and equally and can reach their full potential.

2. LITERATURE REVIEW

2.1. Introduction

The first part of this dissertation will comprise of a literature review which will examine the experiences of students with visible disabilities in the higher education sector in the UK. It will explore to what degree universities are meeting their public sector equality duty as set out in the equality legislation of equality, fairness and inclusion (Equality Act, 2010). The review will start by presenting an overview of the history of disability within the British social context mapping how people's attitudes and behaviours towards impairment and disability, particularly visible disability, have evolved over time, and how this has formed a precursor to the modern day. It will then explore the interface between the development of disability theory and legislation in response to changing social norms and social interactions leading up to the reframed Equality Act in 2010. It will then consider the modern context of disability in the UK including reviewing relevant data concerning people with disabilities referring to visible disability where there is evidence, how they are categorised and the implications for policy, and the development and resourcing of service provision including what is excluded. Following this discussion, will be an introduction to the key models of disability and evolving theories and definitions combining a synthesis of people's personal experiences, social attitudes of the time and the extent to which they influence the development of key policy and regulation. The next section will focus on 2 of the key disability models which have evolved over the last 50 years, the 'medical model' and the 'social model' drawing on examples from different policies and legislation which have influenced social attitudes and behaviours towards people with visible disabilities. It will then examine the experiences of visibly disabled students in higher education focusing primarily on those in the UK but drawing on the international

research where relevant and useful. The review will conclude with a brief consideration of alternative responses to visible disability by other types of public sector institutions.

2.2. Visible Disabilities: An Historical Overview

The first section of the literature review will introduce the concept of 'visible disability' consisting of an overview of the origins of disability history through the British lens beginning with a definition of 'visible' disability and disability and summarising the key stages of its evolution through the ages to the twentieth century. Studies show that the general term 'disability' can be perceived as a 'complex, scalar, multi-dimensional phenomenon' resulting in social exclusion and devaluation of individuals with disabilities (Shakespeare, 2007, p.11). The Equality Act 2010 defines disability as 'a physical, sensory, or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.' The term 'visible disability' has been linked with those conditions which are physical and readily apparent when seen face to face (Arvonio, Cull and Marini, 1997, p.413). However, this can vary depending on the situation or the current state of the condition or the disease at any one time which might fluctuate (Tompa *et al*, 2015, p.2). Visible disability is a term scarcely used by the British government but the Employment and Social Development Canada's Office of Disability Issues defines visible disability as having 'visible manifestations' such as mobility, sight and hearing impairments and also auto immune and chronic pain as well as multiple sclerosis and acquired brain injuries (Tompa *et al*, 2015, p.3).

The review of the literature revealed that the origins of disability history lie in the classical era where the depiction of disability, often visible, was largely negative and

attributed to a range of different causes; individuals with impairments being regarded as largely valueless, bad association and 'freaks of nature' not even worthy of living (Shakespeare, 2018, p.4). Furthermore, there was a strong correlation between people with disabilities and monsters, and they were generally considered to be strongly associated (Hughes, 2020, pp.117-120). In ancient Greece, there was an expectation that an upstanding citizen of society would be male with physical and mental strength, and an ability to fight which inadvertently excluded anyone else who might not have these attributes such as disabled people (Garland, 2010, p.31). Generally, the perception of disability particularly those that were visible was equated with a lack of capacity for happiness, fulfilment and a 'sound mind' (Shapiro, 1999, p. 53). However, even in those times, there was also a belief that the origins of mental health and learning difficulties stemmed from a 'supernatural interference' (Stiker, 1999, p.44). Plato who was born some four hundred years BC is reported to have decreed that people with such conditions should be kept at home and prevented from being seen in public (Hughes, 2020, p.124). McTigue (2010) describes how an impairment was regarded as a direct divine intervention metred out because of a sin, inadequacy, or culpability. In the bible there are many links to impairment and disease being attributed to god's retribution and punishment for sins committed such as when King Jeroboam became paralysed suddenly for being a 'negligent shepherd' and King Uzziah was excluded from the temple following contracting leprosy because it was considered that he been punished by god for his lack of faithfulness (1 Kings 13:4: Otieno, 2009; 2 Chron. 26:16-23). Not all authors agree with a single negative portrayal however with some citing examples of individuals in classical times who achieved fame and success such as Homer, the poet who was believed to be blind, Oedipus who had an impairment to his foot and an Egyptian dwarf who was venerated for childbirth, love and sexuality in the times of the

Pharaohs (Shakespeare, 2018, p.12). Nonetheless these individuals were the exception and generally people with disabilities, both visible and less visible, were seen as inferior, excluded and outsiders disrupting the balance between nature and society (Hughes, 2020, pp. 117-121).

Moving forward to the Middle Ages epoch, the literature reveals that attitudes towards disability and impairment both visible and invisible started shifting to a less stark correlation between sin and transgression to a more moral and ambivalent presentation (Hughes, 2020, p.182). By some, disabled people were seen as being bestowed with divine gifts such as miracle cures and care and compassion for those living with illness or disease (Cusack, 1997, pp.414-419). However, other writers disagree presenting people with impairments as a danger and menace to their body and soul (Winzer, 1997, pp.73-109). Whilst others present a more complex picture of

> 'the sacred and the profane, the miraculous and the mundane, damnation and salvation, grace and dis/grace where often they were seen as needing charity and pity' (Stiker, 1999).

On a practical level, impairment was widely recognised as a regular experience for many, unavoidable and simply part of people's everyday lives (Borsay, 2002, p.103). In the 1300s in the UK, legislation called the 'De Praerogative Regis' was enacted to enable the monarch to take possession of any property belonging to people with impairments or mental health issues as they were deemed incapable of such responsibility. The majority of people lived in hardship and poverty through the Middle Ages, and people with disabilities were no different, scarcely differentiable from others (Borsay, 1998, pp.645-663). In a predominantly agrarian and artisan economy in the UK and elsewhere, disabled people contributed and worked as they could contributing as members of the local community (Oliver and Barnes, 2012, p.82). Some academics

argue that this era saw the foundations of inclusion and equality for those who were able to live with their illness or disease despite the hardship playing their role in the household as the unit of production (Shakespeare, 2018, p.28). However, this did not extend to those who were unable to work because of the severity of their illness and they were regarded as 'the impotent poor - simultaneously pitiful and criminally deceptive' (Row-Heyveld, 2018, pp.1-35). Begging became a mainstay activity for survival for those who were severely disabled, but they were often viewed 'with suspicion, an inconvenience and an annoyance particularly with an emergence of counterfeit beggars at a time of moral degeneration and extreme hardship' (Hughes, 2020, pp.315-321). Studies show that attitudes towards visible disability including discernible mental health conditions generally deteriorated with links to demon, monsters and witchcraft at this time with increasing narratives of individuals being possessed (Adams and Proctor, 1979, pp.176-179). There followed a series of legislation such as the Vagabond Act 1531 and the Poor Relief Act 1601 legitimised begging for disabled people who were regarded as 'decayed' and saw the State starting to take economic responsibility for those reliant on charity including those with disabilities (Shakespeare, 2018, p.32).

With the arrival of industrialisation, attitudes towards visible disability and impairment in general became more divisive with a strong focus on 'able, standard-shaped and sized bodies' to operate 'standard-size machines' (Cameron, 2014, p.66). One author describes how those who were less mobile, had hearing or visual impairments and / or had learning or mental health concerns were increasing regarded as 'problematic' as they could not meet the requirements of the new industrialised systems leading to exclusion from their community and the capacity to be independent (Barnes,1997, pp.3-

24). Whilst visible disability is not explicitly described, there is the inference that people whose bodies are not conventional in appearance or capacity cannot contribute in the same way as others (Ryan and Thomas, 1987, p.101). The Poor Law Amendment Act 1834 included categories such as the 'insane', the 'defectives', and the 'aged and infirm', which in turn lead to disabled people being increasingly institutionalised; this separation from the community lead to them being viewed for the first time as a medical issue by society (Oliver and Barnes, 2012, p.64). This exclusionary welfare reform 'maintained the shackles of stigma and penury around those unable to find, or carry out, paid labour' (O'Brian and Penna, 1998, p.46). The emergence of the public work houses was a response to those not able to support themselves financially such as the chronically sick or those with mental health concerns (Ryan and Thomas, 1987, p.100). With the general removal of many disabled people from society, there was no requirement to make provision for those with impairments in the design of accommodation, education and transport (Cameron, 2014, p.66). Others attribute the development of the concept of disability as a direct cause of the capitalist ideology which evolved through industrialisation where those with functional impairments become excluded and disadvantaged because of their inability or lack of capacity to earn individualised wages (Oliver and Barnes, 2012, p.65). As such the quality of life of a disabled person can be argued to have a direct correlation with the limitations imposed by society (Finkelstein,1993, p.3).

Moving forward to the beginning of the twentieth century, the research shows a steady increase in the institutionalisation and segregation of those with disabilities particularly children with physical and mental impairments many of which would be readily visible (Oliver and Barnes, 2012, p.65). The Education Act 1918 whilst making schooling for

disabled children mandatory, was often segregated and harsh. The legislation was later amended in 1944 recognising that segregation could be damaging to children with disabilities with respect to their development and they should be included in mainstream education (Education Act, 1944). In addition, there was an increase in the numbers of people with visible injuries such as loss of limbs, blinded, deafened and severe mental trauma following the two world wars (Shakespeare, 2018. p.39). As provision by the welfare state started to evolve, the umbrella term 'disabled' was coined to include a range of conditions from visual and hearing impairments and various different physical often visible 'handicaps (Oliver and Barnes, 2012, p.16). This had a direct impact on legislation such as The National Assistance Act 1948 which included categories of different disabilities and specified eligibility for various welfare services and benefits and the Disabled Persons (Employment) Act 1944 which brought in a quota system where employers with more than 20 members of staff needed to ensure that 3% of their staff had disabilities (Shakespeare, 2018, p.39). The founding of the National Health Service in 1948 sought to provide health and social security including benefits and war pensions and whilst not specifying visible disability as concept, many of the injuries stemming from the world war met the readily noticeable criteria in all but definition (Barnes, Mercer and Shakespeare, 2002, p.126). At the same time the passing of the Universal Declaration of Human Rights declared that everyone including people with disabilities and sickness were entitled to a basic standard of living, health care and social security (United Nations, 1948). Whilst this was a step forward in recognising the disadvantage that people with disabilities faced, in practice disabled people continued to be largely excluded from the mainstream and their rights were not given much priority at this time (Borsay, 2002, p.103). Furthermore, the literature

largely continues not to include any formal reference to visible disability as a concept but does include a range of examples of readily noticeable conditions.

This section has presented an overview of the history of disability beginning with attitudes and behaviours towards disabled people in the classical times including where available references to visible disability. It then focused on the social content in Britain dating back to the Middle Ages moving through industrialisation in the eighteenth and nineteenth centuries and into the twentieth century and the impact of two world wars causing many life-changing injuries and disabilities often perceptible to others. The next section will examine the development of disability theory over the last fifty years with relation to visible disability and how people's lives have been impacted.

2.3. Disability and Equality: Theories and Models

Having provided an overview of disability from a historical perspective, the review will now shift to the emergence of various disability models and theories in the literature. This will seek to understand how disabled people have been impacted in the last 50 years by providing a summary of key disability theory with relation to the changing social norms, attitudes and behaviours (Oliver and Barnes, 2012).

The traditional view of disability has been seen as 'an individual and/or a medical phenomenon that results in limited functioning that is seen as deficient' (Haegele and Hodge, 2016, p.195). It predominantly focuses on how impairments or injuries impede an individual's ability to lead a fully independent fulfilling life (Graham, 2007, pp.26-28). The World Health Organisation in 1980 captured the medical model of disability in their 'International Classification of Impairments, Disabilities and Handicaps' which

defines impairment as 'any loss or abnormality of psychological, physiological or anatomical structure or function' and impairment as 'any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being' (Oliver and Barnes, 2012, p.14). The implication is that they need 'treatment, cure and rehabilitation' which became known as the 'medical model' (Brisdenden, 1986, p.173). It reflects the view of non-disabled people defining the frameworks, services and everyday practice that disabled people need to exist within society (Cameron, 2014, p.99). However, critics of the 'medical model' argue that it 'creates labels and categorizations based largely on the individual's bodily function' limiting people's opportunities (Barton, 2009), pp.39-50). There was also a strong association of disability with negative attitudes at this time and how this impact perceptions of and interactions with disabled people (Brittain, 2004, pp.429-452).

The 1980s saw a strong reaction against the 'medical model' lead by the disabled sociologist Michael Oliver who believed that society was responsible for converting disabilities into impairments and the ensuing barriers that disabled people faced (Oliver, 1990, pp.27-31). The Union of Physically Impaired Against Segregation (1975) a UK organisation, described these societal barriers as an added challenge faced by disabled people who were unable to fully access services and prevented from full inclusion. From this movement evolved the 'social model' which was regarded as a

> 'cultural and historical phenomenon, a public societal issue where impairments should be accepted, the resulting barriers removed, equality legislation enforced and oppression/ disadvantage tackled' (Shakespeare, 2013, pp.197-199).

It marked a shift from the disabled individual to the 'disabling environment' where individuals were unable to access a range of 'socio-cultural arenas' and ''social structures' leading to discrimination, oppression and social inequalities (Haegele and

Hodge, 2016, p.197). However, the 'social model' was not considered by all to fully capture the experience of disabled people focussing more on the disability in other words the 'lack of ability' to lead a normal live and separating the impairment from the disabled person which are fundamental aspects of their daily experience (Bingham *et al,* 2013, pp.31-637). Not all agree that societal barriers might be discriminatory but some believe where disabled people face additional burdens to participation, access and inclusion in society, they should be compensated (Shakespeare, 2014, pp.39-42). In addition, there is an assumption that disabled people are homogeneous not factoring in other fundamental social and cultural aspects of people's identities such as race, gender, age and sexuality or that all experience a wide range of disabilities in the same way (Oliver, 2013, pp.1024-1026). Nonetheless, whilst there may be a variety of constraints to the' social model' on a theoretical and political level, it is a 'powerful and important reminder to face issues of inclusion as fundamental, moral issues' (Terzi, 2004, p.155).

The cultural expression of the 'medical' model where ability is given a positive value whilst disability is viewed as 'a mark of misfortune: to be endured, struggled against and overcome' became known as the 'personal tragedy model' (Cameron, 2014, pp.116-118). This stems from the view that 'good functioning health' is largely regarded as the status quo within society and any ill health, impairment or injury needs to be contended with and battled against on a temporary basis only until normal conditions can be resumed (Franks, 1997, p.82). The expectation of recovery is widely internalised by disabled and non-disabled people (Oliver and Barnes, 2012, pp.110-112). From this rationale has developed a legitimacy of people with impairments being defined as disabled people often requiring them to 'aspire for normalcy' which largely go unchallenged (Cameron, 2014, p.118). Critics however do not agree with the tragic

view of disability and another model to emerge was the 'affirmation model' which perceives disability and impairment as a positive social experience both for the individual disabled person and collectively for disabled people in terms of the benefits of a rewarding and valuable life experience (Swain and French, 2000, pp.569-582).

Another model that evolved in the early twenty first century is the 'human right model' which places the dignity and rights of the individual at the heart of the disabled person's life and only where relevant, factors in any relevant medical information (Degener, 2017, pp.41-59). Lawson and Beckett (2021, pp.348-379) place the barriers and challenges that they face at society's door and this rationale evolved rapidly with the acknowledgement of rights in the 'Convention on the Rights of Persons with Disabilities' (United Nations, 1948). The International Disability Alliance in 2014 defined these barriers as physical, attitudinal and organisational with inequalities in access to education, healthcare, work and political participation. However, there remains concern that disability continues not to be considered as a rights issue but as one where individuals suffer as a result of the societal construct of disability where they have been 'denied opportunities to develop their capabilities and to participate equally in social, economic, and political life' (Lawson and Beckett, 2021, p.371). This section has outlined several of the key models of disability that have emerged in recent decades including the 'medical model', the 'social model' and the 'human rights model'. Whilst there remain polarising views about the experience of disability and how it is perceived by society, there has been 'an increased willingness to question assumptions about the nature of disability' (Saunders, 2020, pp.21-44).

2.4. 20th Century and Beyond: Policy and Legislation: Implications for Practice

This section will examine the concept of disability and the experiences of disabled people in the twentieth first century in the UK through the lens of two key disability models, the 'medical model' and the 'social model' drawing on examples from policy, practice and legislation. It will begin by looking at the definition and scale of disability in the UK including visible and invisible disabilities and social attitudes towards disability. It will then present a critical overview of the key disability legislation over the last 50 years to provide better access and attitudes for disabled people with reference to the 'medical model' and the 'social model' within this policy landscape.

Currently, prior to the next UK Census data set in autumn 2023, it is estimated that one in five people live with a disability in the UK according to the Family Resources Survey for the period 2018 to 2019 (Department of Work and Pensions, 2020). The charity Scope in 2022 calculated that there are 14.6 million disabled people in the UK and that on average life costs an extra £583 per month for disabled people, 9% of children under 16 years of age have a disability and disabled people are twice more likely to be unemployed. About 20% of the working population have a disability (Business Disability Forum, 2022). Interestingly the Family Resources Survey in 2018 estimates that 48% have mobility issues but not all would necessarily be noticeable and no other types of noticeable conditions are mentioned (DWP, 2018-19, p.7-8). However, the Department of Transport does recognise that some disabilities are 'outwardly visible to others' such as a wheelchair user, someone with a white cane or a mobility impairment (DPTAC, 2020). Furthermore the 1988 census estimated that 1% of British adults would be 'severely impacted in their ability to lead a normal life' because of a

disfiguring condition which refers to specific marks, scars or conditions that affect people's appearance rather than broader disabilities which are visible (Office of Population Censuses and Surveys,1988; Stock, 2013). It is estimated that almost half the number of people who live in poverty in the UK are either disabled or have a family member who do (Tinson *et al*, 2016). The Labour Force Survey (2020) found that the number of disabled people who are unemployed is double those without disabilities.

A social worker who has cerebral palsy and uses crutches describes his visible disability 'like being famous' courting 'a high level of attention whether you like it or not and in every possible situation' (Mik-Meyer, 2016, p.1343). One of the leading academics who studied 'stigma' demonstrates that people who have 'readily apparent stigmatizing characteristics' often have assumptions made about them and are valued negatively based on their perceived social identity rather than their actual social identity which amounts to stigma (Goffman,1963, p.3). This phenomenon constantly reminds people with visible disabilities that they are regarded as different to others in society and hence devalued (Phemister and Crewe, 2007, pp.33-37). It can be interpreted as the difference between expectation of seeing an individual conforming to a conventional guise and the reality of someone whose visible disability makes them appear distinctive or unusual causing anxiety, fear or hostility resulting in rejection and devaluing (Noonan, Barry and Davis, 1970, pp.1-15). Other people's responses to visible disability can affect individuals significantly reinforcing and even accentuating beliefs that they are different from others and reducing levels of self-confidence and self-belief (Ysasi, Becton, and Chen, 2018, pp.22-29). In studies conducted specifically on people with disfiguring conditions, an array of social and psychological barriers have been identified such as under or unemployment, difficulties with social interactions,

stigmatization and oppression (Bradbury, 2012, pp.193-196; Garrisi, Janciute and Johanssen, 2018, pp.10-16; Rumsey and Harcourt, 2004, pp.83-97). Some researchers have shown that an individual with a disfiguring facial condition could not be received positively because it does not meet with societal convention of what is expected to be normal (Zebrowitz & Montepare, 2008, pp.2-5). Because of a perceived lack of competence or attractiveness and the fact that they are unable to 'pass' as someone without a disability or a hidden disability, people with visible disabilities are often seen as less desirable to employ (Saal, 20015, pp.242-248). However, there are some studies that reveal where people with visible disabilities can use techniques to manage the response by others to their disabilities that they can influence people's assumptions and assessments of their social identities in a positive way (Lyons *et al*, 2016, pp.1980-2007).

Over the last half century, a raft of disability legislation has been enacted from The Chronically Sick and Disabled Persons Act 1970, the Disability Discrimination Act 1995 to the Equality Act 2010 (Barnes, Mercer and Shakespeare, 2002, pp.117-118; Ashtiany, 2011; Gooding, 1996). For further information of the key legislation, see Table 1 below. This is largely in response to the growing awareness and impatience by disabled people themselves and wider society regarding inaccessibility and inequality of daily life including in healthcare, education, employment, buildings, communication, transport and negative attitudes (Oliver, 1990). For example, the 'Can Disabled People Go Where You Go' Report produced by the Silver Jubilee Access Committee in 1979 identified a 'discriminatory, hostile and inaccessible culture' for disabled people in the UK (Barnes, 1999, pp.96-97). An inquiry into education provision for disabled children recommended a new approach away from the earlier categorisation of special needs

such as physical or learning within special education to an integrated model of continuum in the mainstream leading to the Education Act in 1981 (Warnock Report, 1978, pp.100-114; Shakespeare, 2018, p.109). There also resulted widespread policy reform following The Local Authority Social Services Act 1970 and the Disabled Persons Act 1986 in community care for example where people were activity encouraged to leave institutional care to live independently in the community (Garabedian, 2014, p.80; Oliver and Barnes, 2012, p.131). However, despite the introduction of a range of policy responses adopting the 'social model' approach, the following fifteen years saw very little change in policy response by the British government such as the 'two tick system' for the employment of disabled people which remained 'minimalist and voluntarist' despite such interventions as occupational training, flexible working hours, financial incentives and the creation of part time jobs and some evidence that disabled workers often having an equal if not stronger work ethnic than non-disabled (Barnes, Mercer and Shakespeare, 2002, pp.110-117). In practice, negative attitudes persisted and unemployment rates for disabled people continued to be considerably higher than for non-disabled people: in 1996 it stood at 21.1% and 7.4% respectively (Barnes et al, p,213). Similarly, whilst education policy had seemingly placed an emphasis on mainstream integration and inclusion, justification for separate teaching provision and other school activities for disabled children still continued to be made on the 'grounds of administration and economic efficiency and effectiveness' (Barton, 1995, p,107). The introduction of the national curriculum which was intended to bring an array of benefits and opportunities for disabled children, in practice left many continuing to be excluded and prevented from accessing core subjects (Rieser and Mason, 1992, pp.142-145). The legislation had been an attempt to reflect the shift from perceiving disabled children through the

'medical model' as being unfortunate victims who needed fixing to an understanding that they had human rights, needs and expectations who deserved to be educated alongside non-disabled children (Rioux and Pinto, 2010, p.622). Whilst the clamours for change and integration persisted, many of the policy initiatives in the 1990s took a 'medical model' approach placing the emphasis on disabled people to 'make the best of their diminished circumstances and focus on individual adjustment and coping strategies' (Oliver, 2012, pp.123). The Disability Discrimination Act 1995 was theoretically a major piece of legislation leaning towards a 'social model' lens where it became illegal for disabled people to be treated unequally and employers had to address accessibility issues and make reasonable adjustments where necessary (Gooding, 1996). However. many held the view that it still was based on a more 'medical model' approach rather than acknowledging the barriers that society poses towards disabled people and only giving very limited protection from direct discrimination in the work place and service providers with an array of exemptions for providers should compliance be detrimental to their business (Barnes, 1999, pp.163). Furthermore, disabled people themselves would be faced with a range of physical, social and psychological challenges that would need to be overcome to enter or re-enter the work force (Vornholt, 2017, pp.46-48). Whilst there were undoubtedly some improvements in their quality of life, key aspects of daily life were excluded such as education, the police, prisons, transport and enforcement and many continued to face discrimination and social exclusion on a regular basis (Oliver, 1996, p.123). It was only with the arrival of New Labour who set up a Disability Rights Task Force in their Report 'From Exclusion to Inclusion' that these other core tenets of society started to be redressed (Riddell, Tinklin and Wilson, 2005, pp.623-643). Nonetheless there continued to persist an intrinsic cultural message that disability and impairment were not acceptable and

that disabled people needed to 'obscured or disguised leading to an alienation both between disabled people and non-disabled people but within disabled people themselves (Watermeyer and Swartz, 2008, p.602). Revisions to the disability legislation in 2005 went some way to bolstering the rights of disabled people with the creation of the disability equality duty where public bodies had to develop and be held to account strategies to promote equality (Shakespeare, 2014, p.13). 2010 saw the enshrinement of the current equality legislation which brought together a raft of British equality legislation for people with different social and cultural characteristics such as race, gender, sexuality and disability to give them legal protection to prevent them from being disadvantaged, minoritized and treated unfavourably (Ashtiany, 2011, p.29). It also required organisations to make reasonable adjustments for disabled people where required and to take an anticipatory approach (Roberts, 2016, pp,143-160). In practice, disabled people have still struggled to find work being under or unemployment and consecutive government policy in the last fifteen years has increased the emphasis on work capability assessment as a mechanism to employment support allowance benefit leading to a decrease in the allocation of welfare benefit often penalising those disabled people who are unable to work completely or not able to comply with the duties recommended for them often exacerbating the inequality, poverty and marginalisation that they are trying to escape (Levitas, 2005, pp.190-234). The so-called 'Bedroom Tax' in the Welfare Reform Act 2012 was introduced where unnecessary bedrooms in people's houses resulted in reduction in housing benefit penalising many disabled people who often required additional space for personal assistants, carers and equipment (Moffatt *et al*, 2016, pp.197-205). Over the years various policies have been attempted to transition people with disabilities both visible and invisible off the welfare system into work with varying success (Burchardt, 1999). There has been a move to

making the eligibility criteria stricter and placing addition burden on unemployed disabled people to go through complicated processes to find work in essence redefining in benefit terms 'the meaning of the disability category that denotes the 'truly' disabled from those who are deemed capable of doing at least some paid work (Grover, 2013, p.179). Success continues to be limited and it is rare for individuals to return to full employment (Curnock, Leyland and Popham, 2016, p.8). However part-time employment can be an effective opportunity for enabling people with disabilities to work to a partial degree (Jones, 2007, pp.697-699). Successive government administrations which favoured a free market economy where employment, independence and profit are prized, disadvantaged and excluded many disabled people who are not able to fully contribute or live independently (Mullins and Elliott, 2004, p.155). Indeed, there has been substantial research that demonstrates that there is still a lack of access that fundamentally prevents disabled people from full integration and inclusion in society (Heaton, 2014, pp.1-3). Even today the medicalisation of disability does not assist disabled people but rather has contributed to ongoing inequality and oppression as it has restricted and prevented the much-needed transformation of attitudes towards disability (Bunbury, 2019, pp.26-47). The literature reveals that many contemporary disability activists propose that a shift is still needed away from the focus on disability as a deficit model or structural disadvantage to a more holistic understanding of disability and how it impacts individuals and what structural factors are needed (Lawson and Beckett, 2021, pp.348-379).

Table 1: Legislation and Disability from 1970-2010 UK

Year	Act/Legislation	Main Focus	Implications for practice
1970	The Chronically Sick and Disabled Persons Act	The legislation recognised people with disabilities and gave them rights.	Local authorities to provide welfare services for all disabled people such as meals, home adaptations, telephones and compiling a register of all disabled people in the area (Barnes, Mercer and Shakespeare, 2002, pp.117-118).
1970	The Local Authority Social Services Act	The Act legislated for each local authority to create a single social services department to provide housing, welfare services and practical assistance for disabled people in their own homes. It also gave people with disabilities equal rights to education, recreational facilities.	Social Services were responsible for supporting disabled people to live independently by providing meals, domestic helps, recreation services, recreation of residential homes and social workers, accessible parking and toilet facilities. Councils were also to provide education for children who had sensory impairments extended to autism and dyslexia (Garabedian, 2014, p.80).
1981	The Education Act	The Act introduced the integration of children with disabilities in mainstream schooling by removing the categorisation of 'handicap' and introduced the concept of 'special educational needs'	Local Education Authorities were required to assess the needs of children with special educational needs and produce a statement identifying their needs and what support they would need educationally (Shakespeare, 2018, p.109)
1986	The Disabled Persons Act	The legislation seeks to improve services for disabled people through advocacy, representation and placing additional duties on local authorities including physical mental and learning disabilities.	Local Authorities are required to meet the needs of people with disabilities (Oliver and Barnes, 2012, p.131).
1995	Disability Discrimination Act	This legislation made it illegal to discriminate against people with disabilities in employment and the provision of goods, facilities and services.	Employers and service providers had to make reasonable adjustments to ensure disabled people could access their services (Gooding, 1996).
2010	Equality Act	The Act protects those who are vulnerable to systematic disadvantage, partly in virtue of being at risk of experiencing discrimination that violates what we call the meritocratic principle. Under the equality legislation, organisations are required to make reasonable adjustments for people with disabilities and furthermore this should be anticipatory once disclosed rather than reactive.	The Act makes direct or indirect discrimination and harassment in employment, vocational education and the provision of goods and services illegal for nine protected characteristics including disability. It also makes discrimination based on association with an individual with a disability or the perception thereof illegal (Ashtiany, 2011, p.29; Roberts, 2016, pp,143-160).

2.5. Visible Disabilities: Student Experiences in Higher Education

The next part of the literature review will focus on the main objective of the dissertation which is to examine the experiences of students with visible disabilities at Higher Education Institutions (HEIs) in the United Kingdom since the introduction of the Equality Act in 2010. It will begin with an introduction to British higher education including their education role, the current legal and regulatory frameworks in which they are situated, and their wider responsibilities and social purpose (Hubble and Bolton, 2020; Institute for Employment Studies and Researching Equity, Access and Participation, (2019). It will then explore the experiences of visibly disabled students at UK HEIs throughout the student cycle including examining the population and outcome data (Advance HE, 2020). It will also consider what the literature reveals about the support services available and the students' engagement and participation during their studies including the extent to which they feel fairly treated and included (Eccles *et al*, 2018, pp.195-205; Evans and Zhu, 2017; García-González *et al,* 2021, pp.579-595). It will start by looking at disability in general and then examine visible disability in more detail predominantly referencing research conducted in UK HEIs but will also refer to comparative studies internationally where relevant (Adams and Proctor, 2010, pp.176-179; Beachamp-Pryor, 2012, pp.252-269; Björnsdóttir, 2017, pp.125-136).

Higher education in the UK can be defined as education available beyond compulsory schooling of a more superior level which is normally taught in a university or a college, or a specialised institution such as for art or agriculture (UK Govt, 2023). Universities have been defined as being 'places for the development of knowledge and experience and at their heart are a learning organisation' (Kendall and Tarman, 2016, p.2). Often it can be argued that by completing higher education, there is more chance entering the

work place and this is a key priority for the Office for Students (OfS) who closely monitor graduate progression outcome data (Riddell and Weedon, 2014, pp.38-46; OfS, 2023). More specifically related to disabled students, higher education has been described as a means for disabled students to progress 'their access to social and cultural capital' (Farmakopoulou and Watson, 2003, p.227). But it is widely recognised that university can also provide disabled students with the opportunity of empowerment to enhance their quality of life (Fuller *et al*, 2004, p.304). In 2021 – 22, there were 285 publicly funded higher education providers in the UK with 2,182,560 students doing undergraduate and postgraduate study (HESA, 2023). As public sector institutions, they are required under the Equality Act 2010 in Part 6 and Chapter 2 to ensure that they give due regard to eliminating, discrimination, harassment and victimisation, advancing equality of opportunity between different groups, and fostering good relations between different groups (Equality and Human Rights Commission Guidance, 2019; Lukianova and Fell, 2015, pp.1-4). The Equality Act 2010 protects disabled students from being treated unfairly compared to non-disabled students

> 'because of something arising in consequence of their disability, unless the treatment is a proportionate means of achieving a legitimate aim' known as direct discrimination or applying a "provision, criterion or practice"

which puts a disabled student at a particular disadvantage compared to non-disabled students where it cannot be demonstrated that there is a 'proportionate means of achieving a legitimate aim' (Lawson, 2021, p.351; Martin, 2014, p.47). Providers must also make any reasonable adjustments to prevent a disabled student from being placed at a substantial disadvantage (Equality and Human Rights Commission Technical Guidance on Further and Higher Education, 2014; Hubble and Bolton, 2020; Redpath *et al*, 2013, p.1337; Kendall and Tarman, 2016, p.2). Examples include accessible buildings and facilities, maps and signs, orientation for students with sensory

impairments, mentoring schemes, procedures and resources in accessible formats, speech recognition software and so on (Brunel University, 2023; University of Wales, Trinity St Davids). Other countries too have created equality legislation to ensure that disabled students are given rights to accessible education including both on a physical level but also with regards their programme such in the United States of America, Spain and Sweden (Järkestig Berggren *et al,* 2016; Sandoval, Morgado and Doménech, 2021, pp.339-356). The OfS requires HEIs to be proactive in their approach to creating 'an open, welcoming and supportive atmosphere in order to encourage disclosures of disability and to invite such disclosures on an on-going basis' (OfS, 2023). However, neither in the regulatory guidance nor the legislative code of practice is there any indication of a differentiation between visible and invisible disabilities.

Of the total number of students at HEIs in the UK, in 2020 – 21 17% disclosed disabilities including physical or mental health conditions, learning differences and long-term conditions (Advance HE, 2020, p.84). This percentage is based on disabled students' own self-assessment of their impairment/s through the Higher Education Statistical Agency and can often stem from a more 'medical model' approach to disability with a focus on identifying support needs for their disabilities (Valentine, 2002, pp.213-227). Disabled students often choose not to disclose and as such are then categorised as 'non-disabled' students which include those who do not have disabilities, those who do not consider themselves to be disabled and those who have chosen not to disclose (Riddell and Weedon, 2014, pp.38-46). Of note, with reference to defining 'visible' and 'invisible' disabilities is the 'long-standing illness or health condition' category which includes 'invisible physical disabilities such as diabetes, epilepsy, asthma, cancer, HIV chronic heart disease. However, there is no corresponding 'visible'

disability code (HESA, 2023). Over recent years the most commonly disclosed types of impairments are specific learning difficulties which in 2018 – 19 stood at 35.7% (Advance HE, 2020). Slightly fewer disabled students are awarded a 1st or 2:1 classification compared to non-disabled students standing at 75% of disabled students compared 76.7% non-disabled students. There was a slight difference between those disabled students who receive Disability Support Allowance being awarded a 1st or 2:1 compared those who did not, standing at 76.1% and 74.5% respectively and for those securing graduate level employment (Advance HE, 2020; Institute for Employment Studies and Researching Equity, Access and Participation, 2019). This trend is replicated in other countries such as Australia where fewer disabled people receive high classifications compared of their non-disabled peers (Kilpatrick *et al*, 2016, pp.747-762). Interestingly a greater number of students with a physical impairment or a mobility issue were awarded a 1st or 2:1 than those who disclosed a social / communications or learning disability at 77.2% and 70.0% respectively which whilst not coded or classified as 'visible' and 'invisible' disabilities are likely to encompass many of the visible conditions which are pertinent to this dissertation. Slightly fewer disabled students went onto employment fifteen months after graduation standing at 94.9% compared to 95.3% non-disabled students but they were more likely to continue postgraduate study compared to their non-disabled peers, standing at 19.1% compared to 18.3% respectively (Advance HE, 2020, p.84).

The next part of the literature review will examine the different experiences of British disabled students as a whole at HEIs through the different stages of the student cycle including recruitment, teaching and learning, perceptions of disability and their general university experience.

Recruitment

The needs of disabled students are considered from the outset by HEIs when they first begin the application process to university through the Universities and Colleges Admissions Services and they are encouraged to 'access a range of support to help them succeed with their studies, day-to-day activities, travel and lifestyle' (UCAS, 2023). Each student will have specific needs depending on the course requirements and their particular disability and ideally these should be catered for by the individual institution (Elcock, 2014, p.758). When considering which institution and what course to study, prospective disabled students are encouraged to actively investigate the different types of teaching, assessment and support available including whether the facilities, learning and social experience will be accessible, information about the Disability Support Allowance and whether their particular needs can be met by a particular institution (UCAS, 2023). If students chose to disclose their disability at application stage, there is the assumption that the HEIs will contact them to ensure appropriate arrangements are made, known as reasonable adjustments as defined by the protection of disabled people under the equality legislation and that their teaching staff will be advised of their requirements (Roberts, 2016, pp.143-160). However often prospective students are uncertain what a disability might comprise of or not, and will have significant concerns that by disclosing a disability, they might be penalised in the offer-making process as a result disadvantaging their application (Eccles *et al,* 2018, p.195). Many studies describe how many potential applicants internationally similarly face challenges in entering and participating in higher education because of the barriers between the university environment and their needs (Vidali, 2007, pp.615-641). Another potential risk identified in the literature associated with disclosure is the concern that disabilities have around being identified as disabled and how this might inhibit their success

(Eccles *et al*, 2018, p.196). Coming to terms with being disabled or being perceived as disabled is also another barrier to prospective students selecting to disclose that they are disabled (Madriaga *et al,* 2011, p.916). This is echoed in the overseas literature where for example in the United States, disabled students' highest anxiety is how they will be perceived if they disclose describing scenarios where they 'felt judged, humiliated, and embarrassed by instructors, either in private or in front of the class' and not wanting to seem less able than their non-disabled peers or receiving any special treatment (Hong, 2015, pp.214-216). In practice, disabled students who would be quite likely to be eligible for student support do not benefit because they do not disclose either because they are unaware of the services available or because they actively choose not to disclose (Grimes *et al*, 2020, p.642). Ideally disabled students requiring help or support need to 'self-identify as a person with a disability, self-disclose to the institution, request support, and communicate their needs to professors' (Squires *et al,* 2018, p.122). However, they often believe that in order to belong to a particular community, the need for self-determination i.e. independence is high, and they need to overcompensate to demonstrate that they do not need any additional support (Squires *et al*, 2018, p.124). Once a student has made an application to a particular institution and they are invited to interview or offered a place, any relevant information concerning their health would be forwarded to the student support team who should be in touch to make any arrangements necessary including conducting and assessment to inform the development of a student support plan with details of any reasonable adjustments needed and details of any DSA recommendations if required (UCAS, 2023). The review did not produce any results of current university disability services which provided specific information and advice concerning visible disability.

Inclusive Teaching and Learning

The OfS calls for HEIs to remove any 'barriers to participation and success' including designing and developing inclusive and accessible pedagogy for disabled students (OfS, 2023). Inclusive learning and teaching have been defined as recognising that all students have a right to a teaching framework that 'respects a diversity, enables participation, removes barriers and anticipates and considers a variety of learning needs and preferences' (Higher Education Academy, 2017; Shaw, 2021, pp.7-8). Disability Support Allowance (2023) can provide disabled students with up to £25,575 a year to cover any disability related costs for study such as specialist equipment, note takers and signers and additional travel costs to address any disadvantage to their teaching and learning related to their disability. However, the allowance does not cover any other additional disability related costs leading to an additional financial burden as identified in the Arriving at Thriving Report, 2020 (Policy Forum and the Higher Education Commission, 2020). In addition, the support is not always available from the start of the academic year which places an immediate disadvantage on disabled students compared to their non-disabled peers reflected in the National Student Survey 2019 which found that fewer disabled students were satisfied with their university learning experience compared to non-disabled students, standing at 81.4% and 84.3% respectively (National Student Survey, 2019). A lack of awareness amongst teaching staff of the differing needs that disabled students may have is reported in the literature identifying that students often have to repeatedly explain their disabilities and ask for the same reasonable adjustments in order to secure the support they need because it is not already in place, e.g. lecture notes or slides in advance of the lecture (Redpath *et al,* 2013, p.1344). One study demonstrates how if staff discount the needs of disabled students, there is a likelihood that this will have a damaging effect on students who

already face an array of barriers and challenges (O'Keeffe, 2013, pp.605-113). These include environmental factors such as their academic competency and potential and their confidence which can be exacerbated by 'alienation, stigma, and discrimination (Kim and Kutscher, 2021, pp.313-315). This type of approach is more representative of the 'medical model' where disabled students are failed by institutions in their provision of accessibility and inclusion as set out in the equality legislations relying on the students themselves to identify as 'students with 'disabilities' which reinforces the view of a more traditional institution only geared to educate the elite (Fuller *et al*, 2009, p.304). The international research also recognises the very real challenge for university staff in terms of meeting the needs of their disabled students as they are key players in facilitating their students' success making appropriate adjustments including modifying content and methodology to delivery to the environment and assessment (Sandoval, Morgado and Doménech, 2021, pp.730-749). Some authors argue that universities mainly focus on supporting disabled students because of their equality duties as opposed to a genuine commitment to diversity and inclusion (Evans and Zhu, 2017, pp.7-11).

It is interesting to compare what adjustments for individuals with physical disabilities might be helpful in education with the workplace and one literature review found a range of 'physical, social, and attitudinal' intervention including physical and technological modifications helped foster inclusion and integration in the workplace (Padkapayeva *et al*, 2015, pp.1-17). What seems fundamental is that disability to be actively normalised to create a culture of inclusion and openness (Zuassinger and Terzieva, 2018, pp.182-193). The international literature also reveals similar findings such as a study conducted in the Middle East concluding that disabled students'

satisfaction with their university experience relied on 'curriculum, place and corporation' being integral between university departments including academic, health, psychological and social (Simadi and Alqaryouti, 2017, pp.239-247). Several Spanish studies also reveal how disabled students need to overcome a variety of challenges to succeed in higher education both in terms of access but also their academic progress such as interactions with staff because of their disability. This includes a lack of understanding of disability and interactions with peers as well as bureaucratic issues such as lack of resources, insufficient support or understanding García-González *et al* 2021, pp.579-595). Disabled students also often report that they feel that they have to work more than non-disabled students need to manage their disability and their academic studies (Seale *et al*, 2015, pp.125-127). Another study identified a lack of knowledge and confidence amongst some academic staff of disability issues or inclusion principles:

> 'There are people teaching on the social justice and inclusion course who have no awareness of some of the issues around or preferences of people with particular disabilities.' (Riddell and Weedon, 2014, pp.38-46).

Nonetheless it is recognised that HEIs are working hard to develop their inclusive practice such as providing content in electronic format, alternative assessments, recording lecturers and so on although there is quite an onus on the individual disabled student to be proactive in calling for the teaching and learning to be inclusive and accessible rather than it being automatically embedded (HEFCE, 2017). One study recommended that more pre-course work needed to be built into the registration and induction process to develop a barrier-free teaching and learning experience and a commitment to providing specialist support services including integrating personal development plan (Vickerman and Blundell, 2010, p.27). Increasingly universities are integrating accessibility and inclusion into a universal curriculum design:

"Inclusive learning and teaching recognise all students' entitlement to a learning experience that respects diversity, enables participation, removes barriers and anticipates and considers a variety of learning needs and preferences." (Layer, 2017, p.12).

In order to adopt a 'social model' approach towards disability model to guarantee equal opportunities and inclusion, it is necessary to incorporate the principles of inclusive universal design into university policies and practices at an institutional level (Shaw, 2021, pp.1-19). The author of this paper who is also an ED&I practitioner within the sector is aware of their own institution and others who are currently adopting this approach with oversight and scrutiny provided by a senior university committee to integrate and standardise the university's response. For a sample action plan, see Appendix 5. Similarly, in an international literature review conducted of the experiences of disabled students in a number of countries including Norway, Botswana, Cyprus, and the US, one of the primary issues emerging centres on access both in terms of physical and the curriculum:

'Disabled students generally describe themselves as ordinary students who strive to fit in with the demands of higher education' often experiencing a disjunct between what the university is required to do with respect to equality legislation and its implementation (Järkestig Berggren *et al,* 2016, p.340).

Many individuals report a reluctance from their tutors to making their teaching accessible and catering for any adjustments and, although aware of their rights under the equality act, are unlikely to make a formal complaint (Järkestig Berggren *et al,* 2016 p.352). In addition, disability is often regarded as homogenous in terms of a particular protected characteristic, whereas in practice it can vary significantly from one person to the next and there needs to be a shift away from the 'deficit model' to the generation and promotion of an open positive inclusive culture including in open days, recruitment fairs and so on (Mortimore, 2013, pp.38-47). The right to full participation and a quality

education should be guaranteed to all students regardless of whether they happen to have a disability or health condition where diversity and equity are valued key principles predicting accessible teaching and learning and 'factoring in the different ways of learning and anticipating possible needs that may arise' (Shaw, 2021, pp.1-19). However, there have been many studies into whether disability should still be regarded as a 'welfare issue' and as a result there is a rationale for treating disabled students differently from other marginalized and disadvantaged groups (Beachamp Pryor, 2011, pp.5-17). It has also been argued that the failure to understand disability in terms of equality and rights, and as a form of oppression where inequality and the lack of inclusion so often experienced by disabled students remained unchallenged until more recent legislative developments (Shaw, 2021, pp.1-19).

Attitudes

The next theme centres around the attitudes towards disabled students which are largely negative (Liasidou, 2014, p. 122). A survey conducted in for the Arriving at Thriving Report found that more than half the students who responded experienced a lack of social integration such as in the student clubs and societies and events (Policy Forum and the Higher Education Commission, 2020). These experiences still persist today as identified by the current Disabled Student Advisory Group for Advance HE (Disabled Students' Commission, 2022). The attitudes and practices of university staff are also often 'disablist' (Madriaga *et al*, 2011, pp.915-917). The 'disabling social, environmental and attitudinal barriers' in which disabled students have had to exist and study can be argued to have long reflected the 'social model' of disability (Crow, 2003, pp.5-9). For example, disabled students are often segregated which can be very stigmatising and excluding re-enforcing the difference and inequality between them and

their non-disabled peers (Liasidou, 2014, p.123). One such study powerfully describes first-hand by disabled students their experience of stigmatization of disability by lecturers who treat them differently and unfairly, placing them at a disadvantage and preventing them from fully participating and being included (Mortimore, 2013, pp.38-47). International research also discusses how disabled people continue to face negative attitudes and perceptions and how the responsibility for these challenges does not sit primarily with the institutions but society as a whole and how legislation alone is unlikely to resolve the problem (Huskin *et al*, 2018, p.54). There are also comparable studies conducted in the workplace exploring the social and attitudinal challenges that disabled people face such as a lack of information and understanding, the myths and stereotypes associated with the 'medical model' of disability and the physical access barriers (Padkapayeva *et al*, 2015, pp.1-17). The term 'disabled' has been construed in such a negative, stigmatising way that it can negatively affect an individual's perception of self and identity setting them apart from others (Goffman (1963, p.3; Ysasi *et al*, 2018, pp.22-29). Other people's responses to disability can vary considerably from avoidance, to acceptance, stereotyping to inquisitiveness and from empathy, apathy and sympathy (Rocco, 2001, pp.3-4). The impact of stigma can lead to 'lowered self-esteem, depression, social isolation, and suicidal thoughts' (Akin and Huang, 2019, pp.21-33). There is also a general expectation both from other disabled and non-disabled people that people with disabilities will 'face social awkwardness and discomfort from others in the community' which can be devaluing and damaging emotionally for those individuals (Green, 2007, p.38). how an interaction between a disabled person and someone else is conducted will be critical in terms of whether stigma will be experienced (Goffman, 1963, p.138). By centring stigma within the 'social model' where public attitudes towards disability are more pertinent than the

disabilities themselves which can often lead to poor wellbeing in disabled students in response to the 'labelling and stereotyping, and might also be subjected to status loss and discrimination' (Green, 2007, pp.328-340). However, it is also observed that this can be multi-dimensional and it is often a perception that disabled students are treated unfairly rather than the reality and this will vary from one individual to another depending on their expectations (Green, 2007, pp.328-340). In the international arena, it has also been argued that it is imperative for HEIs to address stigma to develop more inclusive environments and that this must be done across the university including management, policy makers, academics and other students (Zuassinger and Terzieva, 2018, pp.182-193; Hong, 2015 pp.214-216).

Self-Belief

Another theme which emerges largely in the international literature is the level of self-belief that a disabled student has on a personal level navigates HE and how this will influence the degree of acceptable and integration they are able to benefit from. This seems to stem from 'a positive self-appraisal by the disabled student which facilitated how they presented themselves to others which in turn would 'elicit' positive accepting behaviours from others' (Olney and Brockelman, 2005, p.84). Two key components are identified as essential for student success: 'self-concept' and 'social capital' (Papasotiriou and Windle, 2012, p.937). 'Social capital' describes how people relate to and interact with their social structures and networks around them (Bourdieu, 1986, pp.241-258). Self-concept refers to an individual's self belief compared to their peers and 'academic self-concept' describes an individual student's self-belief about their academic achievements such as their assignments and grades (Marsh and Martin, 2011, pp.3-4; Choi, 2005, pp.197-205). One study calls for HEIs to support disabled students

to overcome the sense of isolation and separateness to empower them to 'belong and succeed in a frightening and challenging college environment' (O'Keeffe, 2013, p. 608). But often the reality is that the disabled students feel 'compelled to conform to the expectations of the non-disabled by devaluing their disabilities' in order 'to survive and overcome their condition rather than absorb and embrace it' (Olney and Brockelman, 2005, p.87). Another international study conducted in Australia revealed how often disabled students have 'weak social attachments at university, but stronger attachments outside'; their self-concept is not shaped by social capital that was generated within HE when too often the reality was that would be they would be 'struggling with socialising at university and needing to 'protect themselves from the potential harm of disparaging interactions with peers' (Papasotiriou and Windle, 2012, p.944). This may well influence the degree to which a disabled student could feel that they belong to a university and the extent to which they might be willing to get involved with and contribute to the community (Akin and Huang, 2019, pp.21-33). Another paper stresses how important self-determination as 'a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behaviour' and where an individual is able to act on these then they are more able to take control of their lives and succeed (Squires *et al*, 2016, p.124). For a disabled person self-determination involves being able to make their own decisions and often independence is seen as a prerequisite sometimes at the cost of not disclosing or seeking support even when they are eligible. What seems to be key to success for disabled students is 'disability psychosocial adjustment' which has been described as 'an emotional acceptance of one's disability incorporating 'positive self worth, a realization of one's potential, active pursuit of goals, and overcoming obstacles when they arise in pursuit of goals' (Martz, Livneh and Turpin, 2000, p.15). By developing a sense of

belonging for disabled students is essential through good relationships between students and staff, well-resourced support services and a strong commitment to diversity and inclusion (O'Keeffe, 2013, p.609). Whilst higher education can be very challenging for disabled students, there is evidence to suggest that they value the opportunity to attend and that often they will find their own way to succeed (Moriña, López-Gavira and Molina, 2017, pp.353-367).

General Experience

The final theme to emerge from the literature review concerning disabled students including visible and invisible in higher education focuses on the general experiences in HEIs. Their experiences have been compared to 'paths which are frequently very difficult, somewhat like an obstacle course and students even define themselves as survivors and long-distance runners' (Morina, 2015, pp.215-216). The OfS is fully aware that they 'struggle with discrimination, exclusion, reaching their full potential, poor mental health and a lack of a sense of belonging' (Disabled Students' Commission, 2022).

Often the needs to make reasonable adjustments for disabled students to foster equal opportunities and inclusion can lead to them being 'singled out as being 'different' and in need of compensatory measures of support' (Madriaga *et al*, 2011, p.916). What HEIs need to do are to find ways for disabled students to be confident that by disclosing their disability that the 'personal, process and institutional experiences and expectations to be better integrated' which will lead to a positive enhancing experience compared to what many currently experience (Eccles *et al*, 2018, p,203; Beachamp Pryor, 2012, pp.254-269). Some studies strongly advocate for disability to be seen as an equity and

social justice issue to tackle the 'multiple sources of social disadvantage' (Liasidou, 2014, p.131). The Quality Assurance Agency (QAA) Quality Code for Higher Education sets out the need for HEIs 'to work in partnership with students to understand the implications of their specific needs' and how they all have 'a role in and responsibility for promoting equality' and ensuring an inclusive environment' (Roberts *et al*, 2016, p.146).

Visibly Disabled Students

The next section will present the extremely sparse findings of the literature review of studies conducted of British HEIs which include reference to students' experience with visible disability. It will then go onto present the findings of international studies related to visibly disabled students which whilst not plentiful are nonetheless more substantive. It should be noted that none of the key HE agencies in the UK such as Advance HE, HESA and UUK or the regulator, the OfS make the formal distinction between visible and non-visible or hidden disabilities. In one broader study exploring a range of different disabilities including physical and mental, there is mention of 'visible' disability within the chronic illness category and the negative perceptions and discomfort that others can feel when a disability is noticeable (Hamilton, Hulme and Harrison, 2021, pp.21-46). Students with visible disability highlighted the anxiety that they lived with of being perceived as different or causing embarrassment to others proved problematic in terms of 'assimilating 'disabled' into their identity' (Hamilton, Hulme and Harrison*,* 2021, pp.21-46). There is also a brief reference to visible disability in the context of a discussion on the 'erasure of disabled bodies' where it is agreed that there are varying levels of perceptions of severity depending on the disability and those which are less visible have the option to conceal or hide their disability whereas others

do not and are always readily noticeable (Eccles *et al*, 2018, p.195). It seems that visible disability amongst British university students only has the briefest of mentions but the next section will explore the experiences of university disabled students in the international context where considerably more research has been conducted.

Turning to the international sphere, whilst the literature is not expansive or detailed, there is sufficient to form some insights into their experiences. The visibility of a disability to others would influence how stigmatised and ostracised they might be (Goffman, 1963, p.3). One author explores how students with visible disabilities were 'associated with a variety of stereotype' and these negative stereotypes still persist today leading to 'avoidance and belittlement, to belittling reactions masked in positivity such as pity and overly-sympathetic behaviours' (Akin *et al*, 2019, pp.21-33). Visibly disabled people reported how they felt that others considered them to be disabled in many different ways and how it often it was not possible for them to be seen with strengths and weaknesses which more realistically reflected their abilities and needs (Olney and Brockelman, 2005, pp.80-91). Students with visible disabilities have been shown to be more vulnerable to stereotyping or assumptions by their lecturers and peers because of the noticeability of their disabilities and as a result if they are perceived as having less academic potential then they may receive less help and support reducing the number of opportunities to develop and improve (Akin and Huang, 2019, pp.21-33). The degree of severity of a visible disability or the permanence of a condition can also impact on social interactions with others and those perceived as more severe and long term can often be excluded or ostracised (Green *et al*, 2005, p.203). Historically the literature globally suggests that individuals with visible disabilities tended to be the most stigmatised although it did vary in different cultural contexts (Westbrook, Legge

and Penne, 1993, pp.618-620). Yet the experiences of visibly disabled students in more recent times suggest that their experiences of higher education were less negative than other disabled students such as those with mental health concerns or social and communication conditions (Adams and Proctor, 2010, p.176; Simadi and Alqaryouti, 2017, p.243). One study that found that students with visible disability were regarded as more sociable and having more academic potential and better outcomes compared to those with non-visible disabilities (Akin and Huang, 2019, pp.21-33). However, they were also considered to have 'more disruptive behaviours' in class because of the nature of some of their disabilities such as cerebral palsy which might impact speech or tourettes which if they were aware of this perception could potentially lead to them engaging less in class to minimise the label of being disruptive (Akin and Huang, 2019, pp.21-33). Another study showed that non-disabled people are more sympathetic to people with visible disabilities compared to those with non-visible disabilities (Cahill & Eggleston, 1995, pp.681-698). There is some evidence to suggest that visibly disabled students are more likely to disclose and seek support for their disabilities (Mamboleo, Dong and Fais, 2020, p.77). However, it should be noted that when disabilities are particularly visible and / or requiring reasonable adjustments, the option of withholding is greatly reduced (Squires *et al*, 2016, p.129). In several studies visible disability seems to indicate better adaptation and success for visibly disabled students (Adams and Proctor, 2010, p.178). Another author concluded that when students with visible disabilities were able 'to integrate the disability into their overall sense of self, they became more self-accepting' and that they 'valued themselves because of their differences rather than in spite of them' (Olney and Brockelman, 2005, p.87). One paper discusses how a successful transition to university will rely on 'psychosocial adjustment to disability, attributional style, perceived visibility of disability, level of

self-advocacy skill, and level of educational experience' (Adams & Proctor, 2010, p.179). This can be interpreted to suggest that without these necessary factors, then there is a strong likelihood that many prospective disabled students will not make that transition satisfactorily. Managing to change perceptions of how people could see them was critical to the development of formal and informal relationships such as by minimising any impact of their disability on their peers or needing to outshine other students in class for students with visible disabilities (Oleny *et al*, 2005, pp.87-88). Whilst the literature referring to visibly disabled students in higher education remains limited even in the global context, it does provide some insight into the student experience.

2.6. Visible Disabilities in Higher Education: Alternative Responses

Having reviewed the research that has been conducted into the experiences of students with visible disabilities in higher education, the focus will briefly shift to consider what alternative responses are currently available to manage and respond to visible disability in the UK. It will draw on policy and practice from other stages of education, and also employment predominantly in the public sector which have similar legal protections under the British equality legislation to ensure prospective and current students and employees are treated fairly and equally (Equality Act, 2010; Saunders, 2020, pp.21-24). It will begin with summarising the framework for students in compulsory and further education and then continue with an overview of the workplace. Whilst these contexts fall outside the main scope of this dissertation, it is useful to be aware of how disabled people might be protected and supported in other environments. Taking a social model approach, the equality legislation sets out clearly that children in compulsory education must not be discriminated against on the basis of their disability

(Equality Act, 2010). The conditions or impairments that children have which might affect their ability to learn are known as special educational needs and disabilities (Department of Education, 2023). Schools employ' Special Educational Needs Coordinators' referred to as SENCOs who support children who need any additional help or support such as resources and staffing for physical, developmental and learning needs. In each region, local councils also provide information and advice and there are also Information, Advice and Support Services available. For those with particularly complex needs, they may be eligible for an Education, Health and Care Plan (Department of Education, 2023). In practice, the education approach tends to blend a mix of both the medical and social models balancing the need to mainstream the majority of disabled children who have a wide range of disabilities where they possibly can, and reducing the environmental and cultural barriers to foster inclusion, but still with a heavy focus on the need for reasonable adjustments for individual children and their specific needs (Barton, 2014, p.50). Some argue however that their classification as 'special' exaggerates their differences from non-disabled children leading to further exclusion (Rioux and Pinto, 2010, p.622). Whilst there have been considerable developments in policy and protocols to integrate inclusion and equity in education for children, it still very much relies on the commitment, willingness and excellence of individuals (Moore and Slee, 2012, pp.225-239). Anecdotally there is a greater awareness by teachers in some schools of the impact of visible disability and the potential stigma associated with such conditions and school counsellors, SENCOs and psychologists provide essential support in helping disabled children to adjust to their disabilities. Post compulsory education outside higher education in the UK is mainly delivered in Colleges of Further Education and Adult Learning Centres generally provided by the county councils (Department of Education). Whilst funding and

support is provided if actively sought by an individual disabled student, there is a real shift from the SEND provision within compulsory education predominantly attracting students with learning disabilities, there are real issues with equality of access and inclusion (Martin, 2014, p.47).

Turning to the workplace, there has been a strong drive from the government to encourage disabled people to seek and work so that they can live independent fulfilling lives (Roulstone and Barnes, 2005, p.110; Department for Work and Pensions, 2023). As discussed in the section above it has long been recognised the breadth of barriers that often face disabled people looking for and in work including physical, social and attitudinal barriers (Barnes, Mercer and Shakespeare, 2002, pp.110-116). In addition, a succession of government policy has resulted in a 'stick and carrot' approach where disabled people are actively encouraged to seek work and be less reliant on social security (Shakespeare, 2014, pp.196-197). Adopting more of a 'social model' of disability, a range of services and facilities are provided by the state to help individuals find work such as through the Job Centres and the Access to Work scheme where disabled people can apply for funding to assist with any reasonable adjustments required such as transport to work, equipment and technology (Oliver and Barnes, 2012, p.165). They are also able to apply for Health Adjustment Passports which help identify what disability related support or adjustments support they might need (Department for Work and Pensions, 2023). Employers are strongly encouraged to recruit and employ people with disabilities through such incentives as the Disability Confident Scheme which highlights employers' commitments to employing disabled people demonstrating benefits as increasing the talent pool, creating a work force that reflects the diversity of the community and customers it caters for (Department for Work and

Pensions, 2023). Whilst visible disability is not defined in one category, unlike hidden disabilities, there is a raft of advice and information available both from government agencies, private disability consultancies and many third sector organisations on general physical, sensory, mental health and neuro diversity and condition specific conditions including the Business Disability Forum, Clear Talent, Evenbreak, Disability Rights UK, British Institute of Learning Disabilities and Leonard Cheshire Disability. In one systematic literature review, the resources, information and toolkits available to support disabled people to find work, to succeed and to benefit from work are enormous (Jansen *et al*, 2021, pp.944-946). The employment sector seems to vary significantly than the higher education sector where the provision of advice for disabled students tends to be mainly internally resourced apart from the setting of the legal and regulatory frameworks (OfS, 2023; Equality Act, 2010). This section has presented a short overview of some of the other arrangements that are available for visibly disabled people within public sector provision in the UK which whilst out of scope of the main aims and objectives of this research would be interesting to examine in further detail in future studies.

2.7. Conclusion

In summary this literature review has explored the origins of visible disability, the changing perceptions over time, key disability models and how the experiences of visibly disabled students in HEIs in the twenty first century are still impacted by inadequate knowledge, understanding and inadequate regulatory and legal frameworks. It began by exploring the definitions and changing attitudes towards disability from classical times to the modern-day making references where available to visible disability, the focus of the thesis. It then examined the key models of disability in the

context of key legislation over the last 50 years with specific reference to visible disability where available blending disabled people's experiences, social attitudes and the influence on policy and practice. The research then focussed predominantly on the experiences of students with visible disabilities in higher education. Because of the lack of research studies, it has drawn on evidence from universities overseas to inform the understanding of the reality of the HEI experience for this student cohort. Finally, the review also offered some useful comparisons with other public sector provision including non-higher education provision and employment.

3. DISCUSSION OF RESULTS

3.1. Introduction

Following the presentation of the key findings of the literature review investigating the experiences of visibly disabled students in British universities in the previous section, the discussion will consider two key themes which have emerged. The first theme will focus on the understanding and awareness of visible disability and its impact on students with visible disabilities and the second theme will centre on the current application of the equality duty by HEIs to ensure visibly disabled students are treated fairly and equally. There will be a summary of the main issues reflected in the research, how HEIs support visibly disabled students including examples of best practice and then a conclusion identifying what changes in policy and practice are required.

3.2. Awareness of the Impact of Visible Disability on students in HEIs

The most striking finding from the literature review is the lack of knowledge within the higher education sector of visible disability and its impact on students and the wider community as distinct from any other type of disability. This is despite the fact that it has long been recognised in the literature that visible disability can often result in stigma including a devaluing of a person as a result of the readily noticeable difference and the associated stress and anxiety that this may lead to (Goffman, 1963, p.3). However, neither the OfS nor HESA make any provision for the collection of data or policy or guidance regarding the barriers associated with the visibility of disability. There are only a couple of studies that reference visible disability in the UK acknowledging the negative attitudes towards students with visible disabilities, the unease that this can cause others and the psychological burden that this can cause to the students themselves who do not have the choice to conceal their conditions (Hamilton, Hulme and Harrison,

2021, pp.21-46; Eccles *et al*, 2018, pp.195-196). The international literature corroborates the largely negative perceptions, discrimination and social isolation linked to visibly disabled students (Liasidou, 2014, p.122; Kim and Kutscher, 2021, pp.313-315). Qualitatively, students share stories of the exclusion, rejection and loneliness that this causes. What is interesting about the international findings are the factors that predict greater success for visibly disabled students in terms of integration and achievement in their higher education which mainly lie with the psychosocial adjustment on the part of the individuals have towards their visible disabilities in terms of self-acceptance, self-belief and ambition rather than institutional interventions (Adams and Proctor, 2010, pp.176-7; Olney and Brockelman*, 2005, p.87). In addition, they seem to have more positive university experiences than those with other types of disabilities (Adams and Proctor, 2010, p.179). Without a similar understanding of the impact of visibly disability on students at British HEIs, it is hard to be confident that visibly disabled students have the resources and support to succeed.

The research suggests that in general providers offer a range of support services for students with many types of disabilities in the UK including physical, long term impairments, mental health and neuro diverse conditions. These include helping making reasonable adjustments, securing Disability Support Allowance and providing a range of practical and psychological support and advice to support students with their teaching and learning, assessments and general access of university services and facilities (University of Wales, Trinity St David's, 2023; Brunel University London, 2023). However, there is no evidence available at local level nor within the specialist HEI disability networks such as the Business Disability Forum and the National Association of Disability Practitioners to suggest that tailored support is provided to

support students with the specific challenges associated with visible disability in terms of stigma, discrimination and exclusion. This is despite the recognition in the literature and the sector guidance that students' needs associated with their disabilities should be assessed and support tailored appropriately (Roberts *et al*, 2009, p.146). And also, that it is widely recognised that a lack of knowledge or skill to support disabled students adequately can potentially be damaging leading to exclusion and discrimination (Redpath *et al,* 2013, p.1337; Riddell and Weedon, 2014, pp.38-46). This is likely to further compound the very challenges that are attached to visible disability, that of stigma and negative perceptions. What is known to the author of this paper who is also a practitioner in the HE sector (Pen Portrait available in Appendix 4) is that there are a handful of individual practitioners and academics who do have an understanding of the negative perceptions related to visible disability and as a result give careful consideration in their practice to address the lack of inclusion and the integration that the students encounter taking a proactive response to addressing the stigma (Appendix 5).

Turning to what is known about current best practice in the HEIs for visibly disabled students requires drawing on the findings from the international arena. Research reveals that students with visible disabilities are more likely to make use of the universities' support services compared to those with less visible disabilities (Mamboleo, Dong and Fais, 2020, p.77). Whilst it is not clear whether they are seeking assistance because of the noticeability of their conditions and/or any associated practical or psychological needs, it is very positive to see. The literature does seem to corroborate that their university experience may be more positive than other students with disabilities in recent years (Simadi and Alqaryouti, 2017, p.243). In addition, some of them do

socially integrate, are able to benefit equally from the opportunities provided and succeed academically expected (Akin and Huang, 2019, pp.21-33). But it is not clear what actions HEIs are doing to promote inclusion and foster good relations. Certainly, it is hoped that some of the work to develop more inclusive and accessible teaching pedagogy and delivery to reflect and represent the diversity of their student cohort goes some way to include students with visible disabilities (Shaw, 2021, p.12). What seems key to success from the literature is where the educational providers take an institutional proactive approach to tackling the stigma and ostracism that visibly disabled students experience to create inclusive, respectful environments (Zuassinger and Terzieva, 2018, pp.182-193). Where the whole university community including staff, students, managers and leaders through awareness campaigns, training and information act as active bystanders to foster kind and welcome to include those with noticeable differences, then this helps to facilitate inclusion and equality. Other institutions also provide support to address the potential negative attitudes and stigma to enable them to develop techniques to challenge how they are perceived (Hong, 2015, pp.214-216; Oleny *et al*, 2005, pp.87-88). This should help disabled students to develop good relations to better integrate and reduce the discomfort and awkwardness that others may have towards the visible disability and reduce the loneliness and ostracism that they all too often experience.

In the future a greater understanding of visible disability in the British higher education context is required both in terms of how it affects students themselves and their higher education experience. Questions should be asked of whether their experiences are similar to those in other countries, do they encounter stigma, isolation and discrimination and does it affect their mental health and wellbeing. Furthermore,

whether HEIs in the UK are adopting a 'social model' approach to provide tailored services and interventions to remove any barriers that prevent them from being treated fairly and equally and able to reach their full potential. With research into the experiences of visibly disabled students in higher education, it will become possible to develop a body of knowledge to understand this issue better. This will require data to be gathered on visible disability to enable HEIs to understand the scale of the issue and the impact on students' lives to identify what interventions will be required both by the institutions themselves and the students themselves.

3.3. HEIs: Fulfilling the Aspirations of Visibly Disabled Students

From the literature review, it is apparent that the lack of sufficient knowledge of visible disability as summarised in the first theme of the discussion, makes it very difficult to assess whether HEIs are providing a fair and inclusive university education for visibly disabled students, Whilst it is understood that a key equality responsibility of British HEIs is to ensure that disabled students are treated fairly and equally alongside other students, the legal definition of disability does not make mention of visible or invisible disability. However, it does however require the disability to have a substantive impact on an individual's daily life and negative attitudes, discrimination and stigma can be interpreted as such. Indeed, the non-statutory guidelines and code of practice produced alongside the equality legislation include examples of disfigurement recognising the attitudinal barriers. Disfigurement is a generic term used to describe medical conditions both temporary and permanent that cause alternative or distinctive appearance as a result of disease, illness, trauma or accident (Stock, 2013). Nonetheless universities are expected by the OfS to provide 'an open, welcoming and supportive atmosphere' for all students (Shaw, 2021, p. 10). There are undoubtedly some hard-working and

committed university staff who do their utmost to support students with an array of different conditions, but the limited literature reveals that there is considerable variation between institutions in how the legal and regulatory frameworks are interpreted and applied, what resources and services are provided and whether they are treated equally (Kendall and Tarman, 2016, p.2; Riddell and Weedon, 2014, pp.38-46). The high levels of concern reverberated across HEIs following the recent discrimination case, 'Abrahart v. University of Bristol' after a tragic student suicide where the court judgement highlighted a long list of inadequacies by the institution including the lack of knowledge and confidence, and disconnected practice between departments in individual institution and a lack of care to the student (Judiciary, 2022). The author of this dissertation has observed firsthand from their professional practice, the nervousness that colleagues have experienced with relation to understanding adequately their legal duties and to ensuring that the institution provides fair and equal opportunities for all their students.

In practice, HEIs currently provide a wealth of different adjustments, modifications and additional support to students with disabilities primarily lead through student services. However, it is very reliant on disabled students choosing to disclose and the universities tending to take a very reactive medical model approach, tailoring their response to individual needs and having countless discussions on what is reasonable and proportionate within their own particular environment. They are also very reliant on strong leadership by senior management on how inclusive provision should be. In addition, one study suggested that they focus on disabled students' needs because of the legal requirement rather than a genuine commitment to equality and inclusion (Evans and Zhu, 2017, pp.7-11). The research reveals that the very nature of making

reasonable adjustments can be quite counter-intuitive leading to further exclusion and isolation in turn needing further support and interventions (Madriaga *et al*, 2011, p.916). As noted earlier visible disability is not even part of the current narrative. This approach is open to individual awareness and interpretation, local application and inconsistent approach potentially resulting in some students receiving better-informed advice and support but not all. As summarised by the key findings in the Arriving at Thriving Report, there are a significant number of recommendations that are required to ensure that disabled students are able to fully access their higher education (Policy Forum and the Higher Education Commission, 2020).

With respect to what constitutes best practice in higher education, the literature review identifies several key factors to help foster equality and inclusion for students with disabilities. High levels of commitment by staff to support visibly disabled students to their success at university is also important (Rocco, 2001, pp.3-4). This will help develop a positive influence on the outcomes and experiences of this cohort of students. Those academic departments that are pursuing a proactive approach to developing universal curriculum design also play a key role in reflecting and representing visible disability in the student community (Shaw, 2021, p.11). Having access to role models in ED&I is increasingly recognised as an effective tool to inspire motivation, aspiration and ambition. Where disabled students can be confident that their needs and expectations will be integrated into their university experience on a 'person level, a process level and institutionally' is where there will be a much greater chance of a positive affirming student experience (Eccles *et al*, 2018, p.205). What is clear from the research is that the universal design approach should be extended to the institution's policies and procedures across the organisation with senior management scrutiny and

accountability (Moriña *et al*, 2017, pp.358-361). The example cited earlier of the university where the author of this paper is based signals one university's commitment to doing this.

Looking to the future, there needs to be a systematic approach by each institution to ensuring that they remove the barriers, promote equality of opportunity and foster good relations to ensure that the public duties set out in the legal framework are being met is how the experiences of visibly disabled students can be improved and their access of their education fairer and more inclusive. This should include the development of mandatory disability and inclusion training for staff and students. Quality assurance processes need to ensure that universal curriculum design is embedded across the sector and equality impact assessments are conducted and reviewed on a regular ongoing basis. University leadership also needs to take responsibility for ensuring that students with visibly disabilities are treated fairly and equally and are held to account to ensure that any awarding gaps are eliminated and that they are guaranteed a positive higher education experience. At sector level, the regulator needs to strengthen the conditions of registration to ensure that inclusion and accessibility for visibly disabled students are key criteria and the relevant higher education agencies need to incorporate this into their data collection, policy frameworks and guidance. And finally, there will need to be evaluation of the interventions introduced to measure their impact and effectiveness and studies conducted to assess the impact on visibly disabled students and whether their higher education experiences are becoming more inclusive and equal compared to their peers.

3.4. Conclusion

To conclude the discussion section of this dissertation examined two key themes which were drawn from the literature review into the experiences of students with visible disabilities in the British higher education system and the extent to which they are fully included and able to reach their fully potential. The first theme considered the absence of knowledge about visible disability and the resulting lack of understanding of how it impacts students experiences in the higher education sector. The second theme consisted of whether higher education providers were meeting their duties under the equality legislation towards students with visible disabilities and how an institutional approach is required to systematise and mandate the approach to providing an inclusive and equitable experience for visibly disabled students. Each theme consisted of an overview of the key findings, discussion on the impact of what the studies revealed and what changes should be made.

4. CONCLUSION AND RECOMMENDATIONS

The aim of this dissertation was to explore the experiences of students with visible disabilities in higher education in the UK and to what extent they are treated fairly and fully included. It sought to answer the research question below through a literature review.

> *Research Question: to what extent Higher Education Institutions in the UK meet their equality duty to ensure that students with visible disabilities are treated fairly and fully included?*

The study examined the current knowledge regarding visibly disabled students in higher education drawing on sources from academic research, theory, legislation, policy and practice. It began with a brief summary of the history of disability stemming from classical times to the modern-day considering people's identities, definitions, changing attitudes and behaviours towards visible disability. It reviewed the evolution of key disability theory and models in response to societal needs and perceptions including the development of legislation, policy and practice with a focus on the 'medical model' and the 'social model' in the context of disabled people's lived experiences and disability rights. The review then critically examined what is known about the experiences of students with visible disabilities with regards to equality and inclusion in higher education evaluating the effectiveness of current policy and practice. It also introduced some alternative responses from other public sector institutions to promote equality and inclusion for people with visible disabilities. By conducting the literature review and critically evaluating the findings, 2 key themes have emerged which considered the extent of which HEIs are providing a fair and inclusive experience for visibly disabled students, which are listed below:

- Awareness of the Impact of Visible Disability on Students in HEIs
- FEIs: Fulfilling the Aspirations of Visibly Disabled Students

Awareness of the Impact of Visible Disability on students in HEIs

The most overarching theme which can be derived from the study is the absence of understanding or knowledge about visible disability by British universities and how the lives of students with visible disabilities might be impacted and / or other stakeholders within the community. The higher education sector as a whole including the regulator, associated higher educational advisory and disability bodies, institution leaders, academics and professionals seem completely uninformed with regards the stigma, negativity and isolation that is often associated with visible disability and how damaging psychologically and emotionally it can be for the individuals affected. Nor do they appreciate that it is often the students themselves who may or may not possess the necessary social capital, self-belief and psychosocial adjustment to navigate and succeed the higher education environment. As a result of this inadequate knowledge, HEIs generally do not provide the necessary specialist resources and interventions with respect visible disability to enable these students' integration and removal of any inequalities or injustice. Some international studies have identified the need for the support of the development of social capital, universal curriculum design and an institutional approach to creating inclusive cultures where everyone including visibly disabled students feels welcome and that they belong. A number of urgent changes are required, which are listed below:

> ***Recommendation 1: Research into to what extent visible disability affects higher education students in the UK in terms of equality and inclusion***
> ***Recommendation 2: Research into what interventions would be effective to HEIs to meet the needs of students with visible disabilities***

FEIs: Fulfilling the Aspirations of Visibly Disabled Students

The other main theme which emerged from the literature review is the insufficient information to evaluate whether HEIs in the UK are meeting their equality duties to ensure that all students are able to access their higher education fairly and inclusively. This can be predominantly linked to the lack of awareness of visible difference and any associated inequalities. As the result student services, teaching and other university provision almost variably lack the necessary skill or confidence to meet these students' particular needs inadvertently applying a 'medical model' to their services which may in turn exacerbate visibly disabled students' experiences. This is despite a wide range of potential tools and resources available and some very committed staff and senior leaders in individual HEIs which can facilitate equal opportunities and inclusion. The development of institution-wide inclusive and accessible pedagogy, policy and culture are prerequisites to tackling exclusion and ostracism and institutions meeting their legal responsibilities to eliminate harassment and discrimination, make appropriate reasonable adjustments, promote equal opportunities and foster good relations for visibly disabled students. In order to establish where HEIs are meeting their equality duties, the follow improvements are suggested below:

> ***Recommendation 1: HEIs should develop a systematic approach to ensuring visibly disabled students are treated fairly and equally with appropriate quality assurance processes and an inclusive environment embedded***
> ***Recommendation 2: the higher education regulator and sector leaders need to recognise visible disability as a key issue that needs to be tackled in both policy and practice***

To conclude, this dissertation has identified the need for considerably more research, discussion and scrutiny of the lives and experiences of students with visible disabilities. They need to be escalated as a matter of priority to develop greater understanding and awareness of how their visible disability impacts their higher education journey, what

improvements in policy and practice HEIs and the wider higher education sector should be taking to ensure that they are being treated fairly and equally, whether they are being fully included and finally whether the institutions are meeting their responsibilities under the equality legislation to ensure they are able to reach their full potential and have a positive student experience.

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6. APPENDICES

6.1. Appendix 1: Ethics Form

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Henrietta Spalding			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student	☐

3	Institute/Academic Discipline/Centre:	Humanities and Social Sciences
4	Campus:	Carmarthen
5	E-mail address:	2012397@students.uwtsd.ac.uk
6	Contact Telephone Number:	
	For students:	
7	Student Number:	2012397
8	Programme of Study:	MA Equity and Diversity in Society
9	Director of Studies/Supervisor:	Phillip Morgan

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)		**YES**	☒	**NO**	☐
						Date
2	If Yes, please indicate source of approval (and date where known): ***Approval in principle must be obtained from the relevant source prior to seeking ethical approval***	Research Degrees Committee		☐		
		Institute Research Committee		☐		
		Other P Morgan		☒	25.10.2022	

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	**UWTSD Research Ethics & Integrity Code of Practice**	☒
2	**UWTSD Research Data Management Policy**	☒
3	**British Sociological Association Ethical Guidelines**	☒
4	**British Educational Research Association Ethical Guidelines**	☒

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

There is no external collaborative research activity

1	Institution					
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?		**YES**	☐	**NO**	☐
5	Are you in receipt of a KESS scholarship?		**YES**	☐	**NO**	☐
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	**YES**	☐	**NO**	☐
7		Employed	**YES**	☐	**NO**	☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	**YES**	☐	**NO**	☐
9	Has permission to undertake the research has been	(If YES attach copy)	**YES**	☐	**NO**	☐

	provided by the partner organisation?	If NO the application cannot continue				

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	**YES**	☐	**NO**	☐
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	Do HEIs take fairness and inclusion seriously?		
2	Proposed start date:	1/11/2022	Proposed end date:	25/09/2023
	Introduction to the Research (maximum 300 words per section) **Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below:** *Purpose of Research Activity* *Proposed Research Question* *Aims of Research Activity* *Objectives of Research Activity* Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain *What the research activity will add to the body of knowledge* *How it addresses an area of importance.*			
3	**Purpose of Research Activity** This study aims to improve current knowledge and understanding of the experiences of students with visible disabilities within British Higher Education and what measures are effective to addressing any unfairness or social isolation. The Office for Students (2022) reports that students without disabilities outperform students with disabilities. In addition, students with disabilities can face social exclusion and a lack of belonging (Policy Forum, 2020). However, the term 'disability' is highly contested and inconsistently used deriving its origins from the medical model (Shakespeare, 2013). Less is known about whether students consider themselves 'disabled', how they define their identities through an intersectional lens and the impact of the attitudes and behaviours of others. Recent years have seen a growing body of academic literature and 'disability activism' that have explored and challenged the traditional concepts of disability, presenting different models and portrayals of the impact on people's lives, changing attitudes and behaviours and increased legal protection and rights (Oliver, 1990). Yet a gap in the literature both in discussion of disability more generally and more specifically with relation to higher education is discussion of the experience of students with 'visible disabilities', whether they are disadvantaged and excluded, is there social reproduction of inequalities and what course action has been taken. Where there is some body of knowledge is more specifically centred on disfigurement and the barriers that people may face (Rumsey *et al*, 2012) (Garissi, 2018). But			

	to date, studies on university students with disabilities have tended to focus on 'disability' more broadly or 'hidden' disabilities rather than 'visible'. Those studies that do exist mainly explore the issues of social exclusion and the lack of a sense of belonging rather than addressing the issues. This study aims to contribute to redressing this paucity of knowledge to a neglected yet important area for the many students with visible conditions and wider society. (this box should expand as you type)
4	**Research Question** The dissertation will comprise of a literature review which will examine to what extent Higher Education Institutions in the UK meet their equality duty to ensure that students with visible disabilities are treated fairly and fully included. Are they simply looking to meet the minimum standards of the Public Sector Equality Duty or are they genuinely committed to eliminating harassment, discrimination and victimisation, advancing equality of opportunities for all and fostering good relations for all? (this box should expand as you type)
5	**Aims of Research Activity** The study will explore the experiences of students with visible disabilities at Higher Education Institutes (HEIs) in the UK to develop an understanding of any real or perceived inequalities and social exclusion that they may face and critically evaluate what measures the HEIs have taken to address these. (this box should expand as you type)
6	**Objectives of Research Activity** The research activity will include a number of objectives to better understand any disadvantages or ostracism that students with visible disabilities may face within British Higher Education and explore the effectiveness of the response of HEIs to ensuring that those learners with visible disabilities have an equitable student experience and are fully included. These are: 1. Establish a framework for reference based on legislation, theory and other relevant regulation and policy. 2. Identify and interrogate associated legislation, theory, regulation and policy and critically reflect if it is fit for purpose. 3. Identify and interrogate associated legislation, theory, regulation and policy and critically reflect if it is supportive of positive outcomes. 4. Develop a set of recommendations of future developments to associated legislation, theory, regulation and policy which would be fit for purpose and supportive of positive outcomes. The research will comprise a number of key themes as set out below: • To critically examine the terms 'disability' and 'visible disability' (Disability Rights UK, 2022); exploring their origins, definitions and different models (Oliver, 2013) (Shifrer, 2019), considering

disability identity and different perceptions and portrayals (Goffman, 1963) (Kurzban, 2001) (Talley, 2014).

- To consider the rights of individuals with disabilities within the legal context and other key regulation (Convention of the Rights of Persons with Disabilities 2022) (Equality Act, 2010) (American with Disabilities Act, 1990) to critically evaluate to what disability is defined and people are adequately represented and protected (Ashtiany, 2011) (de Beco, 2020).
- To assess key statistics and reports that present data to people with disabilities and visible disabilities in general and to assess what knowledge can be gained with respect to the impact om their lives and any associated inequalities or disadvantage (Office of National Statistics, 2022) (Scope, 2022) (Welsh Government, 2022).
- To critically explore the experiences of students with visible disabilities at HEIs in the UK including in teaching and learning and their social experiences using an intersectional approach (Advance HE, 2022) (Hamilton *et al*, 2021) (Loutzenheiser, 2021) (Collins, 2020); identify any barriers affect students with visible disabilities unfairly and prevent full inclusion (Pousson *et al*, 2021) (Trammell, 2009) (Madriaga, 2011).
- To identify any interventions that HEIs have used to address a lack of equity and social exclusion of students with visible disabilities at University (Morina, 2017) (Liasidou, 2014) (Hanafin, 2007); critically evaluate what measures have been effective (Malm, 2020) (Elcock, 2014) (Shaw, 2021).

(this box should expand as you type)

	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that **may** be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	The study will explore the experiences of students with visible disabilities in Higher Education in the UK, whether they are treated fairly and fully included, and if not whether the institutions are taking effective action to address this. A pragmatic view will be taken throughout the research to ensure that a multi-dimensional view, multiple methods and assumptions are adopted to understand the problem (Creswell, 2018) (Denzin, 2017). This will ensure that different contexts, situations and scenarios will be considered, analysed and re-interpreted (Mouton, 1996). The research will comprise of a literature review of a wide range of existing sources on the subject such as academic literature including books, articles and databases, reports and analysis from governments, policy makers and the third sector and press articles, journals and other media on the subject. Key themes will be summarised and identified from the literature synthesising and

integrating the key theories, concepts and ideas (Xiao, 2019). Then a critical evaluation of the strengths and weaknesses of the literature will be conducted including any limitations and deficiencies of the methodology, methods and knowledge of the subject (Bolton, 2018) (Cresswell, 2009). A reflective and reflexive approach will be employed throughout the analysis, interpretation and discussion of the quality and contribution of the current literature and the formulation of the conclusion and recommendations (Alvesson, 2000) (Seale, 1999).

An ethical approach will be adopted throughout the study to ensure that the researcher is fully informed of her professional responsibilities to be objective, avoid harm and to minimize risks (Punch, 2014). Sector guidelines and code of practice will be followed with a strong commitment to personal integrity, values and scrutiny (BERA, 2022) (British Sociological Association, 2022).

(this box should expand as you type)

	Location of research activity Identify all locations where research activity will take place.
8	The research will be conducted either from the investigator's home or university libraries. (this box should expand as you type)
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A as the research will take place within the UK *(this box should expand as you type)*

10	Use of documentation not in the public domain: Are any documents **NOT** publicly available?	**NO**	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. *(this box should expand as you type)*		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☐
13	A resilient Wales	☐	☐
14	A healthier Wales	☐	☐
15	A more equal Wales	☒	☐
16	A Wales of cohesive communities	☐	☐
17	A Wales of vibrant culture and thriving Welsh language	☐	☐
18	A globally responsible Wales	☐	☐
19	If YES to any of the above, please give details:		
	This research relates to the Wellbeing Goal of a 'more equal Wales' in the Well-being of Future Generations (Wales) Act 2015 where people are enabled to reach their full potential no matter what their background or circumstances including 'disability' as defined by the Equality Act, 2010. (this box should expand as you type)		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☐	☒
2	Use of interviews?	☐	☒
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☐	☒
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒

16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.		
	Details of any other primary data collection method: (this box should expand as you type)	☐	☒

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants
If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☐	☒
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.		
	Details of any other participant groups: (this box should expand as you type)	☐	☒

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	There are no participants involved in this research. *(this box should expand as you type)*
11	Who will the participants be?	There are no participants involved in this research.

		(this box should expand as you type)
12	How will you identify the participants?	There are no participants involved in this research. *(this box should expand as you type)*

	Information for participants:	YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☐	☐	☒
14	Will you tell participants that their participation is voluntary?	☐	☐	☒
15	Will you obtain written consent for participation?	☐	☐	☒
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☐	☐	☒
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☐	☐	☒
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☐	☐	☒
22	If NO to any of above questions, please give an explanation			
	There are no participants involved in this research so no issues regarding information that need to be managed. *(this box should expand as you type)*			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☐	☒
25	Is specialist electrical or other equipment to be used with participants?	☐	☐	☒
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☐	☒
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☐	☒
28	If YES to any question, please provide full details			

	There are no participants involved in this research so no issues regarding information that need to be managed.
	(this box should expand as you type)

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.		
	If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	Full risk assessment completed and appended?	Yes	☐
		No	☒
2	**Risks to participants** For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
	Risk to participants: There are no participants as it is a literature review *(this box should expand as you type)*	*How you will mitigate the risk to participants:* *(this box should expand as you type)*	
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities		
	There are no participants in this research so there will be no sensitive, embarrassing or upsetting topics or issues that need to be managed. *(this box should expand as you type)*		
4	**Risks to the investigator** For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest		
	Risk to the investigator: 1. Emotional distress: the investigator may encounter emotionally and / or psychologically distressing or upsetting content relating to the experiences of students with visible disabilities in HEIs. In addition, this emotional or psychological distress could	*How you will mitigate the risk to the investigator:* 1. The investigator will be able to seek support from her Supervisor, employee assistance programme at her employment or from a charity that offers a support service such as Changing Faces or the Samaritans if required.	

	be exacerbated because the investigator has personal experience of this subject matter. 2. Unconscious bias: there is a risk of implicit bias in her enquiry because of personal experience of the subject matter, her particular view towards the terminology and portrayals of disability, and a positive experience of HEI both as a student (undergraduate and postgraduate) and an employee. *(this box should expand as you type)*	2. She will seek to ensure that she draws on a wide variety of sources from a range of sectors and disciplines to ensure that the research is not conducted through a single lens but a broad approach is taken to enable a balanced, objective and critical evaluation. *(this box should expand as you type)*
	Risk to the University: 1. Data Protection: if quantitative data is analysed pertaining to specific institutions or cohorts of students 2. Adverse publicity: if study reveals examples of bad practice / discrimination by individual institutions 3. Presenting inappropriate content Following *(this box should expand as you type)*	*How you will mitigate the risk to the University:* 1. Adhere to GDPR Regulations and university Data Protection Policy 2. When citing example, use anonymous case studies 3. Attend all supervision appointments *(this box should expand as you type)*
	Risk to the environment: No environmental risks have been identified as this is a desk-based study *(this box should expand as you type)*	*How you will mitigate the risk to environment:* *(this box should expand as you type)*

	Disclosure and Barring Service

	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☐	☒
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	**Feedback** What de-briefing and feedback will be provided to participants, how will this be done and when?
	There are no participants involved in this research so no nee for de-briefing and feedback. *(this box should expand as you type)*
2	**Informed consent** Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	There are no participants involved in this research so no need to make arrangements regarding informed consent. *(this box should expand as you type)*
3	**Confidentiality / Anonymity** Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	There are no participants involved in this research so no need to make arrangements to conserve anonymity and confidentiality. *(this box should expand as you type)*

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
1	*"Personal data" means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the*	☐	☒

	physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.		
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	There are no participants in this research so there will be no personal data protection issues that need to be managed. *(this box should expand as you type)*		
	Does it involve special category data (as defined by the GDPR)?	**YES**	**NO**
3	*"Special category data" means sensitive personal data consisting of information as to the data subjects' –* *(a) racial or ethnic origin,* *(b) political opinions,* *(c) religious beliefs or other beliefs of a similar nature,* *(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),* *(e) physical or mental health or condition,* *(f) sexual life,* *(g) genetics,* *(h) biometric data (as used for ID purposes),*	☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	There are no participants in this research so there will be no personal data including special category data that need to be managed. *(this box should expand as you type)*		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	**YES**	**NO**
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☐	☒
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☐	☒
10	"Cloud" storage or websites?	☐	☒
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	Any data generated from the literature review will be stored in password protected encrypted folder in one drive. Any details identifying a Higher Education Institution will be removed preserving their anonymity.		

	Data Protection		
	Will the research activity involve any of the following activities:	**YES**	**NO**
13	Electronic transfer of data in any form?	☐	☒
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	There are no participants in this research so there will be no personal data protection issues that need to be managed. *(this box should expand as you type)*		
22	List all who will have access to the data generated by the research activity:		
	Access will be limited to the Researcher and if necessary her Supervisor. *(this box should expand as you type)*		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	The investigator will have control of, and act as custodian for any data generated by the research activity. *(this box should expand as you type)*		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	The data generated from the literature review will be stored in a password protected encrypted folder in one drive for the duration of the Masters programme including until after the results have been published and the researcher has graduated. *(this box should expand as you type)*		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (*Most relevant to academic staff*)		

	There are no participants in this research so there will be no personal data protection issues that need to be managed. *(this box should expand as you type)*		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	**YES**	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	**YES**	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants**.** In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	**Signature of applicant:**	H J Spalding	**Date:** 29/10/2022

For STUDENT Submissions:

2	Director of Studies/Supervisor:	P Morgan	**Date: 08.11.2022**
3	Signature:	P Morgan	

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		**Date:**
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed **ALL RELEVANT** sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (**where appropriate**)
☐	I have attached a full risk assessment (where appropriate) *ONLY TICK IF YOU HAVE **ATTACHED A FULL RISK ASSESSMENT***
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.

| ☒ | I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director. |

RESEARCH STUDENTS AND STAFF ONLY
All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.
You will be informed of the outcome of your claim by email; therefore it is important that you check your University and personal email accounts regularly**.**

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES
should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages:
https://www.uwtsd.ac.uk/academic-office/appendices-and-forms/

6.2. Appendix 2: Proposal

Institute of Education and Humanities/
Yr Athrofa Addysg a'r Dyniaethau

MA Dissertation Approval Form/
Ffurflen Gymeradwyo Traethawd Hir MA
ECGE7002Q

Student Name/ *Enw Myfyriwr*	Henrietta Spalding
Degree Scheme/ *Cynllun Gradd*	MA in Equity and Diversity in Society
Start date/ *Dyddiad cychwyn*	01/10/2022

I have complete Part 1 of my degree.

• Title of Dissertation: • Do HEIs take fairness and inclusion seriously? • Research Question • Cwestiwn Ymchwil   ○ To what extent do HEIs meet their legal duty to ensure that students with visible disabilities are treated fairly and included fully?
Aims and Objectives: The aim of this research study is to explore the experiences of students with visible disabilities at Higher Education Institutes in the UK and to develop an understanding of any inequalities and social exclusion that they may experience. Via a critical literature review/data capture the study will evaluate measures and interventions that have been developed and put into practice to address. Objectives: 1. Establish a framework for reference based on legislation, theory and relevant other publications. 2. Identify and interrogate associated legislation and critically reflect if it is fit for purpose. 3. Identify and interrogate associated legislation and critically reflect if it is supportive of positive outcomes.

Abstract/Plan (approximately 500 words):
Crynodeb (tua 500 gair):

<u>Introduction</u>

<u>Literature Review:</u>
- Theme 1: Terminology and Models
  - Critically examine term 'disability' and 'visible' disability: their origins, uses and associations (Disability Rights UK, 2022) (NADP, 2022);
  - Compare different models of disability, power and control, intersectionality (Cameron, 2014) (Oliver, 2013) (Shakespeare, 2013) (Lawson *et al*, 2021) (Shifrer, 2019) (Sommo, 2013);
  - Explore perceptions and portrayals of disability and visible disability (Barbareschi *et al*, 2021) (Garrisi *et al*, 2018) (Goffman, 1963) (Hughes, 201&) (Kurzban, 2001) (Talley, 2014).
- Theme 2: Key legislation and policy
  - Review key disability legislation and regulation and their strengths and weaknesses (WHO, 2001) (Convention of the Rights of Persons with Disabilities 2022) (Equality Act, 2010) (Equality and Human Rights Commission, 2022) (American with Disabilities Act, 1990);
  - Critically evaluate extent of legal protection for people with disabilities (Ashtiany, 2011) (de Beco, 2020).
- Theme 3: Statistics and Reports
  - Examine key data related to people with visible disabilities (Purple Space, 2022) (Disabled Students Commission, 2022) (Office of National Statistics, 2022) (Business Disability Forum, 2022) (Disability Rights UK, 2022) (National Association of Disability Practitioners, 2022) (Scope, 2022) (Welsh Government, 2022).
- Theme 4: Student Experiences in Higher Education
  - Critically explore the experiences of students with visible disabilities at university in the UK including in teaching and learning, social experiences, through student cycle (Advance HE, 2020) (Advance HE, 2022) (Green, 2014) (Hamilton *et al*, 2021) (Huskin *et al*, 2017) (Kendall, 2016) (Papasotiriou, 2017) (Wolbring, 2021) (Borland, 1999) (Couzens *et al*, 2015) (Carter, 2006);
  - Use an intersectional framework to critically evaluate the university experiences of students with visible disabilities (Loutzenheiser, 2021) (Collins, 2020) (Romero, 2020);
  - Identify barriers which prevent some students with visible disabilities from full equality and inclusion (Pousson *et al*, 2021) (Trammell, 2009) (Madriaga, 2011).
- Theme 5: Tackling the inequity and exclusion
  - Identify interventions that have been used in addressing a lack of equity and social exclusion of students with visible

disabilities at University (Cook *et al*, 2012) (Morina, 2017) (Liasidou, 2014) (Fossey, 2012) (Hall, 2007) (Hanafin, 2007) (Björnsdóttir, 2017);

- o Critically evaluate interventions that have been effective in addressing a lack of belonging and social exclusion of students with visible disabilities at University (Malm, 2020) (Elcock, 2014) (Bartz, 2020) (Shaw, 2021).

Methodology/Methods

- Methodology
  - o Paradigm – pragmatist mainly one truth but seen through different lenses depending on different circumstances / experiences, needs to be constantly debated, re-interpreted, Practical solutions, real world practice, problem centre (Denzin, 2017) (Mouton, 1996) (Bryman, 2008).
- Methods
  - o Conduct a literature review to explore. Mixed methods (Cresswell, 2009) (Punch, 2012) (Hesse-Biber, 2016)
- Ethics
  - o Avoidance of harm, minimize risks, responsibilities of researcher, integrity, sector guidelines and code of practice, personal ethics (BERA, 2022) (Oliver, 2010) (Punch, 2005) (BSA, 2022).
- Data Analysis
  - o Thematic analysis, coding (Bolton, 2014);
  - o Population (Cresswell, 2009);
  - o Reflexive (Alvesson, 2000) (Seale, 1999).

Results Discussion

- TBC

Conclusion/Recommendations
- TBC

Short Introductory Bibliography:
Llyfryddiaeth rhagarweiniol byr

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Proposed Supervisor: Phillip Morgan
Goruchwyliwr awgrymedig

Please indicate whether ethical approval for project is needed – YES

Please indicate whether sufficient resources are available for the project – YES

The above topic, proposal, and supervisor have been agreed:

Signed : P Morgan……………..Programme Director/

Date:…25.10.2022……………………………

Please return this form to your Programme Director.
Dychwelwch y ffurflen hon at eich Cyfarwyddwr Rhaglen.

6.3. Appendix 3: Example of an HEI policy to support disabled students

NB: This policy is publicly facing thus it has not been anonymised.

Policy to Support Students with Disabilities, Long-term Health Conditions, Mental Health Concerns and Learning Difficulties

Note on language

In UK equality law the word "disability" is used to represent a wide range of conditions which include physical disabilities, long-term health conditions, mental health concerns and learning difficulties. The legal definition within the Equality Act 2010 is:

> *a physical or mental impairment which has a 'substantial' and 'long-term' adverse effect on that person's ability to carry out normal day-to-day activities.*

Throughout this policy, "disability" will be used as an umbrella term to cover the wide range of conditions that are given protection. However, the University does recognise that this is not necessarily a term that all our students will use personally or feel comfortable with.

For more information about this policy, please follow this link - Disability and Specific Learning Difficulties (brunel.ac.uk) or email: studentsupport@brunel.ac.uk.

Introduction

Brunel University London is committed to providing a culture where all students may study, work, conduct research and socialise without encountering disadvantage or discrimination because of their disability as defined by the Equality Act 2010. This applies to undergraduate and postgraduate students. For further information on the protection of people with disabilities under the legislation, see Appendix A. In addition, the mental health and wellbeing of all our students is considered a top priority and since 2018 the University has had a Mental Health and Wellbeing Strategy for Students which places good mental health and wellbeing for all at the heart of our ethos.

The University does not tolerate bullying or harassment and expects the whole community to behave in an inclusive way and treat others with respect and dignity. Incidents of bullying and harassment related to someone's disability might be treated as a serious disciplinary offence and dealt with under Senate Regulation 6: for more information see - www.brunel.ac.uk/about/administration/governance-and-university-

committees/senate-regulations and the Student Misconduct Procedure see -
Senate Regulations | Brunel University London.

Scope

The aim of this policy is to ensure that:

- a prospective student, current student (undergraduate or post graduate), or a graduate of the University will not be treated less favourably than any other, on the grounds of their disability; and

- appropriate support is available throughout their student journey, from application stage, through study, graduation and progression into the workplace and / or further education.

In addition, the policy aims to provide advice and support to University employees on how best to support students who have a disability to gain the best degree outcome and student experience. Such support may relate to the student's study, both on and off campus (including learning, assessment, examinations, work placements, trips and internships), research, health and safety, accommodation, finance, and social activities both on and off campus where activities are linked to the university community.

Brunel Commitment

Brunel University London commits to:
- Ensuring that the University will take all reasonable steps to meet its statutory obligations to treat students with disabilities fairly and equally and to eliminate and prevent any discrimination.
- Providing a fully inclusive culture and environment free from physical, systemic and attitudinal barriers, which could prevent students with disabilities from being treated fairly and / or reaching their full potential.
- Ensuring that no student will be denied access or progression to admission, registration, teaching and learning, or research on the grounds of their disability.
- Ensuring that no student with a disability will be treated unfairly in relation to the awarding of scholarships, grants and other awards under the University's control or the provision of student support.
- Ensuring that University systems, processes and procedures do not disadvantage a student with a disability such as health and safety, complaints, or disciplinary procedures.
- Providing a fully accessible campus including learning environments, accommodation, IT platforms, sporting and fitness opportunities, and social spaces.
- Ensuring that the current curriculum, readings lists and teaching content does not use disablist content or stereotypical assumptions about disability.
- Providing students with a disability with positive and appropriate support to meet their needs and, as far as possible, to make any required reasonable adjustments in a timely fashion.

- Disseminating this policy throughout the University community.
- Providing information, training and advice to staff and students about different types of disability and how to provide appropriate support to students with a disability.
- Ensuring that the Student Equality & Diversity Manager conducts an annual review of the disability data disclosed by students of the University to identify any trends which need to be addressed and / or investigated further.

Expectations of Students with a Disability

It is expected that a student of the University with a disability shall commit to:
- Finding out what support, advice and guidance is available at the University to support them with any needs they have arising from their disability.
- Disclosing their disability as early as possible and providing all necessary evidence and documentation in a timely way to ensure appropriate support can be put in place as soon as possible.
- When a student experiences any difficulties, changes in their condition and / or treatment that they communicate with their tutor and / or Student Support and Welfare early on particularly if there is going to be any impact on their learning such as attendance, assessments or examinations.
- Taking a patient and pragmatic approach particularly when any support plan is being developed and any interventions put in place.

Disclosure and confidentiality

No student is under an obligation to disclose any disability, long-term health condition, mental health concern and / or learning difficulty to the University. However, you are encouraged to advise the University as soon as you enrol or develop a condition, to ensure that the most appropriate support and advice is made available to you. You can do this either via your Tutor, Supervisory Team and / or the Student Support and Welfare Team at the Student Centre who will arrange an appointment with a specialist advisor. The University will handle your information sensitively and will only share where appropriate and absolutely necessary.

Getting support if you have a disability

You are encouraged to seek support as soon as possible, either on arrival at the University or when the disability develops. You should contact either your Tutor / Supervisory Team and / or the Student Support and Welfare Team, in the Student Centre who can be contacted via telephone 01895 267045 or email studentsupport@brunel.ac.uk, They will refer you to the Student Wellbeing Team.

Support Plan

Student Wellbeing will assess your needs and develop a Support Plan with you which is intended to help identify and coordinate support, to ensure that (where possible) your needs are met. You may be required to provide evidence of your disability and how it impacts on you. The Support Plan will be drawn up in writing and will be approved by yourself before being shared with any other relevant staff at the University. Once you have consented to it, a copy will be kept by your college and by the Student Wellbeing Team. The Support Plan should be monitored and reviewed regularly by Student Wellbeing particularly if there are any significant changes in your disability which might impact your learning.

Disabled Students' Allowance DSA)

UK students may be eligible for funded support through the Disabled Students' Allowance (DSA). This pays for additional support recommended in a Needs Assessment, e.g. specialist equipment, travel costs, 1 to 1 study skills or mentoring. Students are advised to make an appointment at the Student Centre with the Student Support and Welfare Team to see a specialist advisor (see contact details above) for more information about DSA funding and how to apply.

Adjustments

If you need additional support with your learning either near to assessment deadlines or during the examination period, you are encouraged to speak to your Tutor, Supervisory Team or make an appointment at the Student Centre to see an advisor from Student Wellbeing who can discuss arrangements or adjustments. For more information see - www.brunel.ac.uk/about/administration/examinations. All adjustments should be sought at least 3 weeks in advance of the examination period otherwise the adjustment cannot be guaranteed.

You may also need to seek medical advice from your doctor. If your doctor advises against attempting to meet the assessment deadline or sitting an examination, an alternative timing and method of assessment will be explored, where possible, as long as all learning outcomes of the module are still met. Other options such as extensions to submission deadlines, deferrals of examinations, or abeyance may also be explored. Any additional appropriate arrangements can be added to the Student Support Plan.

Extenuating Circumstances

If you experience an unexpected or a sudden deterioration related to your disability during an examination, or when undertaking assessed work, you may submit a claim for extenuating circumstances. This will be considered under the University's Extenuating Circumstances Policy. For more information see – [Extenuating circumstances (ECs) (brunel.ac.uk)](brunel.ac.uk).

Abeyance

In very rare situations you may feel that you need to take some time off away from your studies at the University. This is called abeyance. The Student Centre can provide information about taking a period of disability related abeyance and the

process involved. For more information on taking a leave of absence, see [Making changes to your course (brunel.ac.uk)](). Your Tutor / Department can provide academic advice about the implications of taking extended leave and must formally approve the request. Permission must be sought from the University's Education Committee in the event of periods of abeyance exceeding one calendar year.

Professional programmes / Work Placements / Study Abroad
During a placement, students will be required to follow the employer's regulations and policies in addition to the University's requirements. If you are taking part in a work placement and require reasonable adjustments, you are encouraged to liaise with the University at the earliest opportunity. Professional programmes may have specific requirements such as minimum attendance or a work placement; therefore, students enrolled on such programmes are advised to consult with their department and placement provider at the earliest opportunity.
If you are currently studying abroad, you should liaise with your Department or the Student Wellbeing Team who will put a Support Plan in place.

Getting emotional support

Living with a disability can sometimes be difficult, lonely and / or distressing. If you find that your disability is affecting your mental health or wellbeing you are encouraged to seek support from our Student Wellbeing Team and book an appointment with an advisor at the Student Centre via the Student Support and Welfare Team – phone 01895 267045 or email studentsupport@brunel.ac.uk,

You can also get advice and support from a number of external agencies – see details in Appendix B.

Timescales

Once you have disclosed a disability, the Student Wellbeing Team will be in touch within 3 days and an appointment will be made for you with a specialist adviser within 15 working days. Once an appointment with an advisor has taken place, support will be implemented within two weeks.
Supporting a student who has a disability

The University recognises that disclosing a disability may be hard and stressful for a student.

Should a student disclose a disability to a member of staff at the University, they should be reassured that the University does not discriminate against students who have disabilities and that there is a wide range of support available to enable them to continue with their studies. The student should be encouraged to seek support from their Department or the Student Support & Welfare Team who will make an appointment with an advisor, refer you to a relevant service and direct you to this policy which also details how to access support, advice and guidance.

Where a staff member meets face-to-face with a student or speaks to them by telephone, the staff member should make a written record detailing what was discussed, any advice given and any follow up required. A copy of the written record should be emailed to the student with a copy of the e-mail saved in a secure location. Where appropriate, the staff member may consider it necessary to inform other relevant staff members that the student has disclosed a disability. Where possible, this should only be done with the student's consent.

Further information is provided in the flowchart in appendix C.

Protection from bullying and harassment

The University does not tolerate harassment or bullying on and off campus, or online where activities are linked to the university community. Bullying and harassment on the basis of disability could be regarded as grounds for a complaint under the Bullying and Harassment Policy. For further information, see - Bullying and Harassment Policy (brunel.ac.uk). Students with disabilities are encouraged to report any issues via the Report and Support portal - www.reportandsupport.brunel.ac.uk/.

Training

General awareness and understanding of disability is mandatory for all University employees. All new starters are required to attend an 'Equally Different' workshop and there is also an online module for existing employees. For more information, see - Equality, Diversity and Inclusion (brunel.ac.uk). If an employee is teaching or working with a student who has a disability with which they are less familiar, it is their responsibility to become more informed. They can do this by seeking advice from advisors in the Student Wellbeing team (wellbeing@brunel.ac.uk) or checking online information (see specialist agencies in Appendix B). In addition, the University's Organisational Development team may from time to time provide a workshop on a particular disability.

Data recording
All disabilities which are disclosed should be recorded along with any support put in place. Any information on a disability that is disclosed to a department or a college should be shared to Student Wellbeing who have a Disability and Dyslexia Team and a Mental Health and Counselling Team. This data will be reviewed by Student Services annually and any trends monitored and addressed.

Complaints

If you feel that the University has failed to comply with this policy, you may raise your concerns using the Students' Complaints Procedure. For more information see - www.brunel.ac.uk/life/supporting-you/student-complaints-conduct-and-appeals. Guidance notes are available which provide further information about raising a complaint. The Complaints Procedure cannot be used to make an academic appeal

against a decision of a Board of Examiners for which you should instead refer to Senate Regulation 12 and Academic Appeals www.brunel.ac.uk/about/administration/governance-and-university-committees/senate-regulations.

Appendix A

Equality Legislation

Individuals with disabilities are protected by the Equality Act 2010. The University is required to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

Specifically under the Public Sector Duty, Higher Education Institutions are required to ensure that prospective and current students with disabilities are not disadvantaged or discriminated against in their application to or access of higher education. A disability is defined as a physical or mental impairment which has a 'substantial' and 'long-term' adverse effect on that person's ability to carry out normal day-to-day activities. They can be visible or invisible, fluctuating and / or progressive. It covers a wide range of conditions including physical and mobility impairments, learning difficulties, mental health conditions, medical conditions, sensory impairments and autistic spectrum conditions. Chronic illnesses such as HIV, multiple sclerosis, chronic pain and cancer are deemed as disability from the point of diagnoses under legislation. 'Substantial' is defined by the impact of the condition is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task.

'Long-term' means it must be likely to last or reoccur over a period of 12 months or more.

The University will endeavour to provide a fully inclusive environment as far as possible. However, it also has a duty to make any reasonable adjustments that are necessary and to remove any potential disadvantage that a disabled student faces in their education because of their disability. A reasonable adjustment can include but is not limited to making adjustments to physical features of premises, providing accessible learning and teaching, policies and procedures and auxiliary aids, assisted technology and services.

A reasonable adjustment aims to ensure that everyone is treated in an equitable way. It involves making a change to the way someone works, or to the way we work with them, following consultation with them and has the effect of minimising the person's impairment throughout their education so that they are able to reach their full potential.

Whilst the Equality Act does not define what is reasonable, the consideration of whether an adjustment is 'reasonable' is judged against the following:

- Whether the adjustment agreed with the student will help in overcoming

the difficulty

- The extent to which it is practical for the University to make the adjustment(s)

- The cost and availability of resources, including external assistance and finance

- The extent to which making the adjustment(s) would disrupt the University activities

- The size of the institution and its resources.

Appendix B

External support agencies who provide help and support

The list below provides details of key health charities. It is correct at the time of review (December 2021). Check websites for up-to-date contact information. Please note that Brunel University London does not endorse or take responsibility for the information provided by external organisations. It should be noted that the list is not exhaustive for all agencies that provide support so we recommend that if your disability is not included, please ask your health care practitioner for further information and / or for details of support groups available.

External Services

Equality and Human Rights Commission is the statutory body responsible for protecting, enforcing and promoting equality across the nine protected characteristics — age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, and sexual orientation — www.equalityhumanrights.com.

Specialist health / disability agencies

British Heart Foundation offers advice to those with heart conditions via their website, information booklets or heart helpline. It also provides information to help people reduce their own heart health risk, funds cardiovascular research and life-saving skills and equipment, campaigns for minimising the risk of developing heart and circulatory disease. For more information see - www.bhf.org.uk.

Diabetes UK provides support for everyone affected by diabetes, seeks to prevent Type 2 diabetes, campaigns and funds research that will one day lead to a cure. For more information see - www.diabetes.org.uk.

Epilepsy Action offers information, advice and support for people with epilepsy. It provides freephone and email helplines and a wide range of information booklets. It has around 100 local support groups across England, Wales and Northern Ireland and a network of volunteers working in the community. For more information see - www.epilepsy.org.uk/.

Leonard Cheshire Disability is a major health and welfare charity which encourage and move disabled individuals toward independent living, with the freedom to live life their way. They support disabled people through local care services including supported living, domiciliary support, respite care, and employment and skills support. It also campaigns on issues affecting disabled people. For more information see - www.leonardcheshire.org.

Macmillan Cancer Support provides specialist health care, information and financial support to people affected by cancer. They also look at the social, emotional and practical impact cancer can have, and campaigns for better cancer care. For more information call: 0808 808 00 00.

Mencap works to provide help and support to people with a learning disability and their families and carers. They fight for equal rights, campaign for greater opportunities and challenge attitudes and prejudice. For more information see - www.mencap.org.uk/.

Mind offers information and advice to people with mental health problems and lobbies government and local authorities on their behalf. They also work to raise public awareness and understanding of issues relating to mental health. For more information see - www.mind.org.uk/.

The National Autistic Society provides advice and support for people with autism aiming to improve the lives of autistic people. They provide a Helpline, a range of products for professionals working with autistics and a campaigning function. For more information, contact - www.autism.org.uk/.

RNIB offers help and support for blind and partially sighted people including practical and emotional support, campaigning for change, reading services and the products available in their online shop. For support and advice contact - www.rnib.org.uk.

RNID supports people across the UK to manage their deafness, tinnitus and hearing loss. They provide information and community-based care and support services, develop technology and treatments, and campaign for equality. For more information, see - RNID - National hearing loss charity.

Scope provides direct services for people with disabilities and campaigns to challenge and change negative attitudes about disability. For more information see - www.scope.org.uk/.

Turning Point is a health and social care organisation that provides support and advice across a range of issues including mental health, learning disability and primary care. For further detail see - www.turning-point.co.uk/.

Appendix C - Flowchart to support students with disabilities

This summarises the steps of the procedure and information provided in this policy.

> **Do you have a disability?**

Yes

> **Have you informed your Tutor, Supervisory Team and / or Student Support and Welfare?**

No

> You are encouraged to notify the University so that your needs can be met and support can be offered.

Yes

> Has a Student Support Plan been completed by an advisor?

> Seek advice and guidance from the Student Support and Welfare Team, or your Tutor / Supervisory Team. This is to identify how the University can support you.

No

> Have you discussed your needs with a member of staff, and explored your options?

Yes

> An appointment will be arranged by the Student Support and Welfare Team with a specialist advisor to discuss options and complete all aspects of the Student Support Plan that apply to you. The appointment will discuss how the University can support you, and explore arrangements / adjustments as necessary. The Support Plan will be completed with you, it will be put in writing and you will be able to view in on your e-vision.

> The Student Support Plan is to be reviewed at key stages and / or if there are any changes in your disability.

6.4. Appendix 4: Pen Portrait of Author / Practitioner

The author, Henrietta Spalding is an Equality, Diversity and Inclusion Practitioner with a background in advocacy and education currently based at a widening access London University where she leads on ED&I student issues. Her remit focuses on removing barriers for students from disadvantaged and marginalised backgrounds and protected social and cultural characteristics protected by the Equality Act including disability. She challenges inequity and injustice and works to ensure the students are able to reach their full potential and have a positive student experience. Before working in the higher education sector, she headed up the Advocacy and Education Team for a national charity which specialised in the area of disfigurement campaigning for fair and equal treatment and improvements in service provision. She has a special interest in visible disability having been born with a rare neurological condition which includes a number of visible disabilities and is committed to improving the futures of visibly disabled people.

6.5. Appendix 5: Example of an HEI's Implementation Plan to Embed a Whole University Approach to Improving the Experiences of Students with Visible and Invisible Disabilities

Implementation Plan to ensure the university meets the needs of disabled students
(Reviewed by Senior Management Quarterly)

Recommendation	Action	Status (RAG rating)
All students should be actively supported to disclose their disability from registration and / or when they develop a disability. They should seek support from the Disability Team, get assessed and a Student Profile be generated. There needs to be a particular focus on engaging with international disabled students to ensure that appropriate support is put in place	• Disability Team to produce some ticktock videos • Comms discussing with marketing agency re making a promotional film to encourage students to share and to seek early support (submit proposal to APC for funding) • International team to include information in pre-departure slide, include student testimonials, use tiktok work from students what is disability, how can the university support you – share through social media, in International orientation week – have student ambassadors – stand on disability issues • Admissions to review offer letters to ensure information about disclosing disability and encouraging students to seek support if needed – talk to C	G G G G
The current Student Profile proforma should be reviewed and refreshed to ensure that academics have adequate information to support disabled students and to make their teaching, learning and assessments fully inclusive and accessible. A proactive integrated approach across departments / Colleges needs to be embedded across the University to ensure that when disabled students are struggling, early action is taken	• Head of SS to lead a review of the University's current systems and procedures to ensure that academic staff are able to access the information provided in the Student Support Profiles in a timely way to ensure that any reasonable adjustments recommended are put into place and that all those involved are fully aware of their responsibilities and processes to follow	A

A review of the IT systems used to hold disabled students' Students Profiles needs to be conducted to ensure that all relevant services are able to access students in a timely way		
Training needs to be developed for staff (academic and professional) who are required to appropriately support disabled students and to deliver teaching and learning	• Student ED&I, Disability Team and academics advisers to produce modules for academics to include general information on what is disability, how to signpost students to DDS, get assessment, DSA if appropriate, support profile, guidance on how to create accessible teaching and learning including examples and good practice, terminology for different types of conditions • Ensure all academics are made aware of expectations • Regular communication to academics highlighting information and need to do it • Celebrate disability history month in November – plan event to share accessibility good practice • Set criteria for teaching progression observations	G G G G G
Greater clarity is required about how to develop non-discriminatory competency standards in education and when it is appropriate to remove barriers by putting reasonable adjustments in place. A University-wide policy needs to be developed and communicated to staff and students accordingly	• Admissions to manage expectations of competency standards at offer stage • Research policies from other HEIs to inform development of policy and what is required	A A
A protocol and approval process for academics to make reasonable adjustments to assessments should be introduced (See draft for discussion)	• Start to embed with new programmes. Will need minor amendment to approval process via SASP to include a question on whether alternative formats have been considered to facilitate reasonable adjustments and what it will consist of	A
A cover sheet for students with dyslexia and other learning disabilities should be introduced	• Explore how this can be done via student support profile	G

into assessments and examinations to prevent them from being disadvantaged		
Accessibility and inclusivity should be built in the curricular design framework and regular equality impact assessments should be conducted to ensure that disabled students are not disproportionately disadvantaged.	• Include accessibility in Teaching and Learning work such as student experience group, review of senate regulations • Conduct audit to identify which academic policies and policies need updating to include ED&I / disability / curriculum design framework such as Programme Approval Policy	G A
A disability champion role should be created within schools to provide advice and support to colleagues on how to ensure that their teaching and learning is accessible and inclusive	• Ensure ADs role includes disability and provision of advice and information to colleagues within college	A